CHILD ABUSE AND NEGLECT
USER MANUAL SERIES

Supervising Child Protective Services Caseworkers

U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau
Office on Child Abuse and Neglect

Supervising Child Protective Services Caseworkers

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Table of Contents

PREFACE **1**

ACKNOWLEDGMENTS **3**

1. PURPOSE AND OVERVIEW **5**

2. THE NATURE OF CHILD PROTECTIVE SERVICES SUPERVISION **7**

Building and Maintaining the Foundation for Unit Functioning 7

Developing and Maintaining Individual Staff Capacity 8

Developing an Effective Relationship with Upper Management 8

The Components of Supervisory Effectiveness 8

Supportive Supervisory Practices 10

3. MAKING THE TRANSITION FROM CASEWORKER TO SUPERVISOR **13**

Issues Related to Making the Transition to Supervisor 13

Critical First Steps 15

4. BUILDING THE FOUNDATION FOR EFFECTIVE UNIT PERFORMANCE **19**

Creating and Communicating a Vision for the Unit 19

Establishing a Positive Work Climate 20

Creating the Structure for the Successful Operation of the Unit 21

Developing an Effective Work Team 21

Worker Safety 24

Relationships with the Public and the Media 26

Protecting the Agency Against Liability 27

5. BUILDING STAFF CAPACITY AND ACHIEVING QUALITY PERFORMANCE 29

Performance Expectations and Standards 29

Stages of Caseworker Development 31

Orientation 36

Methods for Building Staff Capacity 38

Dealing with Performance Problems 44

Dealing with Caseworker Resistance 46

6. SUPERVISORY FEEDBACK AND PERFORMANCE RECOGNITION 49

Types of Feedback 49

Criteria for Effective Feedback 50

Conditions for Effective Feedback 50

Supervisory Effectiveness in Providing Feedback 50

Recognizing Performance 51

7. RESULTS-ORIENTED MANAGEMENT 53

Levels and Purposes for Monitoring 53

Creating Methods to Track Data 54

Creating Systems for Organizing and Tracking Data 57

Monitoring the Qualitative Aspects of Casework Practice 58

8. CLINICAL SUPERVISION 61

Group Supervision 61

Individual Supervision 61

Building Self-awareness 62

Case Consultation 65

9. RECRUITMENT AND RETENTION 67

Recruiting a Competent Workforce 67

Secondary Trauma, Compassion Fatigue, and Burnout 68

Lack of Job Satisfaction 70

Promoting Staff Retention 70

10. MANAGING FROM THE MIDDLE **73**

Communicating Policies, Procedures, and Directives Effectively 73

Managing Up to Be Effective on the Job 74

11. TAKING CARE OF ONESELF AND THE UNIT **77**

Training 77

Stress Management 78

Time Management 79

Conclusion 79

ENDNOTES **81**

APPENDICES:

APPENDIX A—GLOSSARY OF TERMS **85**

APPENDIX B—RESOURCE LISTINGS OF SELECTED NATIONAL ORGANIZATIONS CONCERNED WITH CHILD MALTREATMENT **91**

APPENDIX C—STATE TOLL-FREE TELEPHONE NUMBERS FOR REPORTING CHILD ABUSE **97**

APPENDIX D—AN OVERVIEW OF THE CHILD PROTECTION PROCESS **99**

APPENDIX E—THE NATIONAL ASSOCIATION OF SOCIAL WORKERS CODE OF ETHICS **101**

APPENDIX F—THE CHILD PROTECTION PYRAMID **103**

Preface

Each day, the safety and well-being of children across the Nation are threatened by child abuse and neglect. Intervening effectively in the lives of these children and their troubled families does not rest with any single agency or professional group, but rather is a shared community concern.

The *Child Abuse and Neglect User Manual Series* has provided guidance on child protection to hundreds of thousands of multidisciplinary professionals and concerned community members since the late 1970s. The *User Manual Series* offers a foundation for understanding child maltreatment and the roles and responsibilities of various practitioners in its prevention, identification, investigation, and treatment. Through the years, the manuals have served as valuable resources for building knowledge, promoting effective practices, and enhancing community collaboration.

Since the last update of the *User Manual Series* in the early 1990s, a number of changes have occurred that dramatically affect each community's response to child maltreatment. The changing landscape reflects increased recognition of the complexity of issues facing children and families, new legislation, practice innovations, and systems reform efforts. Significant advances in research have helped shape new directions for interventions, while ongoing evaluations help the field to know "what works." In addition, recent research in management and leadership effectiveness and trends and innovations in the management field will help child protection agencies provide high-quality services to children and families.

The Office on Child Abuse and Neglect (OCAN) within the Children's Bureau of the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHHS), has developed this third edition of the *User Manual Series* to reflect the increased knowledge and the evolving state of practice on child protection. The updated and new manuals are comprehensive in scope while also succinct in presentation and easy to follow, and they address trends and concerns relevant to today's professional.

This manual, *Supervising Child Protective Services Caseworkers*, provides the foundation for effective supervisory practice in child protective services (CPS). It describes the roles and responsibilities of the CPS supervisor, and it provides practice-oriented advice on how to carry out supervisory responsibilities effectively. Best practices and critical issues in supervisory practice are underscored throughout. While the manual is designed primarily for CPS supervisors and administrators and reflects state-of-the-art management research and practices tailored to CPS, it also is relevant to all child welfare supervisors. In addition, it may be useful to child welfare agency staff who train supervisory personnel and to schools of social work as they prepare new social workers for the child welfare field. In addition to this manual, CPS supervisors also are encouraged to read two other publications in the *User Manual Series*—*Child Protective Services: A Guide for Caseworkers* and *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice.*

User Manual Series

This manual—along with the entire *Child Abuse and Neglect User Manual Series*—is available from the National Clearinghouse on Child Abuse and Neglect Information. Contact the Clearinghouse for a full list of available manuals and ordering information:

National Clearinghouse on Child Abuse and Neglect Information
330 C Street, SW
Washington, DC 20447
Phone: (800) FYI-3366 or (703) 385-7565
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The manuals also are available online at **http://nccanch.acf.hhs.gov/profess/tools/usermanual.cfm.**

Acknowledgments

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CHAPTER 1
Purpose and Overview

Working in the child protective services (CPS) system can be equally rewarding and challenging. Few careers, when performed well, can help improve the lives of so many children and families. On the other hand, when performed poorly, it can exacerbate the risks to the safety and well-being of these clients. CPS supervisors serve as a critical focal point for the successful achievement of agency goals and caseworker practices that strengthen families. Supervisors act as conduits in translating agency objectives into caseworker performance, as well as in using caseworker feedback to inform agency policies and priorities.

Most CPS supervisors begin their career as caseworkers before being promoted to a supervisory position. The belief among some agency administrators is that if a person is a good caseworker, he or she will be a good supervisor. Consequently, most CPS supervisors move into their position with little advanced training, guidance, or support. The transition from caseworker to supervisor is seldom an easy one. As caseworkers, they provided direct services to clients, but as supervisors, they must get the work done through their staff by providing guidance, direction, and coaching. Ideally, what caseworkers take with them into the supervisory position are sound practice knowledge, effective interpersonal skills, the ability to engage others in a working relationship, and the respect of coworkers. However, there are other supervisory knowledge and skills that must be learned. For instance, good supervisors must simultaneously be able to maintain a broad overview across functions and responsibilities, guide caseworkers' professional development, and identify individual and unit strengths and deficits.

CPS supervisors are responsible for ensuring that positive outcomes are achieved for children and families through the delivery of competent, sensitive, and timely services, and that the agency's mission and goals are accomplished. CPS supervisors face a number of challenges. In some instances, practice and policy development lag behind issues in the field. In addition, expectations of agency performance increase even while resources remain level or decline in most States. Further, case situations often are extremely complex and require highly trained and competent staff for effective intervention. This challenge is made more difficult by the fact that agencies typically experience high staff turnover, delays in filling vacancies, and new employees with little preparation for the job.

This manual provides the foundation on which effective CPS supervision is based. Topics include:

- The nature of CPS supervision;
- Making the transition from caseworker to supervisor;
- Building the foundation for effective unit performance;

- Building staff capacity and achieving excellence in performance;
- Supervisory feedback and performance recognition;
- Results-oriented management;
- Clinical supervision;
- Recruitment and retention;
- Managing from the middle;
- Taking care of oneself and the unit.

No single publication can provide all the information needed to promote effective supervisory practice, explore all of the relevant issues, or reflect the multitude of policy and practice variations in place across the country. This manual, however, provides a starting point and a solid foundation for supervising CPS caseworkers. It should be augmented through training, other professional development activities, and experience.

For those who are new to CPS, Appendix D—An Overview of the Child Protection Process contains a flowchart of the CPS intake, investigation, and service provision process. For more indepth information, particularly on types of maltreatment, case planning, assessment of family progress, documentation, and case closure, please refer to the manuals, *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice* and *Child Protective Services: A Guide for Caseworkers*, in the *User Manual Series*. They are available at **http://nccanch.acf.hhs.gov/profess/tools/usermanual.cfm**.

CHAPTER 2
The Nature of Child Protective Services Supervision

The primary function of child protective services (CPS) supervisors is to achieve the outcomes of safety, permanency, and well-being for the children and families they serve and to enable casework staff to fulfill the mission of the agency. CPS supervisors are the primary conduit of information between the frontline caseworkers and the child welfare administration. Supervisors work to inform caseworkers of the goals, plans, and concerns of administrators while also informing administrators of the caseworkers' challenges, workloads, and ideas. This flow of communication helps agencies to plan or adjust policies and practices, as well as to better allocate resources.

There are three overarching roles for CPS supervisors—building the foundation for and maintaining unit effectiveness, promoting the development of individual staff capacity, maintaining excellence in staff performance, and developing an effective relationship with upper management.

Building and Maintaining the Foundation for Unit Functioning

CPS supervisors create the structure that ensures the essential functions of the unit are accomplished and lead to the achievement of unit goals. They also make sure that all relevant laws and policies are followed and maintain the standards of performance for the unit. Through their actions, supervisors directly influence the nature of unit and individual staff performance. How quickly supervisors intervene to deal with problems and the pace at which they pursue solutions are important clues about their concern for and ability to achieve results. Most supervisors say they want results, but not all know how to attain them. Supervisors with an ability to track achievement of outcomes and performance indicators, as well as to use data to emphasize results, are more likely to realize excellence in unit performance.

In large measure, supervisors set the tone for their unit, and they need to take the necessary actions to establish a positive work climate. The ultimate goal of every supervisor is to develop a work group that is motivated to achieve the mission and goals of the agency, as well as satisfying the caseworker's own personal needs and goals. For this to happen, the supervisor needs to take an active role in promoting a cohesive work team. When a unit is cohesive:

- Children are better protected;
- Excellence in performance is evident;
- Staff have positive and supportive relationships with their peers;
- Morale is high and turnover is low.

Developing and Maintaining Individual Staff Capacity

Regardless of whether supervisors are involved in the recruitment and hiring of new staff or not, agencies must hire for the long-term. They must recruit and screen prospective employees based on how an individual matches the agency's values and philosophies, rather than simply trying to fill a position as soon as possible.

Orientation of new staff is often the responsibility of supervisors. The primary purpose of orientation is to help new caseworkers fit into their jobs, work groups, the organization, and even the community. Therefore, orientation provides information about the employee's role in the agency and the agency's role in the community. Effective orientation helps to reduce the anxiety that new staff often experience, creates a sense of belonging to the unit and agency, and promotes the development of staff competence.

Historically, supervisors have been the primary resource for developing the knowledge and skills of caseworkers. Many States have now recognized that supervisors do not have sufficient time, training, or resources to develop adequately or consistently the basic competencies staff must possess for effective practice. Consequently, some have developed extensive training programs for newly hired staff. In these agencies, the role of supervisors has shifted more toward coaching and aiding the new staff member. Training effectiveness relies on the role of supervisors in ensuring that caseworkers apply the knowledge and skills learned in training to their job.

In other States, however, preservice training is not sufficient to prepare caseworkers for the job or the training occurs months after hiring. In these situations, supervisors have primary responsibility for developing caseworkers' core skills. As caseworkers develop the expertise to perform the required CPS tasks and activities, supervisors lessen the amount of direction and guidance and provide increasing autonomy.

The amount of autonomy supervisors delegate to caseworkers depends on the demonstrated skill level of each caseworker and on their judgment, problem-solving, and decision-making abilities. Less-experienced caseworkers require greater guidance, help with decisions, and more detail in case assignments. It is the role of supervisors, however, to develop the capacity for greater autonomy. If dependence on a supervisor persists, it may reflect the need to communicate more confidence in a caseworker's abilities. Given the critical nature of CPS decisions, many case actions and decisions are made in consultation between a supervisor and a caseworker. Any decision that impacts on the safety or permanency of children should be made with a supervisor. For experienced caseworkers, this consultation should emphasize review, feedback, and coaching as needed, rather than direct decision-making by supervisors.

Developing an Effective Relationship with Upper Management

Because of the top-down emphasis in organizations, sometimes it is not apparent why supervisors need to manage relationships upward. Good supervisors, however, recognize that relationships with managers involve mutual dependence and, if not managed well, supervisors cannot be effective in their jobs. Most effective supervisors see managing their relationship with their own manager as an essential part of their job. They take the time and energy to develop a relationship that is consistent with both persons' styles and assets, as well as meets the most critical needs of each.[1] This topic is discussed in greater depth in Chapter 10, "Managing from the Middle."

The Components of Supervisory Effectiveness

Research suggests that there are multiple core components of supervisory and management effectiveness. They include:

- **Communication**—Ensuring that expectations are clear. It requires that information needed by staff be provided and shared to help them feel secure as a members of a unit.

- **Control**—Systematically monitoring progress toward completion of assigned tasks and attainment of goals. Supervisors need to institute systems, such as notebooks or computer programs, to track data on a consistent basis. (For more information on this, see Chapter 7, "Results-oriented Management," of this manual.)

- **Feedback**—Letting staff know how well their performance matches expectations. It includes the use of both positive and negative feedback, as well as providing feedback on performance evaluation and career development.

- **Supervisory focus**—Achieving comfort with the four core aspects of the role of supervision: mutual dependence (i.e., accomplishing goals through others); power and influence (i.e., mentoring or guiding caseworkers through casework practice); comfort with the "glass bubble" (i.e., the visibility of the role); and comfort with conflict (i.e., accepting there will be differences of opinion with caseworkers on case management decisions).

- **Production**—Setting and maintaining high standards of performance and personally demonstrating a sense of urgency about results. For example, adhering to statutory and agency timelines for conducting investigations and delivering services. It also reflects the concern for excellence as modeled by the supervisor's own approach to work.

- **Interpersonal skills**—Demonstrating an ability to interact positively with and a concern for coworkers.[2]

These six components of supervisory effectiveness are independent, so placing a high emphasis on one component does not necessarily mean that a low emphasis is placed on another component. For example, a high degree of emphasis on production does not necessarily imply a low emphasis on people. High production can result, however, in unintended consequences. For instance, effective practice can lead to a heavier caseload that may negatively impact a caseworker's ability to provide timely services. Because these are measures of behavioral emphasis, the behaviors may be changed to improve supervisory performance. They are not fixed by the nature of either the supervisor or caseworker's personality, only by habit and reactions to situational cues.

This framework offers a powerful diagnostic and action tool for supervisors. In many agencies, poor unit or individual performance can be linked to low or ineffective supervisory emphasis on one or more of the core components. For example, a caseworker may not collect enough information from a family member to assess risk and determine safety. The supervisor may not have expressed clearly what information was needed (communication), followed up to ensure that the proper information was being collected (control), provided feedback in the past to sustain or correct previous assessment practices (feedback), or emphasized the importance of the information (production). Essentially, supervisory practices in each of the six areas will determine and influence the nature of the work accomplished by casework staff.

In the same way that every person tends to rely on one arm that eventually becomes stronger than the other, supervisors tend to rely on certain practices. Practice strength in some areas, however, does not compensate for weaknesses in other areas. For example, clear expectations do not make up for lack of warmth or feedback. Furthermore, frequent positive feedback given warmly does not negate the insecurity felt when expectations are left unclear. Supervisors with clear expectations and criteria for performance generally find greater acceptance of feedback than those with unclear expectations. It is rare to find supervisors who are effective in all six areas, though such performance is achievable with honest self-assessment and a commitment to professional growth.

Supportive Supervisory Practices

There are a number of supervisory practices that assist in building and maintaining staff capacity, creating the foundation for unit performance, and establishing positive relationships with upper management. These practices include:

- Delegating
- Monitoring outcomes
- Giving feedback
- Supporting the emotional needs of staff
- Influencing others
- Analyzing problems
- Making decisions
- Managing conflict or mediating.

Delegating

Once case factors are assessed and decisions made, an important function of supervision is the initiation of or support for action. This initiation begins with delegation of responsibility. Of course, supervisors then have other responsibilities and roles to play in supporting cases, including communicating expectations and information, providing structure in task organization, and coaching to help caseworkers determine what must be done in particular cases. Direct supervision requires a certain amount of personal involvement or a "hands-on" approach. It is important to remember, however, that the primary role of supervisors is to influence the work of others, not to do the job directly. Supervisors with a high need for control may find it difficult to delegate authority or form partnerships with caseworkers. Such practices tend to limit staff growth, reinforce dependency, and may create a resistance to effective practice.

The major forms of delegation in CPS supervision are assigning cases and delineating the roles of the caseworker and the supervisor on each case. When communicating expectations in a particular case, supervisors must ensure that the staff are clear regarding:

- **Reason or purpose for the task**—Communicate why the task must be completed.
- **Outcome**—Specify what needs to be accomplished and what the caseworker must do to achieve that.
- **Timeframe**—Delineate when the task must be started and when it should be completed.
- **What is necessary for completion**—Describe how the task should be completed or the specific steps or activities the caseworker must complete.
- **Responsibility**—Identify who should be involved in the completion of the task, who should take the lead, and who should be consulted and at what point.
- **Benefits of the performance**—Outline the benefits to the child, the family, the caseworker, and the agency.[3]

Other information may be necessary for the caseworker to respond to the needs of the family. Often, supervisors have information about the history of the family that may not be documented in the case record or in the report to CPS. This information should be given along with the case assignment.

Monitoring Outcomes

A critical supervisory practice is monitoring the achievement of outcomes in individual cases as measured by the individual caseworker and by the unit as a whole. Monitoring enables supervisors to intervene to redirect practice when current methods and procedures are not achieving the overall results the agency seeks. It also allows supervisors to

recognize and encourage successful performance, identify trends for which they need to plan, and spot problems in which they need to intervene. (See Chapter 7, "Results-oriented Management," for additional information.)

Giving Feedback

When supervisors provide feedback to their staff, they are communicating the idea that performance matters. An absence of feedback suggests the opposite. Effective feedback generally enhances staff security because they know how they are doing, what needs to be changed, and the extent to which their efforts and results are appreciated. Feedback promotes staff development by providing information about work efforts, patterns, and effectiveness. In addition, feedback is important to feelings of self-worth and contributes to communication and trust in the unit. Finally, feedback is one of the most effective tools supervisors can use for maintaining good performance and improving marginal or unsatisfactory performance. (See Chapter 6, "Supervisory Feedback and Performance Recognition," for additional information.)

Supporting the Emotional Needs of Staff

Another critical role of supervision involves recognizing and responding to the needs and concerns of staff. Recognizing the needs of staff and providing emotional support involves empathy more than identification. People want to know that their needs are heard and understood. Excellence in performance and staff retention is more likely to occur when staff experience support, care, and concern from their supervisor.

Although feelings are a legitimate part of business in any organization, the emotional nature of CPS work makes the expression and acceptance of feelings even more important. Supervisors must balance concern for staff with an emphasis on results. This element of supervisory responsibility can be challenging. Staff may identify many needs that cannot be met or that must be balanced with other needs and limited resources. For instance, there may not be agency funds available to provide individualized therapy or additional support after a child fatality or other emotionally charged event. A group debriefing or special staff meeting focused on providing emotional support is a low-cost alternatives the supervisor may wish to pursue.

Influencing Others

Supervisors can facilitate individual accomplishments related to performance expectations and encourage unit achievement of CPS goals. As mid-level managers, supervisors are also an influential link to upper management, other units in the agency, and the community. The degree to which supervisors are able to influence others affects the availability of agency and community resources for the unit. In order to meet the agency's goals and provide effective services, it is critical that supervisors have the ability to persuade, cooperate with, and support all parties involved.

Analyzing Problems

By design, supervisors are positioned a step back from the frontline. This perspective permits a broader, more objective view of issues affecting practice. Much of supervisors' time is spent dealing with aspects of caseworkers' interventions with families. For many supervisors, this means assisting the caseworker in assessing the families' needs and formulating case plans. Of equal importance is the interaction of the caseworker with individual clients. Analysis of problems and needs in intervention must include the dynamics of the caseworker's actions with each family member. Like caseworkers, supervisors are the trustee of the agency's mission to help children and families. Therefore, when caseworker-family conflict occurs, supervisors must consider the needs of all concerned—the child, the parents, the family, and the caseworker.

In addition to case specific issues, problems can occur that affect the functioning of the CPS unit or achievement of unit goals. For example, lack of

resources, changes in policy or practice, or unrealistic expectations must be addressed to ensure successful performance of the unit.

Making Decisions

Supervisors determine who will have input into decisions and the balance between unilateral action and group consensus. A balance must be struck between the needs for staff to view supervisors as decisive leaders who are willing and able to make decisions and their need for inclusion and participation. Individual staff vary on these needs. Some may criticize supervisors for not making more decisions, others for making too many. In any group, it is difficult to accommodate all levels of need. Even so, it is important to respond in a way that addresses each individual's underlying security and autonomy needs. Staff involvement in decision-making results in empowerment. Supervisors must remember that the more that staff are involved in the decisions that effect them, the more committed and motivated they will be toward achieving those goals.

Mediating and Negotiating

A critical role of supervisors involves mediating and negotiating between the conflicting needs and goals of agency divisions and units. Conflict is inherent in any activity involving two or more individuals. Within an agency, staff may use different methods, have different objectives, or perceive situations differently. Mediating such differences and building commitment to common goals and outcomes are essential to teamwork.

In mediation, the foremost role of the supervision is to acknowledge and accommodate the needs of line staff and those of upper administration. As mid-level managers, supervisors may be uncomfortable with conflict or require strong identification with one group or the other for their personal security. In such instances, supervisors are less likely to experience satisfaction and success in the supervisory role. Supervisors must feel comfortable representing the needs of both groups.

Other mediation roles also are important for successful supervision. One role is to mediate between the units and programs of the agency. For example, there is sometimes friction between foster care and permanency planning units regarding family reunification and other alternatives. Supervisors typically become involved in mediating the decision-making of such cases. In addition, they are usually the negotiators of internal agency policies and procedures. The second role is to mediate conflicts between staff members. Interpersonal conflicts in the unit often require the direct intervention of a supervisor. A third role is mediator between staff and the clients or community service providers.

CHAPTER 3
Making the Transition from Caseworker to Supervisor

Most child protective services (CPS) supervisors are promoted from within the agency. Often, there is little preparation, training, guidance, or support provided to new supervisors. The reality of their situation becomes readily apparent, and the previously competent and confident caseworker may feel inadequate, confused, and overwhelmed. This chapter examines the first key tasks, common experiences, and issues facing new supervisors.

Issues Related to Making the Transition to Supervisor

Caseworkers who become supervisors for the first time often react similarly. They may vow never to do what their supervisors did or, alternatively, seek to emulate previous supervisors. The fallacy of either premise is that the new supervisor has immediately forgotten one of the first lessons of casework—each person is an individual with unique needs and qualities. Hence, each caseworker requires a somewhat different supervisory approach. There are numerous issues that new supervisors may face. Some are common to all, and others are related to how supervisors move into their position.

Role Transition—From Unit Peer to Supervisor

Perhaps one of the most difficult role transitions is from unit peer to supervisor. Before examining the pitfalls, there are some positive aspects to note in this situation. First, as a member of the unit, new supervisors often have direct knowledge of individual caseworkers, including their personalities, individual needs, skills, and job satisfaction. Second, supervisors have some idea of how the unit is viewed within the agency and community, as well as its strengths and needs. Third, while still a caseworker, the supervisor has probably given some thought or consideration regarding how to handle certain situations as a supervisor. They also may have some initial thoughts about what elements to preserve and what situations to try to change. Finally, new supervisors know the practices and policies within the program they will be supervising.

When moving from a peer to a supervisory relationship, new supervisors must be clear about how they expect the relationships to remain the same and how they will change, what is needed from the unit, and what they are prepared to offer in return. Most new supervisors do not take the time to work through such transition issues. Rather, they attempt to carry out the supervisory role while maintaining previous patterns of peer interaction.

Maintaining a peer relationship with caseworkers will inevitably lead to role conflict. The staff expects leadership in the supervisory role, not just another person to "share the load." Failure to exercise leadership creates insecurity among the staff.

There are two common mistakes made in exercising leadership by supervisors who have been promoted from within the unit. Supervisors who feel uncomfortable in close relationships with the caseworkers they now oversee may rely excessively on the formal authority of their role. This leadership style distances supervisors from former peer relationships and emphasizes their authority. In contrast, supervisors who are feeling insecure in their new role and depend on closeness in relationships for reassurance may rely excessively on nurturing staff. Although the nurturing may be welcomed initially, staff will begin to doubt the ability of the supervisors to make difficult decisions.

Role Transition—From Outside the Unit or Agency

Whereas the situation of a caseworker promoted to supervise another unit or hired from outside the agency may offer some freedom from the friend-to-supervisor transition, it does not necessarily reduce the insecurity felt by staff. Some of the positive aspects of this type of role transition include:

- New supervisors are unlikely to have preconceived notions about the unit or individuals within the unit and, as a result, may be able to be more objective.
- New supervisors may come in with a "clean slate" or with no baggage that may affect how others in the unit view them.

One common difficulty encountered is staff who question whether the new supervisor really understands the CPS mission. They may have more experience in the program than the new supervisor, and they are feeling vulnerable because of the change in management. To ease the transition, the supervisor should:

- Develop a plan for professional growth. For example, a supervisor may need to learn about State law and policy, how to assess risk and safety, or the dynamics of abuse and neglect.
- Be honest about what he or she knows and does not know.
- Acknowledge any professional development needs to the staff, and determine how the staff's need for consultation and decision-making will be met.
- Accelerate personal learning. A large amount of information must be learned in a short period. In accepting the position, even while lacking the technical expertise needed for the job, the supervisor must make the extra effort needed to acquire the expertise quickly.
- Assess the current functioning of the unit and of individual caseworkers, develop goals for the unit, and determine what is needed to achieve these goals.

Common Issues Affecting the Transition to Supervisor

Other issues new supervisors may face include: dealing with others within the unit who applied for the position; disparities in age and experience between themselves and the existing staff; the current climate and culture of the unit; difficulties in making the shift from doing the work themselves to getting results done through others; and discomfort with being caught in the middle.

Others in the Unit Applied for the Position

Other members of the unit may have applied for the position, may believe they deserved the promotion, and resent being passed over. Being mindful of possible concerns, the new supervisor may want to set up an informal meeting with the other staff, individually or collectively, to discuss their feelings. Again, it is important to assess every individual's

reaction to the change in the relationship and renegotiate the conditions of the relationship accordingly.

Age and Work Experience

Although other staff members may not have aspired to the position, a factor that can cause some questioning of ability or resentment is the age and work experience of the caseworkers in the unit compared to that of the supervisor. When large gaps in age or work experience exist, it is probably best for the supervisor to acknowledge these differences with staff. In addition, the supervisor should encourage staff to express the feelings they have, in group or individual meetings, about being supervised by a manager who is younger or less experienced.

Current Climate and Culture of the Unit

A supervisor's initial experiences also are influenced by the current climate and culture of the unit. When the work environment is positive, there will be increased expectations for an incoming supervisor who may have to work through staff loyalties to a well-liked and respected predecessor. On the other hand, staff difficulties with the predecessor may have generated distrust or other negative feelings. Such feelings also would have to be worked through to produce an improved work environment.

Discomfort with Getting Results Through Others

Caseworkers who are promoted to supervisors are typically excellent practitioners. Consequently, some new supervisors have difficulty making the shift from doing the work themselves to empowering and enabling their staff to get the job done through guidance, direction, and coaching. This discomfort with the role may be manifested through such actions as micromanaging, being too commanding, having difficulty delegating, and not allowing caseworker autonomy.

Discomfort with Being Caught in the Middle

When caseworkers are promoted to supervisors, they become part of management. New and even experienced supervisors may over-align themselves with their caseworkers. The possible consequences of this include producing poor quality work, the administration viewing the supervisor as not being a team player, or a loss of confidence in the new supervisor. (See Chapter 10, "Managing from the Middle," for more on this topic.)

Critical First Steps

Making the transition from caseworker to supervisor is a difficult one and new supervisors often are provided with little guidance and support. The following are helpful suggestions for building a foundation for success.

Perform a Unit Assessment

One of the first, critical steps for a new supervisor is to conduct an accurate initial assessment of individual and unit functioning, strengths, and needs. In certain ways, this is similar to a casework assessment with children and families. In this instance, assessment means determining what caseworkers need in the supervisory relationship to be able to do their job. Some caseworkers require more feedback than others, while some need more information. If the supervisor believes the individual "should" need these things, it is of secondary importance. Meeting these needs is the key to influencing caseworker behavior, and influencing caseworker behavior is the key to effective supervision. In addition, caseworkers who have not had their professional needs met will require consistent and persistent attention before patterns of behavior and feelings change.

The assessment process also considers the reaction of individual staff to a new supervisor. Caseworkers naturally feel vulnerable when a new supervisor enters the unit. The predictable pattern of interaction with the previous supervisor, no matter how ineffective, is being replaced.

Make Changes Slowly

As stated in the previous section, when a new supervisor is promoted in a unit, it is a change for staff who may feel vulnerable. The new supervisor should try to project a sense of stability and continuity. It is recommended that the supervisor first identify the unit's strengths and needs, and then try to reinforce the strengths and discuss with the staff the needs that were identified. Finally, a new supervisor should involve the staff in problem solving and in identifying solutions as much as possible. Do not introduce too many new factors at once and do not make major changes quickly. It will be easier for the unit to undertake major changes if the caseworkers can assimilate them one at a time.

Meet with the Manager

It is important for a new supervisor to meet with his or her immediate manager to begin establishing positive interactions and a shared understanding of the supervisor's responsibilities. The initial meeting is an opportunity to begin work that builds a strong relationship, rather than attempting to cover and resolve all relevant matters. Critical points to work toward include:

- Learning or clarifying the manager's expectations;
- Identifying the information the supervisor needs to communicate to the manager on a regular basis;
- Establishing a structure for meeting with the manager;
- Knowing the manager's assessment of the unit's current functioning, including strengths and needs;
- Specifying any immediate initiatives the supervisor is expected to undertake;
- Identifying sources of managerial support.

Create a New Support System

When an individual moves into a new position, typically there is a lot of excitement, enthusiasm, and motivation. There may be some negative feelings as well, such as being overwhelmed, confused, or feeling inadequate. Being promoted to supervisor means becoming part of administration and management. One of the consequences of the promotion is a change in the relationship with previous peers. There will come a time when a new supervisor walks into a room and the caseworkers' discussion stops. Therefore, the new supervisor will need to create a new support system for him or herself. One important way to accomplish this is to seek out a mentor or another supervisor who can provide support and assistance in developing supervisory capacity. Some may choose to seek support from sources external to the agency, such as professional organizations, faith-based groups, or counseling services.

Creating a Relationship with Staff

If the supervisor is promoted from outside the unit, he or she must establish a relationship of trust, openness, and respect with staff. Trust involves:

- Sharing appropriate personal matters, such as family events and personal feelings;
- Acknowledging personal limitations;
- Being loyal and committed to the goals of the organization, its leaders, and staff;
- Accepting the unique qualities of others;
- Involving others by seeking their input;
- Valuing the exchange of ideas and values;
- Recognizing the needs of others;
- Being honest, sincere, and truthful.

Openness includes:

- Asking for and seeking feedback from staff to increase the supervisor's self-awareness;
- Expressing, listening to, and soliciting others' reactions, ideas, and feelings openly;
- Showing interest in and receptiveness to what others are saying and feeling;
- Pointing out the caseworker's value and strengths, even when disagreeing;
- Communicating clearly;
- Using self-disclosure with staff, when appropriate.

Creating mutual respect involves:

- Reacting without evaluating other's actions;
- Valuing and communicating acceptance of each staff member as a person and their unique background and qualities;
- Focusing on the strengths a caseworker brings to the job;
- Recognizing that caseworkers have the right to their own opinion;
- Not imposing personal thoughts and values on caseworkers;
- Communicating with each caseworker on a truly personal and individual basis.[4]

CHAPTER 4
Building the Foundation for Effective Unit Performance

Supervisors are the leaders of their child protective services (CPS) units. They are responsible for ensuring that the mission, outcomes, and goals of the unit are achieved in an effective and efficient manner. In this regard, they must create the structures for the successful operation of the unit. Supervisors also must promote a positive work climate where staff feel their needs are being met, set standards of practice, and ensure clarity regarding performance standards and expectations. Thus, the supervisor is the guardian of the agency's mission and the outcomes and goals of CPS. This foundation creates the promise of success.

Creating and Communicating a Vision for the Unit

Visions for CPS staff and supervisors are compelling statements about how the unit intends to ensure that children are safe and achieve permanency within the shortest possible time. The vision that supervisors create for the unit must focus on children and families and express how the unit's actions contribute to them. A vision also forces the unit to become accountable for actions that may not be congruent with that vision.[5]

Supervisors also should establish a vision of high standards for the unit. Naturally, the vision will have more meaning to the staff if they help to create it. In working toward a vision, it is important for CPS units to:

- Begin with the clients. Achieving the agency's mission and goal is dependent on how well the clients are served. Some examples of vision statements about what success looks like when focusing on children and families include:

  "The ladder of success is measured in small steps."

  "The bridge to better families is built with fairness, respect, and dignity."

  "Envision the future, help them find theirs."

  "Children are like trees, they need to be protected and have roots."

- Pay attention to the way staff treat each other. It is the clearest indication of how they treat their clients. Some examples of vision statements about what success looks like when focusing on staff include:

  "We relentlessly pursue quality in all that we do."

  "We cherish diversity of people and ideas."[6]

It is important for new supervisors wanting to establish a vision for a unit to assess if the staff have agreed with or followed a collective vision. If one has existed, supervisors should evaluate if it needs to be adapted, re-shaped, or enhanced.

Establishing a Positive Work Climate

The organizational climate is the perceptual filter through which staff experience the workplace. Climate is closely linked to job satisfaction and organizational commitment. If caseworkers feel their basic needs are being met, they will view work more positively. Supervisors have the most influence on how their staff experience the workplace through their responses to the day-to-day needs of individuals in their unit.

Climate also shapes staff performance by reflecting the caseworkers' perceptions of the positive and negative consequences of their actions and by influencing motivation. When caseworkers feel their needs are likely to be met, they are more likely to take constructive action.

A number of factors influence the climate of a unit or agency, including history, organizational structure, interpersonal qualities of members of the group, and management and supervisory behavior. Of these factors, management and supervisory behavior explain most of the variance in caseworkers' perception of work climate and their willingness to stay. The level of competence, support, and empathy shown by supervisors has a direct impact on staff retention.

There are a number of components of climate, and each relates to the underlying needs of caseworkers and the behaviors of supervisors. When supervisors respond positively to caseworkers' underlying needs and provide appropriate feedback, the climate improves. When underlying needs are frustrated, the climate deteriorates. Exhibit 4-1 describes climate components and the related supervisory practices.

Exhibit 4-1
Work Climate Components and Supervisory Practices

Climate Component	Supervisory Practices
Clarity—Goals, expectations, and the mission are clearly defined.	Communicate expectations and share information.
Warmth—Sensitivity, support, and empathy are demonstrated toward the needs of caseworkers.	Share information and empathize with the caseworker.
Openness—Caseworkers feel free to express thoughts and opinions without fear of reprisal.	Share information and empathize with the caseworker.
Autonomy—Caseworkers feel free to achieve goals according to strategies they define.	Communicate expectations, share information, and focus on monitoring results rather than process.
Excellence—High performance standards are expected.	Emphasize results and set clear expectations.
Accountability—Caseworkers feel they are responsible for performance.	Monitor results and clarify expectations.
Leadership—Caseworkers feel the authority system is competent to meet the agency's needs.	Demonstrate comfort with the role, clarify expectations, and monitor results.

Creating the Structure for the Successful Operation of the Unit

One of the key aspects of the job of supervisors is to create the structure through which the unit achieves the goals and outcomes for which it is responsible. The structure enables staff to perform productively and allows supervisors to focus on the essential activities of the unit and the processes that facilitate the achievement of client and program outcomes.

Examples of essential activities for which supervisors must create structure include:

- Receipt of referrals;
- Initial contacts with the family (i.e., immediate or within 24 hours);
- Initial assessments of safety;
- Assessments of risk of maltreatment;
- Development of case and safety plans;
- Family group conferences;
- Parent-child visits.

The following are examples of common structures for some of the essential activities listed above.

- Initial contact—Some States and agencies have specific criteria to guide the determination of the urgency of the response (e.g., age of child, severity of injury).
- Initial safety assessment—Some States, such as Illinois and New York, have a model that provides specific criteria to consider in determining the safety of the child.
- Family group conferences—Agencies use or adapt the structure of several models, such as the Family Unity model and the Family Group Conferencing model.

Examples of processes for which supervisors typically must create structure include:

- Coverage (e.g., use of leave – annual, holiday);
- Case assignments;
- Individual case conferences;
- Unit meetings;
- Performance evaluations;
- Use of cars and other agency equipment (e.g., pagers, cell phones, and laptop computers).

The following are examples of common structures for some of the processes activities listed above.

- Case assignments—The goal of a supervisor is to achieve equitable caseloads. There are a variety of structures used to accomplish this. For example, cases may be assigned on a rotation basis, a case-weighting system based on the complexity of the case, a geographical system, or a match between the needs of the family and the strengths of the caseworker. These methods do not guarantee an equitable distribution among caseworkers because cases often become more difficult and time consuming than originally anticipated, plus the flow of referrals cannot be regulated. Therefore, supervisors must consistently monitor caseload and flow and make adjustments accordingly.
- Coverage and use of cars—The lack of agency cars can create a great deal of conflict. Some agencies assign one car per unit. For example, each caseworker has the car assigned to them 1 day per week, and if they need to reschedule, the staff negotiate amongst themselves.

Developing an Effective Work Team

The ultimate goal of every supervisor is to develop a work group or team that is motivated to achieve the mission and goals of the agency as a means of satisfying personal needs and goals. Some conditions

for team functioning are not inherently present in a CPS unit. First, caseworkers work primarily toward individual achievements (i.e., their assigned cases). Second, the outcome of their cases depends less on the contributions of other unit members than on other units or persons outside the agency. Third, what the unit as a whole seeks to achieve may be unclear.

Other conditions for team development, however, may be met within the CPS unit. Caseworkers may feel a sense of cohesion with other unit members. They may view their unit as distinct from other units in the agency and offer support to each other with difficult cases. Whether the unit becomes a team depends on the extent to which supervisors emphasize group and agency goals as well as individual goals, define tasks that require interdependence among unit members, and encourage group participation in defining unit problems and selecting solutions.

In order for a group to function effectively, it has to be cohesive. Supervisors who want to improve the performance and quality of a group first must work to develop cohesiveness. Activity to improve cohesion at the unit or team level, however, should not be done to the detriment of agency cohesion. Therefore, another good way to strengthen a group is to direct attention to how the unit can help the agency achieve its mission. This technique means arousing within the unit and the individuals a desire for group success. It requires agreement about some fundamental components of the unit, such as purpose, goals, procedures, values, norms, policies, standards, and practices. This approach also requires feedback about both the group's and the individual's progress thereby determining unit trends and progress over time.

The level of group cohesion is indicated by:

- Attendance;
- Whether members arrive to work or group meetings on time;
- The level of trust and support among group members;
- The commitment to the group's goals;
- Staff that readily accepts assigned tasks and roles;
- The amount of individuality accepted in the group;
- How much fun members have.

The benefits of having a cohesive work group are:

- High productivity;
- High morale;
- Low turnover;
- High-quality work;
- Achievement of outcomes for children and families;
- Lower stress in the supervisor's job.[7]

Positive peer relationships are strongly linked to staff retention. In addition, a cohesive work group can offset many of the other common problems in an organization because staff needs are being met in the work group.

A problem that confronts many supervisors is maintaining cohesion after a caseworker or team member has been dismissed. Regardless of whether the dismissed person was well-liked or was perceived as being difficult, remaining staff are likely to have unresolved or conflicting feelings about this. Supervisors need to develop a strategy for addressing the unit's needs while maintaining personnel confidentiality. Strategies include holding a group debriefing and elective one-on-one sessions.

Stages of Team Development

Supervisors play a critical role in setting the tone and pace of CPS team development. To become a cohesive team, groups usually progress through four stages of development. At first, a new group identifies and cultivates its power, purpose, and strategy. Second, conflicting values and preferences are

resolved or managed. Third, the group evolves norms that define acceptable behavior. Fourth, the group devotes more energy to job performance than to team development.

Typically, the unit already exists, which creates two problems for supervisors when focusing on team development. First, the unit has established norms, procedures, or goals that may not be congruent with the supervisors' or agency's vision for the unit. Second, new members must be incorporated into the unit.

In the first case, supervisors must counter the existing culture of the group, which may mean behaving in ways that violate existing group norms. For example, members of a group may have established a norm of not giving direct feedback to each other. Instead, concerns about other's behaviors are communicated directly to the supervisor. Supervisors might violate (i.e., change) this norm by expecting direct communication among the caseworkers.

In the second case, supervisors must facilitate new members' integration into the group. This process usually occurs more quickly when staff share responsibility for meeting the needs of new members. A common mistake of supervisors is to encourage new members to have their needs met exclusively through them. At the extreme, this approach undermines group development and keeps the new caseworker isolated from other group members. Over time, this dynamic creates a "hub and spoke" arrangement of communication (with supervisors at the center), rather than the "star" pattern more characteristic of effective group and team interaction.

Assessing Team Functioning

In assessing a team's level of functioning, the supervisor should examine the following:

- Commitment to group rather than individual goals;
- Participatory leadership;
- Helpfulness of members;
- Degree of trust and openness of communication;
- Identification with the unit;
- Resolution of conflict and attainment of consensus;
- Established approaches to problem solving and decision-making;
- Experimentation and creative approaches;
- Participation of each caseworker in group activities.

Both the evenness and extent of these conditions define the level of the group's functioning. Although a unit could be functioning well as a group, it might actually be achieving very little. For example, a unit may have a strong sense of camaraderie and yet have the most serious paperwork backlog in the agency. Good teamwork is a way to a goal, not a goal in and of itself.

Team Development Problems and Strategies for Overcoming Them

There are numerous problems encountered in developing and maintaining a cohesive work group. This section presents the most common problems encountered by supervisors:

- **High staff turnover.** This leads to loss of valued team members and constantly integrating new members into the unit.
- **Resistance to change.** There may be some members of the group who want to maintain the status quo and do not like change, while other members of the group are committed to creativity and innovation and want to search for new and improved methods.
- **Difficult individuals.** There may be a unit member who does not "hold his or her own weight," creates conflict with other members, prefers to work alone, or does not participate actively in the group.

Possible strategies to use for the above problems include:

- Provide members with opportunities to say goodbye and to grieve the loss of a team member. Supervisors should involve caseworkers in interviewing and selecting prospective team members. Supervisors can serve as positive role models and help staff identify strategies for integrating new members.
- Promote open discussions regarding staff preferences and help them see the values in creativity and innovation. Continually evaluate the operation of the unit and achievement of outcomes, which will show areas of strength and areas needing improvement. Appoint individuals who support creativity to take the lead in addressing a problem.
- Attempt to integrate difficult individuals into the work group by involving them based on their strengths. For example, if a new member was formerly a substance abuse counselor, the supervisor could team them with other caseworkers on cases involving difficult substance abuse factors. Be clear about team norms and functioning during the hiring process to help the prospective employee self-screen.

Worker Safety

Another key to building an effective unit is promoting caseworker safety. Social service workers always have been at risk for violent victimization, although until recently there has been little recognition of the extent of the dangers they face. CPS caseworkers appear to encounter more anger, hostility, and resistance than any other worker in the child welfare system.[8] The nature of CPS work involves evaluating the risks and needs of families, some of whom display hostility and violence.[9] CPS caseworkers are responsible for investigating, "policing," and labeling unacceptable behavior. Sometimes parents or caregivers react with hostility when their behavior is challenged. CPS caseworkers do not have the ability, training, and formal protection to protect themselves or respond in a manner similar to other professionals confronted with aggressive behavior, such as law enforcement officers.

Common strategies employed by States emphasizing caseworker safety include:

- Mandatory safety training for all casework staff;
- Use of communication technology (e.g., cell phones or pagers);
- Protocol and written agreements for involving law enforcement;
- Counseling and support for caseworkers who have been injured or threatened (and, as appropriate, for the families of those caseworkers).[10]

Exhibit 4-2
Tips for Supervisors to Maintain Caseworker Safety

- Ensure that caseworkers obtain the latest case information and familiarize themselves with the area they will be visiting before making home visits.
- Make sure that staff provide an up-to-date schedule of their visits. The schedule should contain the name of the family, location, the date and time of the visit, and the expected time of return.
- Remind caseworkers to observe everyone in and around the home visit area and watch for signs that indicate the potential for personal violence.
- Assist caseworkers in reviewing what is known about the client before making contact and consider the following issues:
  - Are the parents or caregivers hostile or violent?
  - Is domestic violence present?
  - Are the parents or caregivers mentally ill?
  - Are the parents or caregivers using alcohol or drugs?
  - Does the information note life-threatening or serious physical injury to the child?
  - Is there a high likelihood that the children will be removed on this visit?
  - Does the family live in a potentially dangerous location (e.g., high crime or drug activity)?
  - Does the family live in a rural or isolated location?
  - Does anyone in the home have a previous history of violence or multiple referrals?
  - Have there been previous removals?
- Encourage caseworkers to follow their instincts. For example, if they feel unsafe on a visit, there is probably a good reason, and they should take whatever action is needed to ensure their protection.
- Remind caseworkers to learn the layout of families homes, the immediate surroundings, and typical activities that occur there to provide a baseline from which to judge potential danger.
- Reinforce that caseworkers should avoid dangerous or unfamiliar neighborhoods at night without law enforcement protection, if possible, or at least taking another coworker along.
- Prompt caseworkers to be sensitive to the timing of their visits. For example, early morning is usually the best time to go to drug-ridden areas.
- Remind caseworkers to use the safest route to and from a family's home.
- Ensure that caseworkers maintain their or the agency's car in good working order and keep it filled with gas.
- Demonstrate to caseworkers how to decline tactfully offers of food or refreshments. If there is no agency policy prohibiting accepting refreshments, a caseworker should assess whether it is safe or not to accept them.

Exhibit 4-2
Tips for Supervisors to Maintain Caseworker Safety *(Continued)*

- Instruct caseworkers how to maintain their personal safety during home visits. For example, they should ask who is at home and if they have any problems with the caseworker's presence. Caseworkers should not sit or stand with their back to a stairway or darkened room. Observe how the door is secured once it is closed

- Teach caseworkers to respond effectively to client anger and hostility. For example, teach them to:
  - Assess anger and hostility quickly;
  - Remain calm;
  - Speak softly but firmly;
  - Keep statements simple and direct;
  - Not show anxiety, fear, anger, or defensiveness;
  - Distract the person from the source of his or her anger;
  - Allow time for venting, but to recognize when it has turned from venting to outrage or anger;
  - Respect the client's need for silence;
  - Provide the client with adequate personal space;
  - Avoid touching the client;
  - Leave if the client's behavior becomes dangerous;
  - Carry a whistle or personal alarm and use it, if appropriate.[11]

Relationships with the Public and the Media

Developing good relationships between the agency, the public, and the media is another key element of an effective unit. While the major responsibility for this rests with the agency's administration, it also may be part of the responsibility of supervisors to inform the public and the media about the complex issues of child abuse and neglect. Educating the public and the media can increase support for needed services to abused and neglected children and their families. CPS agencies have a responsibility to inform the public about the causes of child maltreatment, what constitutes a reportable incident, and how the agency is organized to serve children and families.[12]

One of the most fundamental reasons that agencies do not speak with the media about specific child abuse incidents is confidentiality concerns. One recommendation for dealing with this issue is to avoid the specifics of the case and to speak in general terms about the agency's response in a given scenario. Other tips include:

- Know how reporters work. Ask them to understand issues from a CPS perspective and take time to understand the demands and concerns of a reporter.

- Because reporters work on strict deadlines, return calls promptly and meet deadlines in advance of the final hour.

- Speak plainly without professional jargon. Give the basics in plain language. Ask if they understand what has been stated. Allow and expect questions.

- Do not push or suggest a particular story; instead, provide information. The press is suspicious of stories it does not find itself. Be available as a resource and a contact.

- Shape the information as a news story. The press is not intended to function as a public relations vehicle, but can serve as such if a story is presented holistically and truthfully.

- Always tell the truth to a reporter.

- When unable to comment on a story, provide a short explanation. For example, suggest that it may be possible to comment once the investigation has been completed.

- Ask the reporter questions. This is an opportunity to clarify some of the broader contextual issues and may provide insight into how the information will be framed.

- Ask for corrections immediately. The best chance of getting a correction is to be timely and succinct in working with the proper authority or the editor.[13]

Protecting the Agency Against Liability

Even in the most effective unit, heartrending mistakes do happen. In addition to the serious and long-term effects on the children and families, there is another aspect that often is difficult for supervisors and agencies to discuss—liability. It is a serious issue for the agency and for the CPS supervisor. Agency liability exists primarily from negligence. Negligence occurs when a responsible party fails to follow prudent or accepted practice and harm occurs as a result. The occurrence of harm does not in itself immediately mean negligence. For negligence to exist, there must be a substantial deviation from accepted practice. If a caseworker is found negligent, it is likely that a supervisor also will be found negligent. Consequently, this is an important area of supervisory concern.

Negligence can occur in several ways. For example, a client might be injured during transportation or a caseworker may have failed to secure a child in a proper child restraint. Similarly, a child placed in a foster care facility might be injured while left unsupervised. A third example exists when the agency has failed to respond to a complaint within established agency time frames and the child is severely injured. Negligence might exist in these cases if the caseworker or foster parent failed to follow agency procedures or if the agency failed to inform the caseworker or foster parent of these procedures.

There are several actions supervisors can take to reduce potential liability, including:

- Ensure that all caseworkers are adequately informed of agency policies and procedures. Simply giving the caseworker a copy of the policy manual is not enough. Evidence of a review of appropriate policies directly with caseworkers is important, especially when policies exist to protect the child or client from potential harm (e.g., the use of safety restraints while transporting the child).

- Periodically review cases to ensure that policies are being followed. When agency policies are not followed, written feedback should be provided to caseworkers, corrective action noted, and follow-up provided to ensure that case procedures have been brought into compliance. Supervisors should establish a regular schedule for the review of case records. The review should focus on key points of agency policy, without excluding a summary of the actual casework with the client. Both policy and practice are important. Supervisors who sign off on case records without an adequate review significantly increase their own risk.

- Make sure all policies are current and in writing, which is typically a responsibility of the administrative or central agency office. Policies are frequently modified by court decisions, county letters from the commissioner, or by other revisions. Keeping staff informed about policy

changes and providing evidence of such efforts is critical to protect the agency and to ensure that best practices are in place throughout the agency.

One of the times of greatest liability is when the agency falters or fails, such as when a child in the CPS system is injured, re-abused, or dies. The agency and supervisor must determine if the situation is the result of caseworker error or of systemic inadequacies or failures. Unfortunately, there may be instances when it is difficult to delineate where the responsibility lies and fault may be found with both. A review team (e.g., a fatality, agency, or citizen review team) can evaluate the circumstances in which a child sustains serious injuries or dies to determine if the agency did all it could to protect the child and to prevent future injuries or death. While it may be difficult, it is important that the supervisor and caseworker participate in the review process, including collecting information promptly, accurately, and consistently. The review findings summarize the circumstances, identify possible individual or systemic deficiencies, and provide recommendations to prevent future incidents. Additionally, the review may identify staff training needs, policies that need to be changed, problematic inter- and intra-agency relationships, and other needed changes. When the caseworker has erred, it should be assessed whether it was a one-time, unavoidable situation or if it was part of a pattern of poor practice. Decisions about what is needed and appropriate for rectifying the situation can range from providing the caseworker with additional training to dismissal and must be determined on a case-by-case basis.[14]

CHAPTER 5
Building Staff Capacity and Achieving Quality Performance

Often, one of the most satisfying aspects of supervision is helping caseworkers grow and develop on the job. Supervisors can dramatically affect the learning and development of their staff. In addition, supervisors set the standard for excellence in their units. Their own emphasis on quality and results influences the level of staff performance. This chapter describes how supervisors can have a positive impact on staff development and performance.

Performance Expectations and Standards

The first step in building staff capacity and achieving excellence is clearly communicating the outcomes and goals of child protective services (CPS), as well as the agency's mission, vision, and values. These provide a framework for practice by providing purpose, direction, and guiding principles. Performance expectations communicate to CPS caseworkers how their role contributes to fulfilling the agency's mission. They also ensure clarity regarding the duties, tasks, functions, and activities for which CPS caseworkers are responsible.

There are numerous and varied expectations for caseworkers. Exhibit 5-1 provides a sample of performance expectations for CPS staff. Performance standards represent the judgment of experts in the field regarding best practice and define both the level of quality required and a measure for evaluating results. Communicating both expectations and standards gives caseworkers a clear understanding of what the supervisor and agency expects and why. Additionally, they assist the supervisor in determining the competencies caseworkers must possess to perform their duties and provide a basis for assessing caseworkers' level of competence.

Exhibit 5-1
Sample Performance Expectations for CPS Caseworkers

- Record information obtained from the reporter in a clear, concise, thorough, and understandable manner.
- Gather information to determine whether the report meets the statutory and agency guidelines for child maltreatment.
- Evaluate the credibility of the reporter.
- Assess the level of risk of harm to the child.
- Determine the response time necessary to ensure the safety of the child.

Exhibit 5-1
Sample Performance Expectations for CPS Caseworkers *(Continued)*

- Establish whether the child's safety can be ensured in his or her own home and what interventions will be needed to protect the child. If it is determined that the child's safety cannot be ensured in his or her own home, the least restrictive placement that best meets the child's needs must be determined.
- Identify any emergency physical or psychological needs of the child and family.
- Provide or ensure that needed emergency or crisis intervention services are delivered to the child and family.
- Develop an initial assessment or investigation plan including who to interview and in what order, what records and documents to obtain, what examinations to conduct, and who should be involved in conducting the initial assessment or investigation.
- Treat the children and family with respect and empathy.
- Analyze the initial assessment data and determine the validity of the report.
- Complete all investigative reports within the required time frame.
- Identify the strengths and resiliencies in the child and family that may provide the foundation for change.
- Determine the underlying behaviors or conditions that contribute to the risk of maltreatment.
- Determine the nature and level of risk of future maltreatment.
- Reach consensus with the family on the behaviors or conditions that must be addressed to reduce or eliminate the risk of maltreatment.
- Identify the intervention approaches or services that will help the family reduce or eliminate the risk of maltreatment and meet the child's treatment needs.
- Resolve whether the agency can meet the family's needs and whether the family will benefit from and is willing and able to participate in ongoing CPS services.
- Develop a case plan with the family that builds on its strengths and provides clear direction and guidance for changing the behaviors or conditions that contribute to the risk of maltreatment.
- Deliver or coordinate the delivery of services to the abused or neglected child and his or her family.
- Ensure that every contact and intervention with the family is planned and has a purpose.
- Continually assess the risk of maltreatment to the child and the child's safety.
- Evaluate the family's progress toward reduction or elimination of the risk of future maltreatment.
- Review, revise, and update the case plan within the time frames required by the State.
- Determine whether the risk of maltreatment has been reduced sufficiently so that the case can be closed.

In making decisions regarding standards for caseload, case management, and documentation, supervisors require administration support and guidance to balance both processes and outcomes. For example, most States require that caseworkers prepare a case plan with the family within a specified period of time. It is the role of supervisors to define what constitutes "quality" for that process (e.g., goals will be behaviorally specific, will build on the family's strengths, and are developed with the family) and to provide staff with a visible model of it. (See Appendix E—The National Association of Social Workers Code of Ethics for a listing of ethical standards for professional conduct of all social workers, including CPS caseworkers.)

Stages of Caseworker Development

New CPS caseworkers typically progress through four stages of development—high anxiety, "make it or break it," basic skills, and relative independence. Caseworkers usually require at least 1 year of full-time, on-the-job experience before they are able to function on a more autonomous or independent basis. The following factors affect how quickly caseworkers move through each of these stages:

- Educational background—Caseworkers who possess either a bachelor's or master's degree in social work are provided with some basic knowledge and skills to do the job (e.g., knowledge of human behavior and psychopathology, social work principles and ethics, and intervention techniques).
- Previous social work or child welfare experience.
- Preservice training—New caseworkers who attend preservice training during the first few months of employment are more prepared to perform effectively.
- Supervisory interventions—Regular involvement and input by the supervisor that is designed to address the feelings and meet the needs of caseworkers at each stage of development. This factor helps build caseworker capacity and helps to maintain acceptable performance.[15]

The High-Anxiety Stage

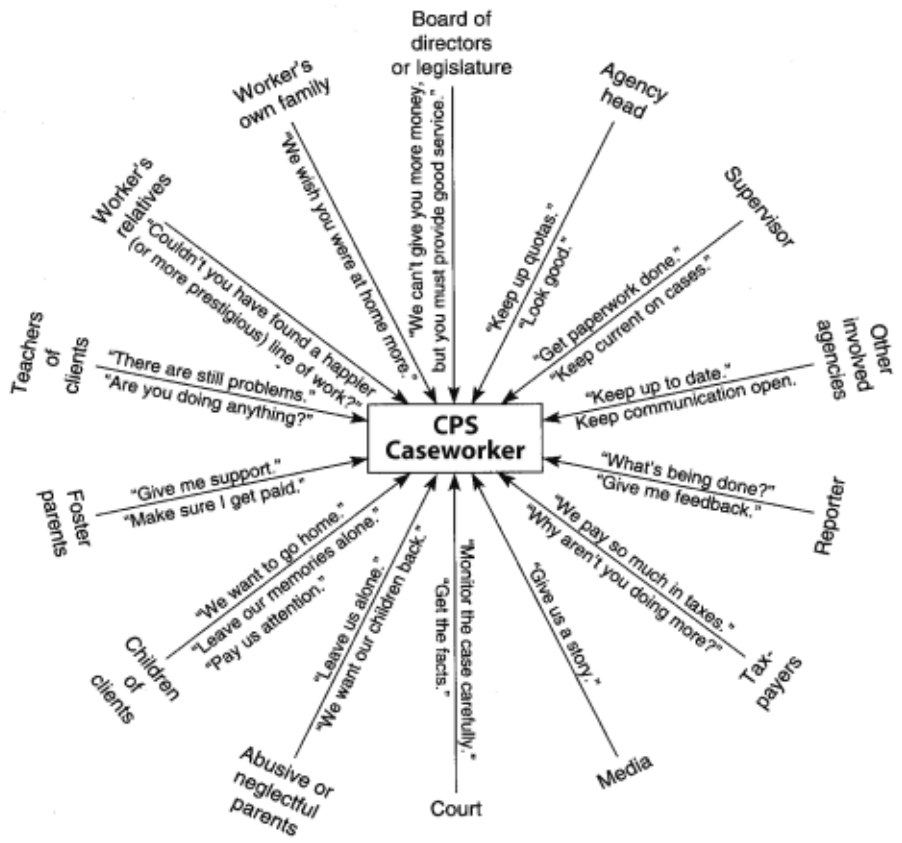
The high-anxiety stage begins the first day on the job and often lasts up to 6 months. At this stage, caseworkers may feel overwhelmed with everything they have to learn and be able to do. Further, they may feel inadequate to perform difficult but necessary CPS tasks. Caseworkers may be confused about their feelings toward abusive or neglectful parents and about their own roles and responsibilities. They may experience anxiety about being responsible for life and death decisions and the potential impact of those decisions. Caseworkers also may experience some positive feelings, for example, a sense of excitement, enthusiasm, and challenge.[16] The supervisor often plays an important role in normalizing the caseworker's feelings, as well as providing opportunities for the caseworker to express and resolve those feelings. Exhibit 5-2 illustrates many of the pressures caseworkers often experience.

To lessen feelings of anxiety, caseworkers need numerous pieces of information to gain a greater understanding of:

- The agency's mission, organizational structure, and programs
- How the various programs interrelate
- CPS's goals, policies, and legal mandates
- Agency and supervisory expectations
- The client population
- Community resources.

The Child Welfare League of America has produced a "Standards of Excellence" series for child welfare organizations. See *CWLA Standards of Excellence for Services for Abused or Neglected Children and Their Families*, (1998, revised edition) for standards in child protection. This publication is available at **http://www.cwla.org**.

Exhibit 5-2
Pressures on CPS Caseworkers[17]



Although this period is the most difficult for caseworkers, it is also the time when the greatest amount of learning and growth take place. The structured time that supervisors spend with staff at this stage of development will help retain staff and mold them into effective caseworkers. Supervisors should observe a gradual reduction in the intensity of negative feelings over the 6 months. Some of the developmental hurdles that staff at this stage may exhibit include:

- Becoming immobilized by intense, negative feelings (e.g., having difficulty making any decisions on their own).
- Being afraid of asking too many questions or admitting to mistakes.

Supervisory strategies during the high-anxiety stage include:

- **Accepting and meeting caseworker dependency needs.** Expecting caseworker independence at this stage is premature. It is appropriate for new caseworkers to seek security and stability from their supervisor. Supervisors should be more directive than with experienced caseworkers. Frequent feedback related to positive performance is critical. Just as supervisors accept the dependency needs of caseworkers, they should encourage caseworkers to accept the dependency needs of some of their clients.
- **Providing factual tools.** Supervisors should ensure that caseworkers clearly understand the expectations for performance. They also should provide caseworkers with information regarding the agency's mission, services, programs, unit goals, values underlying the goals, legal mandates, policies, and procedures, and how they relate to

specific cases and casework intervention. During this stage, inexperienced caseworkers need structure and specific instruction.

- **Accepting caseworker feelings of confusion and inadequacy.** The confusion and sense of inadequacy felt by new caseworkers should be viewed as part of their development. If supervisors help normalize these feelings and demonstrate that they are acceptable, caseworkers will come to accept these feelings and view them as a natural part of professional growth.

- **Encouraging open discussion of feelings.** Undoubtedly, caseworkers will experience anxiety over their performance, their feelings toward clients, and client interactions. Supervisors should encourage caseworkers to express this anxiety and provide the necessary acceptance, support, and reassurance to enable caseworkers to develop professionally. Supervisors should engage caseworkers in open discussions regarding any other feelings that they might be experiencing.

- **Being constructive and helping caseworkers identify mistakes.** New caseworkers are not always aware that they have made a mistake. They have not developed sufficient knowledge and skills to identify gaps in performance. Therefore, supervisors need to assist caseworkers in identifying their needs in a way that builds on their strengths and identifies strategies for change.

- **Having regularly scheduled supervision meetings.** Beginning with this stage and continuing throughout the next two stages of caseworker development, supervisors should spend approximately 2 hours each week with each new caseworker in regularly scheduled supervision meetings. It may be helpful to provide follow-up to these meetings with notes. It is important for supervisors to be readily available to new caseworkers. In addition, crises and emergencies also will require extra time and effort on the part of supervisors.

- **Substituting for caseworkers only in cases of extreme emergency.** Caseworkers develop a sense of confidence in their skills and knowledge by successfully dealing with issues that surface in their caseload. They need to know that their supervisor will support them and be available to help solve problems and make crucial decisions. However, supervisors also should demonstrate confidence in caseworkers' ability to handle specific tasks.

- **Building caseloads slowly.** If possible, for the first 2 months, supervisors should limit the number of cases a new caseworker is assigned. Cases should be introduced slowly, and supervisors should use them as tools to reinforce expectations, policies, procedures, and the casework processes. This supervisory practice allows time for confidence building and reduces pressure.

- **Clarifying both client and caseworker behaviors.** Questions asked during supervision meetings should identify client responses to caseworker behaviors. Supervision should also include clarification regarding the reasons for particular client responses. Focusing on both client and caseworker behaviors helps caseworkers identify those interventions that are successful and those that need to be modified.

The "Make It or Break It" Stage

This stage often overlaps with the previous stage, begins after approximately 3-4 weeks on the job, and may last up to 6 months. The hallmark of this stage is ambivalence. At this point, caseworkers have some familiarity with the supervisor, unit members, job duties, and client population. Consequently, they may be questioning whether this is the job for them and whether they can get their needs met in the agency. By the time they enter this stage, caseworkers should have developed limited confidence in concrete tasks. However, caseworkers will continue to feel a sense of inadequacy regarding some of their responsibilities and tasks. They may still experience some anxiety regarding the decisions they must make and the impact of those decisions on the lives of the

children and families. They will probably have a greater sense of comfort because of their increased understanding of what is expected of them and how to fulfill their responsibilities. Sometime during this stage, caseworkers develop a sense of belonging to the unit.

Caseworkers need to know that they are progressing and increasing their knowledge and skills. They need their supervisors to encourage their growing independence while remaining available to provide considerable support, and they will need continued assistance in identifying casework strengths and mistakes. They may need additional information on the children and families they are serving and how to perform specific casework tasks. Finally, caseworkers will continue to need opportunities to practice new skills, make decisions, and receive feedback on their performance.

Some of the developmental obstacles that staff at this stage may exhibit include:

- Increasing negativity and ambivalence, which could be influenced by some of the more pessimistic members of the unit or agency.
- Questioning the credibility of their supervisor.

Supervisory strategies during the "make it or break it" stage include:

- **Expecting and allowing errors.** At this stage, caseworkers test new behaviors in their work with clients and, as a result, may experience a loss of confidence when their attempts fail to meet their own expectations. All caseworkers inevitably make errors and miscalculations. Supervisors should help caseworkers accept and learn from these errors. When supervisors communicate a willingness to admit and accept their own missteps, they demonstrate to caseworkers that errors are acceptable. These should be viewed as learning experiences rather than as failures.
- **Reinforcing knowledge.** By this stage, caseworkers should have acquired most of the basic knowledge to perform CPS functions. The supervisor's role is to help caseworkers draw on this knowledge and apply it to specific cases.
- **Helping caseworkers organize observations and ideas.** At this juncture, caseworkers should begin to identify patterns and trends occurring across cases. Part of the supervisor's role is to underscore these similarities and help caseworkers synthesize them into principles of practice.
- **Analyzing intuition without stifling creativity and spontaneity.** As caseworkers gain confidence, they begin to act on instinct, common sense, and intuition. Supervisors should assist caseworkers by validating this practice and by helping them analyze what factors led to the intuition.
- **Linking caseworkers with a mentor or with positive, more experienced caseworkers.** This can help reduce the influence of negative unit members, help create a sense of connection to the unit, and assist caseworkers with developing the competencies needed for successful performance.
- **Helping caseworkers feel a sense of connection to the unit.** From the beginning of employment, caseworkers need to feel a sense of connection to the unit. Consistently recognizing caseworkers as valuable members of the unit is particularly important in cultivating this feeling.

An important word of caution for the first two stages of development—caseworkers should exhibit a gradual reduction in the intensity of anxious and negative feelings over the first 6-month period. If supervisors do not observe this reduction and a commensurate increase in confident and positive feelings, they should not permanently place these caseworkers. If there is minor improvement, supervisors may wish to extend probation. Certainly if the caseworkers have not moved out of the first two stages by 1 year, supervisors should not make the caseworkers permanent. The job is probably not the "right fit" for them. It also is important that supervisors create an environment allowing caseworkers the comfort and support to be able to say

if the job is not a "good fit." It may be better if caseworkers come to this decision themselves rather than for supervisors to make it for them.

Basic Skills Stage

At this stage, staff possess the core skills needed to perform the job, but do not have the specialized skills for independent practice. Caseworkers are feeling confident in their ability to perform essential CPS functions. They are generally able to identify and analyze client problems. Basic knowledge and skills have been incorporated into their interventions, and gaps in services are more apparent to them. Caseworkers are feeling some satisfaction because they see evidence of the impact of their efforts. At the same time, they also may experience some dissatisfaction or disillusionment. Because they have the core skills needed to perform the job, caseworkers become aware of the obstacles (e.g., high caseloads, lack of resources, ineffective supervision) they face in fulfilling their responsibilities to help children and families. In addition, many caseworkers recognize the need to develop more specialized skills and to set professional goals for themselves. This is the beginning of independent practice.

Some of the developmental obstacles that staff at this stage may exhibit include:

- Symptoms of "compassion fatigue";
- Desire for less supervision;
- Lack of growth and development and "getting stuck" in the stage.

Supervisory strategies during the basic skills stage include:

- **Listening carefully.** This is the primary skill necessary in relating to caseworkers at this stage of development. Although supervisors need to ask clarifying or informational questions, the primary function of supervisors at this point is to listen first and then discuss.
- **Identifying and discussing caseworker resistance.** Caseworker resistance may require some attention in earlier stages, but it is at this stage that any resistance must be specifically addressed in supervision meetings. When caseworkers are reluctant to deal with certain clients or client behaviors, this reluctance should be assessed in terms of how it affects the caseworker-client relationship and the achievement of agency and unit goals. Attention should be directed to the way in which clients react to caseworkers' interventions and how caseworkers can use personal and professional strengths to improve relationships with clients.
- **Helping caseworkers identify and examine options.** While supervisors may agree with the options or ideas presented by the caseworker, it is essential, however, to expose the caseworker to as many other options as possible. Brainstorming is one way to assist caseworkers in identifying options for their clients.
- **Providing feedback.** Specific positive and negative feedback is essential at all stages of caseworker development. In the earlier stages, feedback takes a more developmental focus. (For more information on this, see Chapter 6, "Supervisory Feedback and Performance Recognition.") At this stage, it is important to measure caseworker performance against agency and supervisory expectations and standards, providing feedback accordingly.
- **Encouraging ongoing growth and development.** If caseworkers appear to be stuck in this stage, supervisors must create some discomfort. Supervisors should promote self-awareness with these staff, work through resistance, and challenge caseworkers to stretch and grow.

Relative Independence Stage

Supervisors want all caseworkers to aspire to and reach this stage. These are the best caseworkers in the unit and the ones supervisors rely on most. Caseworkers at

this stage should have a strong sense of competence and confidence regarding their knowledge, skills, and ability to perform their responsibilities and make critical decisions. They can identify problems and options. They typically determine a substantial portion of the agenda for supervision meetings. At this point, caseworkers have a strong sense of independence and autonomy. However, as in the previous stage, they may be experiencing frustration, "compassion fatigue," disillusionment with their cases, and burnout. They may express the need to grow professionally and experience new challenges.

As caseworkers prepare for new challenges, they need recognition for their accomplishments and efforts. Supervisors must be as creative as possible in assisting caseworkers to identify ways that they can continue to grow and develop on the job. If caseworkers feel challenged and experience growth, they are more likely to be motivated.

Supervisory strategies in the relative independence stage include:

- **Encouraging active involvement in supervision meetings.** At this point in their development, caseworkers are aware of their own supervisory needs. One-hour meetings are still important for clinical supervision, monitoring, and consultation on key decisions. They also provide staff with coaching, direction, and feedback, as appropriate.

- **Assisting caseworkers in clarifying their professional development needs and identifying educational or training needs.** Caseworkers need to continue to learn and grow. Supervisors are instrumental resources for identifying opportunities for continuing education and training.

- **Preparing caseworkers for new roles.** Unless caseworkers continue to experience new challenges on the job, they lose interest. It is important for supervisors to encourage caseworkers to take on new and creative responsibilities, which helps them prepare for new roles.

- **Avoiding the most common management trap.** The most common management trap is giving the most difficult, complicated tasks to the best people. This translates to giving the best caseworkers the worst cases. Over time, the consequence of this is practice is caseworker burnout.

Orientation

The old saying "first impressions are often lasting impressions" is especially appropriate for new employees. The first few weeks on the job are typically filled with anxiety, concern, fear, and curiosity. If no one takes the time to reduce those feelings and to make new caseworkers feel part of a group, those initial feelings may affect the performance and retention of caseworkers. If caseworkers get off to a bad start, they may never recover. Therefore, a program for orienting new caseworkers is not a luxury; it is an absolute necessity.

The primary purpose of an orientation program is to help new caseworkers fit into their jobs, work groups, the organization, and even the community. Orientation provides information about the employee's role in the agency and the agency's role in the community. This helps to reduce the anxiety that new staff experience, creates a sense of belonging to the unit and agency, and promotes the development of staff competence.[18]

Creating a Sense of Belonging

Strategies for promoting a sense of belonging to the unit and agency include:

- Calling new staff members before their start date in order to provide an introduction, welcome them to the unit, tell them where to park and where to enter the building, and inform them of security measures when entering the building.

- Making sure someone in the unit greets the new staff members.

- Introducing new staff members to others in the unit or agency.
- Making sure there are workspaces for new caseworkers, including essential materials (e.g., telephone, paper, pens, computer, stapler).
- Placing a welcoming gift (e.g., a coffee mug or flowers) on each new caseworker's desk.
- Sending a memo or e-mail notifying other units of the arrival of new caseworkers.
- Having a breakfast or lunch where staff can meet the new caseworkers.
- Pairing new caseworkers with other caseworkers in the unit or arranging for mentors.
- Being available and accessible to new caseworkers.
- Showing them around the office and pointing out where things are located (e.g., bathroom, kitchen, and copy room).
- Providing a schedule of activities for the first week.
- Including their names on the schedule for weekly, individual supervision.[19]

Process for Orientation of New Staff

The process for orientation varies from agency to agency, so the role of supervisors in orientation also varies. Some agencies have an ad hoc approach, while others have a consistent, identified orientation plan. Examples include:

- **A training unit.** In this model, all new caseworkers are assigned to a training unit, typically for 4 to 6 months. In addition to orienting new staff, the training unit works to develop necessary competencies. Preservice programs and classroom training are coordinated with on-the-job training. Cases are assigned gradually to teach caseworkers what they need to know to perform their responsibilities effectively.
- **Structured agency orientation.** In this model, the agency has a plan and process for orienting new staff. The plan and process will vary from agency to agency. For example, some agencies assign new caseworkers to a unit, but they designate a training supervisor who coordinates orientation and training for new staff. New caseworkers meet for 1 to 2 days per week for classroom orientation, training, or observation. Another example of a structured orientation is one developed and coordinated by a task force with representatives from all levels of management. New staff may meet for a day with human resources, a supervisor from each program may provide an overview of the purpose and outcomes for their program area, and new staff may be taken to different community agencies.
- **Orientation provided by the supervisor.** In some agencies, orientation of new staff may be the responsibility of the supervisor. How structured, consistent, and informative the orientation is varies dramatically from supervisor to supervisor.

Content of Orientation

The content of the orientation may vary from agency to agency, but it should include:

- Information about the agency's mission, the programs and services the agency provides, the unit to which staff are assigned, the new staff member's particular position, the organizational structure, and community resources;
- Performance expectations and standards of practice;
- Explanations, interpretations, and clarifications of policies and procedures to help new caseworkers understand the agency's standards and operational framework;
- Information about the client population;
- Personnel issues (e.g., benefits, leave, employee assistance programs);
- Models of practice (e.g., samples of completed case forms, opportunities to observe skilled caseworkers modeling appropriate techniques).

Methods for Building Staff Capacity

Developing or enhancing a skill consists of a multistep process:

- Receiving information on how to perform a task;
- Observing a model performance;
- Practicing the performance;
- Receiving developmental feedback.

This process should be used in classroom training and on-the-job training by the supervisor. For example, the first two steps of the process are completed by supervisors who provide information on how to investigate a complaint of maltreatment and assign an experienced caseworker to model how to conduct an investigation. Subsequently, supervisors or experienced caseworkers should observe new caseworkers as they conduct an investigation and provide feedback on the demonstrated skills.

Training

Most State CPS agencies provide preservice training programs for new child welfare staff. The structure, content of, and frequency with which preservice training programs are offered varies. In some agencies, new caseworkers must wait from 1 to several months to attend preservice training. Some offer competency-based certification training programs for new staff. Further, some agencies offer a preservice training program that combines classroom training with highly structured, on-the-job training provided by the supervisor.

Despite differences in approach to training, the intent is the same—to provide new caseworkers with basic CPS knowledge and skills. Effective preservice training programs build the core competencies caseworkers must possess in order to achieve CPS outcomes and goals. For example, skills covered may include: demonstrating empathy, respect, and genuineness; determining the validity of the report; and assessing the risk of current and future harm to the child. Other models used may be based on a more task-oriented approach. They tend to provide information and skill development related to the stages of the CPS process (e.g., intake). The training also provides an opportunity for the agency to examine attitudes, values, and possible biases of caseworkers toward maltreated children and their families.

Periodic inservice training is important for all caseworkers. Some States require CPS caseworkers to obtain and maintain a license. In those States, caseworkers are required to obtain a specified number of continuing education credits (CEU) every 1 to 2 years. Competency-based training always should incorporate the multistage process of learning skills previously detailed. There are a variety of sources for obtaining inservice training, including:

- Specialized workshops provided by State development and training personnel;
- Continuing education courses offered by colleges and universities, including schools of social work;
- Advanced-training courses provided by national organizations;
- National, regional, State, and local conferences and workshops.

The American Public Human Services Association has developed guidelines on how to evaluate the quality of training. Supervisors are referred to *Guidelines for a Model System of Protective Services for Abused and Neglected Children and Their Families* (1999) for information about this topic. This publication is available at **http://www.aphsa.org**.

Exhibit 5-3
Training on Exposure to Violence

Many caseworkers are unfamiliar with the special needs of children who witness violence. Suggested topics for training include:

- The differential effects of trauma in children in the child welfare system: how history, personality, age, and a support system contribute to the traumatic experience and its after-effects.
- Factors contributing to misdiagnosis of psychological trauma in children.
- How to work with biological, foster, and kinship parents to identify and address behavioral challenges that result from the impact of the trauma.
- Differences in subsequent behavior of single versus repeated trauma.
- Techniques for handling mistrust and other symptoms during screening, assessment, case planning, and intervention.
- Cultural factors that may impact the trauma experience.
- How to integrate observations from case assessment, intervention, or evaluation into court reports or when providing testimony.[20]

Transfer of Knowledge

Most managers assume that when a staff member is sent to training, he or she will return to the job and apply this new knowledge or skill. Unfortunately, this is sometimes an erroneous assumption. Skills learned during training are more likely to be applied in the workplace if coordination exists between the trainee, the trainee's immediate supervisor, and the trainer. This helps establish an environment that supports utilizing the information provided in the training. There are actions that occur before, during, and after training that either promote or hamper transfer. Exhibit 5-4 outlines actions that supervisors can take to reinforce the knowledge and skills learned by new caseworkers at trainings.

Exhibit 5-4
Supervisor Actions that Promote the Transfer of Knowledge

- Fully supporting the importance of training and providing "protected" time for the staff to attend.
- Having discussions with caseworkers prior to the training about its potential benefits, as well as their expectations and goals. A learning plan also should be developed prior to attending the training that includes what learning is desired and expected, along with how the new knowledge and skills will be used on the job.
- Involving caseworkers in deciding what training is appropriate, including input on determining when and where it is scheduled.
- Having trainees establish a plan for assuring case coverage while in training.
- Scheduling a meeting with caseworkers within a week after the training to review their action plan for integrating new knowledge or skills into the job.
- Having caseworkers provide an overview of the training to other unit staff members.
- Arranging for trainees to shadow another caseworker who has previously attended the training in an effort to observe how he or she implemented the workshop ideas.
- Demonstrating the value placed on the training to affect caseworkers' attitudes about the training. If caseworkers perceive apathy toward the training, they are unlikely to see the relevance or utility of it on the job.
- Establishing a climate of open communication and exchange of information. This allows caseworkers to ask each other about training and how it might help everyone enhance their practice. A unit with a passion for learning, linked to improvement, will enhance transfer of knowledge.
- Creating opportunities for practicing what was learned, especially in units with large caseloads and heavy work demands. New techniques cannot become part of a caseworker's repertoire without time to try them out, evaluate how they worked, and refine the skills.[21]

Supervisory Teaching Methods

Supervisors need to be aware of and maximize the potential influence they have over what caseworkers learn. There are a number of on-the-job methods supervisors can use to facilitate staff learning and development.

One-to-One Teaching

Individualized instruction is probably the most persuasive teaching method. Some advantages of this method include:

- That it can be easily individualized to accommodate caseworkers' strengths and needs, intellectual levels, academic backgrounds, and learning styles.
- That it can be incorporated into the regular interaction between caseworkers and supervisors, particularly since there is an expectation of teaching-learning built into such relationships.
- That it helps bridge status and cultural gaps by providing the chance for immediate clarification or further explanation, as well as by allowing the opportunity for both parties to learn how the other's background impacts their teaching or learning style and frame of reference.
- That it allows supervisors to impart experience and model performance.[22]

Brainstorming

Brainstorming is a method used by supervisors to generate ideas and provide information about practice alternatives. During an individual case conference, for example, when a caseworker believes that all of the options for a client have been exhausted, brainstorming can be an excellent tool for identifying new strategies. This technique sets the stage for staff to escape from more routine approaches to problem solving. Brainstorming with the unit is another method that produces ideas and at the same time elicits full participation of the staff. Many sound ideas surface that might otherwise be inhibited by interpersonal conflicts, dominant personalities, patterns of being uninvolved, or fear of criticism.

Brainstorming is useful in working through problems that caseworkers present because:

- It promotes caseworkers' active involvement in the decision-making process rather than waiting for decisions to be made.
- It provides a means for expressing ideas spontaneously and "on the spot."
- It enables supervisors and caseworkers to gain new perspectives in a stimulating and interesting atmosphere.
- In group situations, it reduces the likelihood of "one-upmanship" in the problem-solving process.[23]

Modeling

Modeling is the deliberate display of behavior by the supervisor to demonstrate effective performance and promote learning. This technique can be very useful in teaching new behaviors, helping individuals retry behaviors previously associated with negative consequences, and improving the performance of previously learned behavior. There are three phases for learning modeled behaviors:

1. **Attention.** The attention of the caseworker is focused on identifying key behaviors.
2. **Retention.** The caseworker commits the observed behaviors to memory so that they can be reproduced. Sorting the observed behaviors in terms of importance and familiarity and rehearsing the behaviors is very helpful in aiding retention.
3. **Reproduction.** The test of learning is doing. Reproduction is the performance of observed behaviors.

The advantages of using modeling behavior in the supervisory process include:

- Caseworkers can gain first hand experience of the effects of the supervisor's behaviors.
- Poor practices can be altered through witnessing and performing positive practices.
- Good practices can be brought to the caseworker's attention and reinforced.[24]

Role Play

Role playing is simply playing a part in a simulated or staged situation. It is an excellent instructional strategy for practicing and receiving feedback on performance, as well as observing feelings and behaviors of the individuals in the situation being staged. Role playing can be used to change behavior by allowing participants to:

- Try out new approaches or techniques;
- Identify potential problems and solutions;
- Develop intervention techniques;
- Develop decision-making skills;
- See issues from another viewpoint;
- Assess skills.

The effectiveness of role play in supervision depends on a number of factors:

- Thoughtful planning of roles, anticipated interactions, and the scene or situation;
- The comfort level of the role players;
- The amount of flexibility and improvisation encouraged;
- The prompting of behaviors or skills to be learned or practiced;
- The quality of feedback provided immediately after the role play.[25]

Afterward, role players should be provided the opportunity for debriefing. Feelings experienced in the role, reactions to the role play, and application of the exercise to practice are some examples of debriefing topics.

Coaching

Traditional management style typically means being directive or telling staff what to do. This is a quick and easy method for getting the job done. However, coaching helps staff discover the answers through problem solving, as well as helps them develop a sense of personal responsibility and confidence. It enhances the quality of the work and develops staff skills at the same time. It also enhances self-esteem and morale. Coaching involves using specific strategies to change inner thought processes and to improve professional behavior. This approach requires supervisors to believe that staff have the answers inside of themselves. It also means that supervisors have to ask staff the right questions to facilitate the discovery.[26]

Two core skills used in coaching to create awareness in the caseworker and promote responsibility are listening and the use of open-ended questions. Listening is essential because, in coaching, the caseworker guides what issues are addressed. Perhaps the hardest thing a coach has to learn to do is to be quiet and listen. Skills necessary for being a good listener include:

- **Attentiveness.** This skill entails actively listening to a caseworker's total message—the verbal (actual words), the paraverbal (the tone, pitch, and pacing of the words), and the nonverbal (body language).
- **Clarifying.** This skill helps to bring the issue into sharper focus, add detail, and hold it up for inspection. It involves listening, asking questions, synthesizing information, and identifying any gaps in information or lapses in its logic.
- **Reflecting.** Reflective listening is the act of communicating back to the caseworker the

content, feelings, or total message of what he or she said. A "content reflection" is essentially paraphrasing the substance of the caseworker's message. A "feeling reflection" communicates the feeling part of the caseworker's message, and a "combined reflection" communicates understanding of the client's complete message.

- **Analyzing and synthesizing information, then giving feedback.** As the supervisor listens to the caseworker, he or she is analyzing and synthesizing what the caseworker is saying. When giving feedback, the supervisor succinctly describes what he or she sees is going on. This enables the caseworker to view situations from a different lens or perspective. It also involves giving the caseworker input into the validity of his or her discussion.

- **Summarizing.** Sometimes caseworkers digress and get caught up in numerous, sometimes minor details. Summarizing pulls the key issues together and helps the caseworker to focus on what is most relevant.[27]

The other core skill in coaching is asking open-ended questions. Asking closed-ended questions saves people from having to think, while open-ended questions promotes thought toward the matter. Use questions that begin with:

- What
- When
- Who
- How much
- How many

"Why" is discouraged because it often implies criticism and evokes defensiveness. Questions should begin broadly and increasingly focus on detail. The demand for detail maintains the focus and interest of the caseworker. As a coach, supervisors need to probe deeper for more detail to keep caseworkers involved and to bring to consciousness those often partially obscured factors that may be important.

Guided Reflection

Guided reflection is useful for modifying and improving caseworker behaviors. This process involves recreating the scene of intervention in order to examine caseworker-client interaction. The primary goal is for the supervisor to help the caseworker become more aware of the dynamics in the client relationship. Examination of the dynamics begins with guided recall (by the supervisor) of sequences of caseworker-client interactions and moves to self-directed analysis (by the caseworker) of the feelings and beliefs that underlie those interactions. The viewer (supervisor), by making simple observations of the other's (caseworker) behavior, puts in motion a series of reflections and interpretations.

This technique is particularly effective for facilitating self-examination. In recalling a specific situation, the caseworker can discover errors and identify strengths. The supervisor may choose to guide the caseworker in self-reflection in the following situations:

- When reviewing a case record;
- When a caseworker is giving a verbal account of a situation;
- When a caseworker seeks the supervisor's input in solving a problem in a case;
- When a caseworker has completed a difficult home visit or interview.

Mentoring

Many innovative CPS agencies and supervisors are integrating mentoring in their staff development programs. The possible uses of mentoring include:

- **Orientation or induction**—To help staff become familiar with the organization.
- **Support for learning on the job**—To enhance job-related knowledge and skills for the present.

- **Career progression**—To assist in identifying and supporting staff potential for the future.
- **Support in a new project or new job**—To ensure rapid assimilation and delivery.
- **Coping with change**—To help people understand what is involved in change.[28]

Dealing with Performance Problems

The job of supervisors would be much easier if every employee enjoyed the job, performed excellently, and had an insatiable desire to grow and improve. Unfortunately, not all employees meet these parameters. Dealing with performance problems is an everyday reality in supervision. In CPS, performance problems surface in several ways. Some caseworkers are inconsiderate of clients, foster parents, or other service providers; fail to meet Federal, State, and local mandates on a regular basis; or do not comply with agency personnel policies. There are some caseworkers who conduct inadequate assessments, exhibit poor writing skills, or do not effectively engage clients.

In approaching performance problems, the most common error is concentrating on the symptom rather than the cause. For example, a caseworker may be persistently late in documenting contacts with clients. The missing documentation is the symptom or consequence of the problem, not so much the problem itself. The supervisor may define it as such because it is the agency's concern. However, it is likely that some larger factor is influencing this condition.

Analyzing Performance Problems

A process for analyzing performance problems consists of asking the following questions:

- **Can the supervisor identify a performance discrepancy?** A performance discrepancy is a gap between expected and existing performance. It must be defined behaviorally and in specific terms. Are all cases overdue or are there only three that are overdue? Does the caseworker fail to pick up on all client family dynamics or only misinterpret certain ones?
- **Are performance discrepancies consistently present?** For example, a caseworker may have trouble accurately assessing a mother's ability to protect her child. In almost all cases, the caseworker's conclusion appears to be a guess rather than an assessment based on information from the mother and other relevant sources. This performance problem is different from that of a caseworker who is able to accurately assess the issue of protection in cases involving neglect, but not in those involving abuse.
- **Is the problem important?** Some behaviors that supervisors identify as problems have no negative consequences. For example, a caseworker may appear to be extremely disorganized, but still complete case assignments on time. The caseworker's disorganization only seems to be a problem because the supervisor is so well-organized. A real performance problem is a gap in results, one in which the problem is not likely to go away on its own.
- **Does the caseworker know what to do and when to do it?** Sometimes supervisors think they have communicated the necessary information for expected performance. However, the information may not have been interpreted correctly. For example, a caseworker who was told he or she has 24 hours to initiate an investigation may not understand that some case situations require an immediate response.
- **Does the caseworker know that his or her performance does not meet expectations?** Without clear feedback, a caseworker may assume that his or her performance is acceptable. A caseworker's extreme assertiveness with clients, for example, may seem to get results because the clients comply with immediate requests. However, the clients are not engaged as partners

in the case plan. Without feedback, the caseworker may not see this issue as a performance discrepancy.

- **Is the problem due to external obstacles beyond the caseworker's control?** Supervisors are likely to hear many obstacles that prevent caseworkers from achieving performance expectations. Increased caseloads, conflicting priorities, failure of others to act responsibly, and problems gaining judicial acceptance of CPS recommendations are just a few of the reasons provided by caseworkers. A good rule of thumb in evaluating obstacles is to ask whether the obstacles exist for all caseworkers in the unit. For instance, do all the caseworkers have similar problems in court? If the answer is no, then it is more likely that the obstacle is due to caseworker performance rather than external conditions.

- **Does the caseworker know how to accomplish the necessary tasks?** Analyzing skill capabilities requires direct observation. Supervision meetings and review of case records provide only information filtered by the caseworker. Without direct supervisory observation, it is difficult to determine all the conditions affecting performance. Caseworkers may not know how to build the trust needed for disclosure and, although they are asking the right questions, they may not be eliciting honest responses.

- **Is good performance rewarded or does it receive a negative consequence?** Ideally, caseworkers who perform well receive appropriate recognition and support. On occasion though, they are penalized for their efforts. For instance, skillful caseworkers may consistently be given the most complicated or dangerous cases. Group norms also may produce negative consequences to good performance. Caseworkers who are always up-to-date with their paperwork may be excluded from informal interactions by others who are consistently late in completing this task.

- **Is nonperformance rewarded?** This is a common condition in units where supervisors focus primarily on problems. Eventually staff learn that the way to gain the attention of supervisors is to have a problem.

- **Could the caseworker perform if he or she wanted to?** Sometimes a certain caseworkers are just not well-suited for CPS work. No matter how hard they try to meet performance expectations, problems surface. In this situation, a transfer to another division or leaving the agency for work elsewhere may be appropriate. Personnel policies or union contracts usually specify how supervisors should proceed in such situations.[29]

Coaching for Improved Work Performance

As previously mentioned, coaching is useful in developing caseworker proficiency. It is also a tool for dealing with performance problems. When applied to performance, supervisors can use the following steps to intervene and connect with staff:

- **Be supportive.** A supervisor needs to state in clear language his or her understanding of the caseworker's situation. This assessment includes the nature of the problem, the supervisor's current understanding of the caseworker's feelings about the problem, and the supervisor's objectives and initial offers of support in working toward resolution of the problem. The goal is to engage the caseworker and communicate that this is a problem-solving process rather than a disciplinary process. Being supportive does not require accepting the caseworker's explanation of the problem or explanations of why it cannot be solved.

- **Develop an understanding of what is happening.** This step requires active listening. The purpose is not to persuade the caseworker to accept the supervisor's view of the problem, but to help the supervisor understand the problem from the caseworker's perspective. It is important to understand that the caseworker's current behavior is an attempt to meet some underlying need. Solving the problem will require discovering the

underlying need and finding an alternative to meet that need. For example, a caseworker may routinely display punitive and judgmental attitudes toward suspected perpetrators of child sexual abuse. Strong emotional reactions to sexual abuse, as well as the caseworker's personal history and values, may be relevant in understanding this situation. Such influences should not be dismissed with statements such as "You need to learn to control your feelings." Instead, the supervisor may need to ask several clarifying questions to understand the cause of such reactions or emotions. Further, the supervisor needs to help the caseworker understand how such judgmental actions are likely to be detrimental to addressing the needs of the family.

- **Help the caseworker evaluate how his or her current performance and behavior are affecting personal goals.** To the extent that current performance undermines personal goal attainment, there is a basis of motivation on which to build change. This step helps to develop self-interest in change. For example, a caseworker may be neglecting documentation in favor of "giving more direct time to clients through personal contacts." The caseworker's goals are focused on the client. However, the caseworker also needs to understand the benefits of paperwork to clients, as well as the consequences of incomplete paperwork. In the caseworker's absence, a supervisor, another caseworker, or a judge may have to make a decision based solely or primarily on information available in the case record. In the absence of information known only to the caseworker, a decision may be made that may be contrary to the best interest of a child or parent.

- **Create a clear, specific, and feasible plan for change.** Once the underlying needs are determined, the supervisor can engage the caseworker in developing goals and future actions. This step involves developing a contract between the supervisor and caseworker that defines clearly what each wants and is willing to offer. Agreements to "work on it," or general goals such as "improve my timeliness" are not acceptable in a case plan and are equally unacceptable in dealing with performance problems. Performance improvement plans must have the same concrete steps and behaviorally defined goals that one would use in planning with a parent or child.

- **Follow up.** Second only to inaccurate assessment of the performance problem, failure to follow up is the most frequent reason difficulties in performance persist. Plans for improvement are made, and the caseworker is left alone to implement them. In one way or another, the supervisor's behavior contributes to the problem. Getting the caseworker to enhance performance requires that the supervisor also change some part of his or her current behavior. Although most supervisors intend to follow-up, some become busy with other priorities. Some avoid follow-up because they do not want to confront the lack of improvement. If improvement is evident, some may assume that no follow-up is needed because the problem apparently is solved. Following up conveys to the unit that the supervisor cares about results.

- **Provide feedback.** Sustaining changes in performance requires supervisory encouragement and positive feedback. Therefore, the supervisor should provide both evaluative and developmental feedback on an ongoing basis to sustain the improvements in the caseworker's performance.[30]

Dealing with Caseworker Resistance

In dealing with performance problems and coaching for enhanced performance, supervisors may encounter resistance on the part of caseworkers. Resistance is an emotional process. Any amount of rational argument by supervisors usually does not overcome it. In fact, such efforts often intensify the resistance.

Supervisors may sense resistance is an issue when they:

- Feel increased tension;
- Explain something for the third time;
- Feel angry at or frustrated with a caseworker.

Caseworkers often communicate resistance by:

- Avoiding responsibility for the problem;
- Flooding the supervisor with details;
- Changing the subject;
- Acting unusually silent;
- Showing premature compliance;
- Attacking the supervisor verbally;
- Pressing for solutions rather than trying to understand the problem;
- Claiming that the supervisor does not fully understand the situation.[31]

Resistance may be the caseworker's way of expressing underlying feelings of vulnerability and loss of control. These feelings may require emotional rather than intellectual reassurance. In other words, if the supervisor responds by providing a logical explanation of the problem and a proposed solution, he or she is responding to the thinking, not the feeling, component of the caseworker's experience. As a preferred alternative, the following three-step process addresses feelings associated with resistance:

1. **Identify the form the resistance is taking.** The form of the resistance is evident in the caseworker's behavior. For example, the caseworker may verbalize agreement but communicate anger nonverbally.
2. **State in a neutral, nonpunitive way the form the resistance is taking.** This can be accomplished through statements to the caseworker such as "You seem to be giving me a lot of detail" or "You were raising many objections, but now you suddenly agree with me."
3. **Remain silent.** Let the caseworker respond to the statement.[32]

Remaining quiet can be very difficult. Sometimes a supervisor's anxiety about silence causes him or her to continue speaking. Supervisors must fight the inclination to talk. Silence is a necessary part of getting the caseworker to express underlying concerns such as "I'm afraid you're going to blame me for this." Here, the caseworker is expressing vulnerability. He or she perceives the situation as one of placing blame rather than finding a solution. Once the reason for the resistance is understood, the supervisor can acknowledge and deal with it.

It is always important to remember that the caseworker's resistant behaviors are not personal attacks on the supervisor. Defensive and resistant reactions are signs that the supervisor has touched on an especially significant or sensitive issue. It is equally important to remember that change always creates feelings of vulnerability. Direct expression of these feelings is not resistance. When a caseworker says, "I'm not sure I can do that," the caseworker is directly expressing a fear. On the other hand, when the caseworker repeatedly says, "You still don't understand the problem. Let me give you more information," the caseworker may be demonstrating resistance.

Managing performance problems is one of the most difficult aspects of supervision. The more a supervisor can determine the cause of the problem and coach the caseworker to improved performance, the more likely it will be that the supervisor will experience success in dealing with problems in performance.

CHAPTER 6
Supervisory Feedback and Performance Recognition

Supervisors have the critical role of evaluating and providing feedback on caseworkers' performance. Feedback is the principle means of maintaining good performance and improving unsatisfactory staff performance. It confirms desired results, identifies gaps between what the caseworkers are doing and what supervisors expect, and provides information about how to improve results. Without feedback, caseworkers are left to wonder about how supervisors view them and their performance.

Recognition of good work and feedback meet several underlying personal needs for caseworkers. They affect feelings of self-worth and respond to needs for growth. Furthermore, to the extent that feedback is more positive than negative, caseworkers have enhanced feelings of security in their capabilities and in their position in the unit. When there is an absence of recognition and positive feedback, staff may experience the environment as cold or punishing. As discussed in Chapter 9, "Recruitment and Retention," recognition and positive feedback increase a sense of job satisfaction and personal accomplishment.

Types of Feedback

There are several types of feedback—positive, negative, evaluative, and developmental. Positive feedback recognizes the specific aspects of the caseworker's performance. When giving negative feedback, the supervisor comments on those aspects of performance that the caseworker is not doing, or not doing adequately, sufficiently, or appropriately. The intent is to facilitate change in the caseworker's behavior.

Evaluative feedback compares performance results with standards and expectations. It offers an appraisal of the extent to which desired results were achieved. The appraisal may involve objective facts or judgment. For example, telling a caseworker that he or she interviewed all known collateral contacts is objective. On the other hand, telling a caseworker that he or she conducted a thorough evaluation is a statement involving judgment. Both forms of evaluative feedback are appropriate, although feedback that involves judgment may be questioned more if it is negative. For this reason, it is important for supervisors to set standards for expectations with clear evaluation criteria. Supervisors also should remember that regularly providing feedback significantly reduces or eliminates the chance of any surprises for caseworkers during formal performance evaluations.

Developmental feedback incorporates evaluative feedback, but goes a step further by identifying what the caseworker did that contributed to or detracted from achieving the expected result. Sometimes a caseworker may attain a result, but not clearly recognize how or why. Developmental feedback confirms behavior that should be retained

and identifies behavior that should be changed. Evaluative feedback alone does not provide this information. For example, following the observation of an interview, a supervisor may tell a caseworker that rapid-fire, close-ended questions caused the parent to feel defensive and become uncooperative. The uncooperative posture of the parent is the observed result. The rapid-fire questioning explains the reason the parent became uncooperative.

Criteria for Effective Feedback

The following qualities determine the effectiveness of feedback. Feedback is helpful if it is:

- **Useful**—It provides information that clearly confirms desired behavior, identifies what behavior needs to be changed, or specifies the extent to which results were achieved.
- **Specific**—It focuses on objective measures of results or clearly identifies behaviors.
- **Frequent**—It is provided at least weekly about some aspect of performance expectations. Supervisors that are more effective tend to offer three to five times more positive feedback than negative feedback.
- **Well-timed**—It is given at a time when the receiver is able to respond openly to the feedback, and it is given in a reasonable time frame following the performance.
- **Direct**—It is stated specifically and not obscured by irrelevant praise, qualifications, or lengthy explanations justifying the judgment or conclusion.
- **Helpful**—The receiver perceives that the supervisor is intending to help rather than to harm.
- **Behavioral**—It focuses on behavior rather than personality or personal characteristics, and does not "label" the individual caseworker.
- **Clearly understood**—The supervisor confirms the message of the feedback by asking the receiver how he or she interprets what has just been said.[33]

Conditions for Effective Feedback

The receiver's acceptance of feedback, particularly if it is negative, is enhanced when the feedback is:

- Clearly tied to established expectations;
- Derived from credible means of monitoring performance;
- Based on observable and verifiable information;
- Constructed to exhibit the qualities of effective feedback identified above;
- Given in the context of a trusting relationship;
- Given in the context of a clear agency or unit purpose (e.g., meeting time frames, benefiting clients, or improving relationships).[34]

Supervisory Effectiveness in Providing Feedback

Effectiveness in giving staff feedback is based on a supervisor's level of competence (whether it meets the above criteria); past experiences, beliefs, and attitudes about feedback; and comfort level in dealing with conflict.

Past Experiences with Feedback

A supervisor's previous experience in giving and receiving all types of feedback has an impact on his or her ease in providing it. For example, not all individuals are comfortable with praise or positive feedback. When uncomfortable with a situation, the same individuals may avoid it or become anxious in handling it. Therefore, if a supervisor is not comfortable with praise, he or she may not give it,

may not give it effectively, or may not appear genuine in giving it.

Attitudes and Beliefs about Feedback

Certain attitudes and beliefs influence how much feedback a supervisor gives to his or her staff. For example, if a supervisor believes that "completing a task should be reward enough" or "only outstanding performance deserves recognition," it is likely the supervisor is not giving enough positive feedback to staff. If a supervisor does not care if others like him or her or believes that staff should not bring their personal issues to work, the supervisor may not be giving enough positive feedback because they may not want others to "connect" with them.

Supervisors who have a high need to be liked often find that giving negative feedback is difficult. Negative feedback is perceived as a potential threat to their relationships with staff. Therefore, these supervisors may avoid or postpone giving negative feedback, or they may temper feedback by making it general, rather than specific, and thus detract from its usefulness.

Comfort with Managing Conflict

Many people feel uncomfortable in situations involving conflict. Because giving negative feedback is likely to result in some form of conflict, the supervisor may postpone or delay giving negative feedback as a way to avoid discomfort or may combine negative feedback with false praise. By preparing for a situation involving negative feedback, the supervisor can feel more comfortable. For instance, the content of feedback should be developed in advance to ensure that the qualities of effective feedback are present. The feedback techniques should be thought out and rehearsed. Possible caseworker reactions should be anticipated and supervisory responses prepared.

How the supervisor attends to the caseworker's actual reactions also is important. Reflections of the caseworker's thoughts and summarizations of the caseworker's responses should precede the supervisor's explanations. Such statements communicate that the supervisor is listening, rather than just forcing information on the caseworker. If the interaction becomes defensive, it may be preferable to stop and regroup. The purpose of feedback is to enhance performance. Defensive statements or reactions rarely produce positive change. Rather, they tend to intensify each person's position and undermine the very intent of feedback.

Recognizing Performance

Positive feedback and recognition are two very important management tools. It is important for the supervisor to remember the purpose of and distinctions between the two. Positive feedback reinforces those specific aspects of performance that the supervisor wants a caseworker to continue doing, whereas recognition is a general appraisal of someone's efforts or accomplishments. Examples of recognition include: "Great job." "Keep up the good work." "Good assessment." An example of positive feedback is "When I read your assessment, I got a clear picture of how the family functions and the strengths we can tap into to facilitate behavior change."

The purpose of recognition is to validate performance, improve self-esteem, help staff feel valued, and improve morale and staff retention. Research has supported that recognition for a job well done is the top motivator of staff performance. Most managers and supervisors do not understand or use the potential power of recognition and rewards. When managers are told of the importance of this, the typical reaction is to insist that employees would appreciate only rewards and forms of recognition that directly translate to their pocketbook—raises, bonuses, or promotions.[35]

Informal recognition (i.e., spontaneous rewards and forms of recognition) can be implemented by any supervisor with minimal planning and effort. Some of the most effective forms of recognition cost nothing or very little. Part of the power of these rewards is that

someone took the time to notice the achievement, seek out the employee responsible, and personally deliver the praise in a timely manner. Research has revealed that the type of reward employees most preferred was personalized, spontaneous recognition from their direct supervisors.[36]

Informal Rewards and Recognition
• Call a caseworker just to thank him or her. • Volunteer to do a caseworker's least desirable work task for a day. • Answer the caseworker's telephone for the day. • Have the agency director call or stop in and thank the caseworker for a job well done. • Give written "Pat on the back" awards to staff who do an outstanding job and send it to their personnel file. • Give cards that say "Bravo," "Thank you," "Great," "Top Notch," or "Wonderful," with specific reinforcing remarks included inside. • Put a flip chart by the elevator door or in the employee break room so staff can write congratulatory notes. • Create "scratch off" cards. The cards are issued on the spot by a supervisor and can be redeemed for a variety of rewards. • Cover a person's desk with balloons. • Purchase the caseworker something for his or her family. • Buy the person lunch or leave a card for a lunch date at the caseworker's discretion. • Offer a half-day or full day off from work. • Bake a batch of cookies or a cake for a caseworker. • Give a caseworker a copy of the latest relevant book on social work and child maltreatment. • Send a good caseworker to out-of-town training. This may not be low cost, but it rewards the caseworker and also shows that the agency values training.[37]

CHAPTER 7
Results-oriented Management

This chapter focuses on the role of supervisors in results-oriented management. Specifically, it describes how supervisors can use information management systems in their day-to-day management and examines other methods for monitoring performance.

Federal legislation over the past two decades has placed increasing emphasis on measuring outcomes for children involved with child protective services (CPS). The Adoption and Safe Families Act (ASFA) of 1997, for example, requires States to measure achievement of the outcomes for safety, permanency, and well-being for children and families.

The Federal Government has created two automated systems to collect and retrieve child welfare data nationwide. The systems are called the National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis and Reporting System (AFCARS). These two systems provide data on the characteristics, status, performance, and outcomes for children and families served by the public child welfare system. The Federal Government also has funded State development of data collection systems called the Statewide Automated Child Welfare Information System (SACWIS). The challenge for CPS is not only to use data like this to set goals and outcomes, but also to inform decisions regarding practice and policy and to improve services.[38]

Levels and Purposes for Monitoring

CPS supervisors are responsible for ensuring that program and client outcomes are achieved successfully. Consequently, supervisors need systems in place to track data on a consistent basis at three stages: the individual case level, the individual caseworker level (including caseload), and the unit level.

Purposes for Monitoring at the Individual Case Level

It is important to monitor individual case levels to determine if:

- Child safety is being accurately assessed and addressed;
- Case decisions are effective, timely, and appropriate;
- Services and interventions are addressing the needs of the children and family;
- Progress is being achieved in a timely and effective manner;
- The family has been integrally involved in the casework process;
- Positive outcomes are being attained for children and families;

- Permanency is being achieved for children in the shortest time frame possible;
- Policy requirements are being fulfilled in the case.[39]

Purposes for Monitoring at the Individual Caseworker Level

It is important to monitor caseload levels to identify:

- Achievement of the performance expectations and standards, as well as the policy and procedural requirements;
- Strengths in the caseworker's performance;
- Areas of problematic or unsatisfactory caseworker performance;
- Trends in a caseworker's caseload;
- Performance in terms of casework activities and outcomes;
- Training needs.[40]

Purposes for Monitoring at the Unit Level

Monitoring on a unit level helps determine if the unit is:

- Achieving program outcomes and goals;
- Functioning well;
- Planning for trends;
- Addressing problems effectively.[41]

Creating Methods to Track Data

CPS supervisors must identify techniques or methods to track data on performance for all three levels of monitoring mentioned above. In some States, these may be monitored at the agency level, but the supervisors will still play an integral role.

Identify the Performance Indicators

The first step in creating monitoring systems is determining the performance indicators (outcomes and process measures) that must be tracked on a regular basis for monitoring at the unit, the individual caseworker, and the individual case levels.

Establish Performance Indicators at the Unit Level

There are several performance indicators that supervisors commonly track at the unit level, including:

- **The number of reports by type of child maltreatment and by the age of the child.** These data provide valuable information on the types of interventions and services needed by families. This information assists in identifying training issues for staff and also can be used for resource development.
- **The response time to commence initial assessments or investigations.** This indicator provides information on whether caseworkers are meeting the required response time and whether caseworkers are assessing and responding to the level of risk. This has a direct relevance for ensuring safety for children.
- **The substantiation rate, including by maltreatment type and by type of reporter.** These data assist in determining whether public education or training should be provided on a particular type of maltreatment or for a specific professional group. Monitoring the unit's substantiation rate and comparing it to those in

similar communities, as well as to State and national averages, enables supervisors to determine whether their unit is above, below, or equal to average substantiation rates. When a unit is significantly above or below these averages, the supervisor needs to evaluate why this is occurring. For example, if the unit has a substantiation rate significantly below the State and national averages, it may mean that staff are not conducting thorough investigations and need additional training.

- **The rate of children removed from their families and the reasons for removal.** This is an extremely important indicator because it can provide information on a change in casework practice, an increase in the severity of cases, or a lack of resources needed to prevent removal. It also increasingly is being used as a benchmark for evaluation and funding.

- **The percentage of children placed in out-of-home care who are reunified with their family and the length of time to reunification.** This provides valuable information regarding achievement of permanency for children and the length of time children remain in care until it is achieved.

- **The percentage of children in out-of-home care that are placed with relatives.** This provides information on how well the unit is at maintaining family connections for children. It also provides insight on how successful the unit is at reducing the level of intrusiveness of the intervention.

- **The rate of multiple placements of children in foster care.** This provides information on how successful the unit is at promoting the well-being of children in its care. Children who experience multiple moves while in foster care often suffer further psychological trauma.

- **The rate of recidivism or reoccurrence of maltreatment.** This information lets the supervisor know the effectiveness of the unit's services and interventions.

- **The length of time between termination of parental rights and finalization of the adoption.** This indicator provides direct data on achieving permanency for children.

- **The number of cases opened and closed.** This provides the supervisor with information on the workload in the unit. These data can be used for planning and staffing purposes or to compare with agency benchmarks.

- **The length of time cases are open.** This gives information on a unit's workload and how quickly the needs of families are being served.

- **The reasons for case closure (case outcome).** This information helps the supervisor determine whether the interventions are successful. If this indicator is tracked by caseload, it can identify those caseworkers with the highest degree of achievement of successful case outcomes.

- **The number of referrals to community service providers (by type of service provider or by individual service provider).** This indicator provides the supervisor with information needed for resource development and allocation. It also allows the supervisor to determine which service providers are used most frequently and why.

- **The rate and type of court involvement and outcome.** Information collected for this indicator provides data regarding staff workload and whether there has been an increase or decrease in severity of cases. It also can provide some information regarding availability of resources to prevent removal. This may indicate the need for caseworker training on court preparation and testimony practices, as well as the possible educational needs of judges and others involved in the court process on CPS issues.

- **The percentage of report by type of reporter.** This information can be compared to national statistics as well as to data from previous years. If there is a significant difference in percentage between the national statistics and reporters in the local community, or if there is a change in the

number of reports by a particular mandated reporter, further training, consultation, or relationship building may be necessary.

Establish Performance Indicators at the Individual Caseworker Level

Some of the performance indicators tracked on the unit level also should be tracked on the individual caseworker level or across a caseworker's caseload. Relevant performance indicators include:

- **The caseload size.** This indicator provides data on each individual caseworker's workload. If some staff have more cases than others, the reasons should be examined closely. In addition, the supervisor should compare the number of cases their caseworkers maintain to the caseloads recommended by State or national child welfare organizations.

- **The rate of difficulty of the caseload.** The supervisor must strive for equitable caseloads among staff. Consequently, the supervisor must possess a process for assigning cases by evaluating both the difficulty and number of cases in an individual caseworker's caseload.

- **The substantiation rate.** Comparing the substantiation rate of caseworkers to that of the unit and to other caseworkers within the unit enables the supervisor to determine whether there is any significant variation. When a caseworker is significantly above or below these averages, the supervisor needs to evaluate why.

- **The quality of caseworkers' relationships with children and families.** Since engaging clients in the change process is a critical step in achieving the outcomes of safety and permanency, the supervisor must evaluate caseworkers' relationships with children and families. For example, do caseworkers demonstrate empathy, do the caseworkers emphasize searching for and discovering client strengths, and do the caseworkers demonstrate respect for clients?

- **The quality of case plans.** The supervisor must evaluate the quality of case plans across a caseworker's caseload. In reviewing the case plans, the supervisor would consider issues such as:
  - Does the caseworker involve children and families in the planning process?
  - Does the caseworker develop effective goals that address all of the risks present in families?
  - Is the caseworker able to determine the actions and tasks that he or she and the client must accomplish to achieve each goal?
  - Is the caseworker able to select the most appropriate services that will lead to goal achievement?

- **The rate and type of court involvement and outcome.** If a caseworker has very high incidences of emergency removals or higher incidences of adjudications compared to other caseworkers, the supervisor should explore the reasons. It may be that the caseworker is receiving all the complex or most problematic cases. It may be that the caseworker does not treat clients with respect and empathy and, therefore, creates a climate of hostility and resistance. It also could mean that the caseworker does not fully understand how to work with each family's strengths.

- **Compliance with policy and procedural requirements.** This indicator tracks CPS process requirements that, if completed, lead to accomplishment of client as well as program outcomes (e.g., making monthly, face-to-face contacts or developing a case plan with the family within 30 days of assignment of the case).

Establish Performance Indicators at the Individual Case Level

Many of the performance indicators tracked on the unit and individual caseworker levels also should be tracked on the individual case level. Additional performance indicators tracked may include:

- **Whether child safety is being accurately assessed and addressed.** The supervisor must evaluate the caseworker's assessment of client safety and the adequacy of the safety plan to protect the children. In addition, the supervisor must ensure that the caseworker continually assesses changes in behavior, circumstances, or conditions that may affect child safety. This includes assessing the development and enhancement of protective factors that may offset the risk factors.

- **The accuracy of case decisions.** All decisions affecting the safety and permanency of the child must be made in consultation with the supervisor. The supervisor must evaluate whether the caseworker has gathered comprehensive information to make informed decisions, whether decisions are based on the facts in the case, and whether the conclusions drawn are based on a thorough analysis of the information and sound judgment.

- **Whether the child and family have been integrally involved in the casework process.** Engagement leads to achievement of case outcomes. The supervisor must evaluate the relationship between the caseworker and the child and family. The supervisor should consider how the caseworker describes the client, and whether the caseworker emphasizes client strengths, understands the child and family's perception of the problems, and whether the case plan was written in language understandable to the client.

- **The progress toward risk reduction, treatment goals, and case outcomes.** The supervisor needs to track progression toward case outcomes. This is accomplished by addressing achievement of treatment goals in the case plan, reassessment of risk and safety, and development of protective factors.

Creating Systems for Organizing and Tracking Data

Society and the workplace become more automated everyday. This impacts a variety of issues, such as staff communications, record keeping, and management of information and processes. It is critical that supervisors stay informed of emerging computer applications, capabilities, and practices to enhance agency efficiency and accountability. Below are five systems that supervisors commonly use to organize and track data.[42]

Management Information Systems

Management information systems can provide supervisors with the capability they need to track data for performance indicators on the individual case, individual caseworker, and unit levels. For example, SACWIS is designed to automate record keeping and facilitate quick retrieval of case information. It can provide supervisors with a tickler system for keeping track of their own as well as their caseworkers' tasks, which can assist them in evaluating progress toward caseworker and unit outcomes and goals. Agencies have found that the support of supervisors is a key element in winning acceptance of new automated systems.[43]

A Calendar System

Supervisors use calendars as a tickler system to track key casework activities. For example, supervisors may track court dates; dates for court reports; and administrative, citizen, and foster care reviews. Some supervisors still use a month-at-a-glance paper calendar to track these activities. There are many calendars available on computer systems that offer features supervisors may find beneficial.

A Log System

A log system provides an efficient means for supervisors to track discrete data. For example, in an initial assessment or investigation, the supervisor may maintain a log consisting of the name of the case, the caseworker assigned, the date assigned, 24-hour contact, the disposition, the type of reporter, and the type of maltreatment. Some supervisors maintain a unit log on paper. These data also can be organized using spreadsheet software, which has many benefits. For example, the supervisor can examine the data in a variety of ways, such as compliance with initial contacts by caseworker or the rate of substantiation by type of reporter or caseworker.

A Notebook or File Folder System

Many supervisors in CPS, family preservation, and foster care divisions use a notebook or file folder system to document case information. As supervisors and caseworkers discuss cases during individual case conferences, supervisors record progress, directives, next steps, and barriers. This type of system enables supervisors to keep track of what is happening in each case. Some supervisors use one notebook for their unit, with divider sections for each caseworker. Other supervisors use a separate notebook for each caseworker, and still others use a file folder to organize the data. Supervisory case notes also can be documented in the computer. For legal reasons, it is important to identify whether these notes are considered part of the case record, and whether they are kept within the record or externally. Depending on the State and locality, either or both types of records may be subpoenaed in any cases going to court. It would be prudent to check with the agency's legal counsel to see how to address this issue.

A Card File System

Some supervisors use a card file system to record case-specific data, organized by month or by caseworker. This system serves the same purpose as a notebook or file folder system.

Quality Assurance

Regardless of the data collection system, it is important to have a quality assurance method in place. Every agency has an independent program or unit whose responsibility is to evaluate casework practice, compliance with policy and procedures, and achievement of outcomes in individual cases. These data can be used by supervisors to enhance individual caseworker practice or unit practice.

Monitoring the Qualitative Aspects of Casework Practice

One element of casework performance of particular importance for supervisors to monitor is the qualitative aspects of casework or how the caseworker relates to and interacts with the client. To help a child and family change the behavior or conditions that are causing the risk of maltreatment, the CPS caseworker must develop a positive relationship with the family. The methods for collecting data on the qualitative aspects of practice include observation of the caseworker-client interaction, review of documentation, and discussions with the caseworker.[44]

Direct Observation of Caseworker-Client Contact

Observing caseworker-client contact provides the supervisor with direct information regarding the caseworker's ability to establish positive, effective relationships with clients. It also provides information on how the caseworker handles difficult client reactions. Behaviors demonstrated by the caseworker should be noted and shared following the observation.

There are many opportunities to observe caseworkers interacting with clients, including:

- Home visits
- Office visits (by either direct observation or via a one-way mirror)

- Court appearances
- Supervised parent-child visitations
- Family group conferences.

If a unit has the recommended ratio of caseworkers-to-supervisor (i.e., 5-7 caseworkers per supervisor), then the supervisor should be conducting direct observation of each caseworker quarterly and should make use of the variety of opportunities for observation.

Below are recommended ways for introducing the idea of direct observation to caseworker staff:

- "Observation will enable me to identify your strengths and areas for growth."
- "Observation will enable me to identify training needs."
- "Since I am ultimately accountable for what happens in cases, there are three ways I know what is happening in your cases, by observing you with clients, reviewing your documentation, and discussing cases in individual supervision meetings."

Review of Documentation

Reviewing case documentation to determine how caseworkers describe the family and their situation provides the supervisor with insights on relationship skills. In addition, reviewing records to determine how caseworkers identify client strengths provides clues regarding the quality of the helping relationship.

Discussions with Caseworkers in Individual Supervision

During regularly scheduled individual supervision meetings, caseworkers typically describe their work with specific children and families. What caseworkers say or do not say to the supervisor provides valuable information regarding how caseworkers feel about their clients. Additionally, the supervisor should note whether what the caseworker says matches what he or she documented in the case record.

The supervisor who monitors performance indicators at the case-specific level and at the caseload level will stay better informed about the progress in the cases. In addition, the supervisor is able to identify caseworker strengths to provide frequent positive feedback and recognition. The supervisor also is able to identify problems in performance and respond to them quickly, preventing them from becoming ingrained performance problems.

CHAPTER 8
Clinical Supervision

Supervision is a multilayered process that involves a number of different roles and responsibilities. Clinical supervision focuses on the actions, responses, and decisions of the caseworker in providing services to clients. It does not mean or imply therapy. In this context, clinical is any direct interaction, intervention, or service between caseworkers and families. With that broad definition, all child protective services (CPS) caseworkers have a clinical impact on the children and families they serve.

The casework activities that clinical supervision focuses on include:

- The ability of the caseworker to engage the client;
- The rapport or the helping relationship between the caseworker and the client;
- Risk and safety assessments and the associated decisions and plans;
- Comprehensive child and family assessments;
- The development of a case plan with the family;
- Casework decision-making;
- Essential casework activities designed to facilitate change;
- The review and evaluation of client progress.[45]

Group Supervision

Group supervision brings the unit together, and it is economical in terms of the supervisor's time. It can be used for case consultation, building self-awareness, and education. It is complementary to individual supervision. Supervisors should have training and experience in group processes so that they can effectively facilitate these sessions. It is important that supervisors do more than focus on the content of cases and issues raised by individual caseworkers. They must create a safe and accepting atmosphere so that caseworkers will meaningfully participate in the group processes.[46] In addition, supervisors must create a structure for presentation and discussion of cases.

Individual Supervision

Individual meetings between the caseworker and supervisor are the most frequent context for supervision. It is essentially a dyadic process that requires structure, consistency, and a sense of safety for the caseworker in order to be successful. It should be a regularly scheduled meeting (e.g., 1 hour per week at 2:00 p.m. on Tuesdays) and conducted in a place that ensures privacy and protection from interruption. The key methods used to provide supervision and build self-awareness in the caseworker are review and evaluation, feedback, guidance and direction, and

coaching, as described in Chapter 5, "Building Staff Capacity and Achieving Quality Performance," Chapter 6, "Supervisory Feedback and Performance Recognition" and Chapter 7, "Results-oriented Management."

Because of the crisis nature of CPS, there also may be unscheduled "off-the-cuff" sessions. There are disadvantages to relying too heavily on this unscheduled approach. First, because these types of meetings take time away from scheduled activities, they often are hurried and harried. Second, because they come up suddenly, there is no time for preparation. Third, decisions may be made without sufficient time to consider alternatives carefully. Fourth, if a supervisor uses this method as a primary means for supervision, the same cases tend to be discussed continuously while others tend to "fall through the cracks."[47]

Building Self-awareness

There are a number of important reasons why focusing on self-awareness in supervision is important. Since the caseworker's personality and behavior are significant determinants of what happens in the caseworker-client interaction, the caseworker's feelings, attitudes, and behavior need to be examined. The supervisor assists staff in developing greater self-awareness so they can act in a deliberate, disciplined, and consciously directed manner to be optimally helpful to the client.[48]

Self-awareness also is essential because the social problems the caseworker encounters can affect him or her personally. The caseworker often is confronted with emotionally charged issues and circumstances that may not always be handled easily. The caseworker's values and beliefs may affect how he or she feels about, interacts with, or responds to clients. The caseworker may experience stress and resistance to clients who express hostility or seem unmotivated to change. Finally, the client's circumstance or behavior may strike a nerve in the caseworker because of unresolved issues or internal conflicts.[49]

The Ladder of Inference

An important tool in many organizations for increasing self-awareness is the "ladder of inference." Supervisors can use it to help caseworkers become aware of how they draw conclusions and to examine biases, beliefs, attitudes, and stereotypes. Individuals move up the ladder of inference in order to make sense of their experiences. It often is assumed that decisions are always based on objective data rather than acknowledging that everyone selectively examines data, adds their own meanings, and makes assumptions based on those meanings. All these steps up the ladder take place inside one's mind; they are enormously abstract. Therefore, the only step visible to others is the action of the person that stems from all of these internal processes.

The ladder of inference helps explain why most people do not usually remember where their deepest beliefs and attitudes came from. The data have been lost to memory after years of inferential leaps. The beliefs are based on conclusions, which are inferred from what a person observes plus past experience. This tool will assist in analyzing how these beliefs and attitudes may impact assessments and casework decisions.[50]

Supervisors should be concerned with building self-awareness in staff only as it relates to professional activities. Only as the caseworker's personal behavior, feelings, and attitudes create some difficulty in the performance of tasks do they become the focus of concern in supervision. When developing staff self-awareness, the focus must stay on the supervisee's work and professional growth rather than their worth and personal growth. The following are areas of focus for building self-awareness:

- **Countertransference.** Like all people, caseworkers have a history, issues that are not fully resolved, and unconscious desires or motivations. Traumatic experiences and other personal issues can be triggered through a countertransference of feelings spurred by interactions with certain clients. To help maintain objectivity and strengthen self-awareness, supervisors should educate staff regarding the dynamics of countertransference. Dealing with it requires reflection, discussion, and practice. The supervisory technique of coaching often is effective in dealing with countertransference issues. Supervisors should never become a therapist to the caseworker. They should, however, suggest counseling or employee assistance programs, if necessary.[51] Supervisors also need to be aware of the impact of their own personal experiences and how it may affect their interactions with caseworkers they supervise.

- **Personal qualities or characteristics.** Sometimes a caseworker's personal qualities or characteristics get in the way of working effectively with clients. This requires honest self-appraisal. For example, a caseworker may be very direct and tell clients exactly what he or she thinks, often without diplomacy. After receiving several complaints about this style of interaction, supervisors need to help guide the caseworker into asking himself or herself "What am I doing that is creating these negative reactions?"

- **Boundaries.** Caseworkers must take full responsibility for establishing the limits of the relationship with their clients. Some caseworkers, however, establish unclear boundaries with clients. They may create dependency rather than promoting self-sufficiency. For example, a caseworker may jump in quickly and solve the client's problems or continually give advice rather than helping the client develop his or her own problem-solving abilities. Another example would be a caseworker who uses self-disclosure excessively, causing the focus of the work to shift from the client's problems to the caseworker's own situation.

- **Diversity issues.** If caseworkers do not understand their own culture as well as the cultural context in which their clients live, they will not work effectively with them.[52] It is difficult to totally avoid communicating values to clients, even if caseworkers do not explicitly share them. A caseworker's tone and nonverbal behavior give clients indications of the caseworker's perspective or feelings. Supervisors need to assist caseworkers in assessing whether their values are interfering with their objectivity. Supervisors should help staff:

  - Recognize their sources of discomfort with differences between them and their clients in terms of race, ethnicity, culture, socioeconomic status, religion, gender, and sexual orientation;
  - Be conscious of how their own racial and cultural heritage affects their perception of assessment, planning, and intervention with clients;
  - Be mindful of stereotypes and preconceived notions that they may hold toward diverse client populations;
  - Understand how these factors influence the way they and the clients function in the world;
  - Be able to demonstrate respect for the needs of diverse populations in selecting intervention strategies that are appropriate for specific cultures.[53]

While many supervisors work with caseworkers on these issues related to clients, they may be neglectful of these issues within their own culturally diverse staffs. As society becomes more diverse, so does the workforce. A diverse workforce is an asset in meeting and addressing the needs of the multicultural population involved with CPS. In addition to being mindful of their own interactions with staff, supervisors also need to be cognizant of diversity issues between caseworkers. Many of the considerations listed above are equally applicable to staff interactions and may be a good starting point. For more on diversity issues and cultural competency, see Exhibit 8-1, Culturally Competent Practice, and refer to two other *User Manual Series* publications—*Child Protective Services: A Guide for Caseworkers* and *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice.*

Exhibit 8-1
Culturally Competent Practice

Caseworkers need to be aware of possible differences when assessing, investigating, or working with children and families from different cultures. Many abused and neglected children and their families fear or mistrust caseworkers and the social service system. An effective helping relationship will not be established unless the caseworker communicates respect for each person's potential. Respect also means using culturally competent practice, which entails:

- **Cultural awareness.** Understanding and identifying the critical cultural values important to children and the family as well as to the caseworker.
- **Knowledge acquisition.** Understanding how these cultural values function as strengths in children and the family.
- **Skill development.** Matching services that support the identified cultural values and then incorporating them into appropriate interventions.
- **Inductive learning.** Seeking solutions that consider indigenous interventions as well as match cultural values to Western interventions.

Caseworkers should integrate cultural sensitivity into the risk assessment process by:

- Considering the family's cultural identification and perception of the dominant culture;
- Inquiring about the family's experience with mainstream institutions, including CPS and other service providers in the community;
- Assuring clarity regarding language and meanings in verbal and nonverbal communication;
- Understanding the family's cultural values, principles of child development, child caring norms, and parenting strategies;
- Gaining clarity regarding the family's perceptions of the responsibilities of adults and children in the extended family and community network;
- Determining the family's perceptions of the impact of child abuse or neglect;

Exhibit 8-1
Culturally Competent Practice *(Continued)*

- Assessing each risk factor with consideration to characteristics of the cultural or ethnic group;
- Considering the child and family's perceptions of their response to acute and chronic stressors;
- Explaining why a culturally accepted behavior in the family's homeland may be illegal here.

Translators may be needed to address the needs of a community adequately. Individuals who cannot communicate with caseworkers in their primary language may not be able to convey their needs or circumstances accurately. A child or family member may appear uncooperative, when, in reality, he or she does not fully understand what is being asked. Some issues to consider when hiring or using translators include:

- Not using nonvictimized children as translators because the information collected may be distressing for them.
- Not using family members or friends as translators because they may break confidentiality or pose other risks to the victim.
- Hiring bilingual staff and translating resource material to help address this issue.[54]

Case Consultation

The most common method for case consultation is a one-on-one conversation that usually involves the caseworker describing to the supervisor the major issues surrounding the case or situation. A major difficulty in discussing cases is the accuracy of the self-reporting. When a caseworker describes what is happening in a case and the data that led to his or her decision, the supervisor is receiving the information from the caseworker's "lens" or perspective. The data presented also may be limited by the caseworker's assessment skills, observational skills, and conceptual ability. As previously discussed, it is crucial for the supervisor to conduct direct observation of caseworker-client interaction, as well as with review documentation and case discussions, in order to gain an accurate picture of the case and the intervention approach.

The supervisor must have knowledge of every case on which the caseworker is working. It is essential to monitor the caseworker's decisions. Any decision that affects the safety or permanency to the child must be made in consultation with the supervisor. For more on risk, safety, and permanency assessment, please refer to the *User Manual Series* publication, *Child Protective Services: A Guide for Caseworkers*.

CHAPTER 9
Recruitment and Retention

Ensuring the safety and well-being of abused and neglected children is, in part, based on securing and maintaining an experienced and well-trained workforce who are committed to achieving the goals of a child welfare program. Undermining this vital infrastructure is the high rate of turnover of child welfare staff nationwide.[55] As service demands placed on the child welfare system continue to increase, the need for an experienced and competent workforce becomes even more imperative. The annual turnover of child welfare caseworkers is between 30 and 40 percent, with the average duration of employment less than 2 years.[56] This results in uncovered caseloads, discontinuity of service to families, increased administrative costs, and low morale of existing staff.[57] Because of the deleterious impact of high turnover, it is critical to identify strategies that promote recruitment and retention. This chapter examines innovative recruitment strategies, causes for staff turnover, and factors that influence staff retention.

Recruiting a Competent Workforce

The most frequent complaint with regard to recruiting and hiring staff is the lack of a competent talent pool. This can result in employers investing valuable resources into building productivity and retaining employees that should not have been hired in the first place.[58] The figure below illustrates common reasons for staff turnover as well as problems in retaining and recruiting child protective services (CPS) caseworkers.

Causes of and Practices to Prevent Child Welfare Caseworker Vacancies[59]

Causes of Caseworker Turnover

- Low pay
- Risk of violence
- Staff shortages
- High caseloads
- Administrative burdens
- Inadequate supervision
- Inadequate training

Practices to Improve Recruitment and Retention

- University training partnerships
- Accreditation
- Leadership and mentoring programs
- Competency-based interviews
- Recruitment bonuses

Additional hindrances include:

- Qualified prospective employees being lured to higher paying, more prestigious jobs, while those remaining typically lack experience and commitment to the child welfare field;
- An imbalance between the salary offered and the job demands;
- A negative public image of the child welfare field;
- A lack of funds to mount effective recruiting efforts.[60]

Some of these obstacles are difficult to overcome and require innovative approaches. The following are some promising recruitment and retention strategies:

- Targeting diverse and local media for recruitment efforts;
- Increasing staff visibility in the community (e.g., participate in community groups and on volunteer boards);
- Advertising on the Internet and cable TV;
- Ensuring the agency's Web site includes more employment-specific information;
- Presenting at colleges and employment fairs (e.g., job fairs at schools of social work);
- Preparing candidates for the reality of the job they will be doing so they will not be disappointed later (e.g., show a videotape depicting the less glamorous parts of the job or have prospective employees directly observe typical job tasks).[61]

In addition to the marketing of child welfare careers in educational institutions, establishing agency and social work education partnerships is extremely beneficial. Kentucky has developed a program to create a certificate in child welfare for undergraduate social work students.[62] Child welfare agencies typically have lower staff turnover rates when they hire staff with social work degrees, particularly if some positions require a graduate degree in social work. Because of their internships and coursework, such as classes on research, organizational development, and family-centered practice, social work graduates are better prepared than other candidates and more likely to:

- Make thorough case assessments and permanency plans;
- Deal more effectively with the complexity of problems faced in child welfare practice;
- Perform better on the agency's quality assurance measures.[63]

Secondary Trauma, Compassion Fatigue, and Burnout

Additional factors leading to staff turnover are secondary trauma, compassion fatigue, and burnout.[64] Individuals who work directly with or have exposure to trauma victims on a regular basis may be as likely to experience traumatic stress symptoms and disorders as the victims. Because CPS caseworkers are directly exposed to the child and family's traumas on a daily basis, they may suffer from secondary trauma.[65] Secondary trauma is defined as "the natural and consequent behaviors and emotions resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person."[66] The kind of exhaustion that can result has been seen by some as a special kind of burnout called "compassion fatigue."[67]

Research in the area of secondary trauma has identified important issues. Professionals can exhibit the same range of symptoms as the victims with which they are working. Like the victims, the severity and longevity of the symptoms varies from individual to individual. There is an increased likelihood of these professionals exhibiting symptoms if they have previously experienced trauma themselves. Additionally, female caseworkers are more likely to experience symptoms than their male counterparts.[68]

Some of the signs and symptoms of secondary trauma include:

- A decreased level of energy;
- A sense of no time for oneself;
- An increased disconnection from loved ones;
- Social withdrawal;
- An increased sensitivity to violence, threats, or fear, as well as the opposite—decreased sensitivity, cynicism, generalized despair, and hopelessness.[69]

Exhibit 9-1
Strategies for Dealing with Secondary Trauma, Compassion Fatigue, and Burnout

To avoid burnout and to help caseworkers deal effectively with the effects of secondary trauma, supervisors can:

- Assist caseworkers in dealing with the emotional impact of the work by allowing them to share their thoughts and feelings about it.
- Implement crisis debriefings after a traumatic event has taken place to provide support and validation. Debriefing establishes a temporary setting where events are discussed and experiences are validated. The debriefing services should occur within 24 hours of the traumatic experience. It should be a structured interview, where caseworkers describe the trauma in detail and talk about the emotional and cognitive impact. The caseworker is provided with information about the expected effects of the trauma and suggestions for renewal. He or she is assisted in identifying immediate activities and resources to cope more effectively. It also may be helpful to have someone from outside the unit or agency conduct debriefings.
- Offer ongoing or further support and validation to casework staff when a traumatic event occurs. Staff need to be able to express their feelings and have opportunities to talk about their thoughts. If intrusive thoughts extend beyond the trauma experience, caseworkers need to learn to anticipate and manage them effectively. This also may be helpful when the trauma is not casework-related, such as floods or terrorism attacks, that may affect the entire community or the caseworker personally.
- Institute a trauma support group. Meetings should be regularly scheduled (e.g., at the same time twice a month) with the focus on the traumatic stress in caseworkers' lives.
- Initiate supportive activities on the unit level. For example, a practice could be started of coworkers helping with paperwork or assisting with home visits during particularly traumatic periods. Supervisors can establish flexible work schedules, including "mental health days" or days spent in the office not making home visits. Another option is to spend time in certain meetings discussing the personal side of work.
- Provide a religious or spiritual consultant to provide solace and counseling when children or fellow staff members die.
- Deliver training to create self-awareness regarding stress and how to manage it, how to understand the effects of trauma, and how to develop coping skills that enable staff to better manage trauma.[70]

Lack of Job Satisfaction

A lack of job satisfaction may be felt by either experienced caseworkers or new caseworkers. Experienced caseworkers may feel that their work is not sufficiently intellectually stimulating, professionally challenging, or financially rewarding.[71] As is the case in many professional arenas, experienced caseworkers sometimes simply tire of going through the same thing, day after day. New staff may experience a lack of job satisfaction because the job is not the "right fit." Some want opportunity for greater financial reward or want to work in a setting they believe is more highly regarded. Others may experience feelings of incompetence or feel overwhelmed. Work overload can lead caseworkers to fail to complete work and experience a lack of concrete results from their efforts. This can cause staff to feel like failures when, in fact, the issue may be related to inadequate time, training, or resources. In addition, the perceived ambiguity in expectations and demands can lead to job dissatisfaction.

Promoting Staff Retention

Staff retention has been an important focus of agency and supervisory efforts. This issue goes beyond staff stability and job satisfaction because some evidence suggests that high turnover rates and staffing shortages can affect children's safety and permanency by:

- Delaying the timeliness of assessments and investigations;
- Providing insufficient time to conduct the types of home visits necessary to assess children's safety or to ensure safe and permanent placements;
- Disrupting the continuity of services;
- Limiting the frequency of caseworker visits with children and families;
- Having to frequently reevaluate or conduct safety, health, or educational assessments because of continual turnover or insufficient information left in the case files by the previous caseworker who was poorly trained or overworked.[72]

The importance of retaining qualified caseworkers is exemplified in the most recent reauthorization of the Child Abuse Prevention and Treatment Act (P. L. 108-36), which authorizes grants to States for child abuse and neglect prevention and treatment programs. The most recent reauthorization included funding to States for the specific purpose of improving staff retention.[73]

There are a number of factors that contribute to staff retention, as discussed below.

The Supervisor

Quality supervision has a strong influence on caseworkers' decisions to continue in child welfare. Without adequate supervision, caseworkers may lack direction in their efforts and become lost in a maze of demands and responsibilities. The supervisor is in a pivotal position in the agency, is the person who usually best understands the responsibilities and demands on the caseworker, backs up decisions and casework activities, and serves as a buffer and advocate for caseworkers and clients. Caseworkers may not terminate employment because of a particular supervisor, but the supervisor makes a considerable difference in the caseworker's ability to manage the demands and responsibilities of the job. The qualities, attributes, and characteristics—which reflect a combination of personality traits and skills—often found in successful supervisors include:

- Demonstrating professional competence;
- Possessing effective management and leadership skills;
- Showing concern for his or her caseworkers' welfare;
- Recognizing caseworkers when they perform well in their job;

- Helping caseworkers complete difficult tasks;
- Being warm and friendly when a caseworker experiences problems and listening to work-related problems;
- Being accessible to caseworkers;
- Being knowledgeable of the child welfare system and casework practice.

Relationship with Peers

Caseworkers who stay in child welfare have a strong investment in their relationships with colleagues. Frequently, these relationships are very strong and a vital source of support. The following are some benefits of peer support include:

- Someone with whom to share work-related problems;
- Assistance in getting the job done;
- Respect, recognition, and validation;
- Socialization opportunities.

It also supports the benefits of a cohesive work team, as discussed in Chapter 4, "Building the Foundation for Effective Unit Performance."

Supportive Work Climate

The organizational climate within the agency has a strong impact on retention. Naturally, most caseworkers enter child welfare with an interest in working with children and families. When guided and encouraged, this interest develops into a sense of mission and commitment to protecting children and strengthening families.

Some of the climate factors influencing staff retention include:

- Agency recognition and reward programs;
- Appreciation of caseworker's dedication and hard work;
- A work environment that is flexible;
- Positive physical surroundings;
- Training opportunities to enhance knowledge and skills;
- Autonomy for decisions and practice.

Job Satisfaction

Individuals who remain in child welfare experience significantly higher levels of satisfaction with their job if they feel it is the "right fit," experience personal feelings of accomplishment, and are provided with opportunities for personal and professional growth.

- **The right fit.** The suitability of a particular job assignment is an important factor that caseworkers consider when deciding to continue their employment, especially in locating the right program or unit, finding a match among their skills and interests, and knowing the specific job responsibilities.
- **Personal feelings of accomplishment.** Caseworkers who stay in child welfare feel they can positively influence the lives of the clients they serve. They feel that their interventions with children and families are necessary, meaningful, and fulfilling.
- **Opportunities for personal and professional growth.** The provision of inservice training, which improves caseworkers' knowledge and skills and enhances staff performance, is important in accomplishing this. Supervisors should be creative and consistently seek opportunities for personal and professional growth for themselves and their staff.

Exhibit 9-2
Staff Retention Strategies

The following are examples of staff retention strategies that have shown to be successful:

- Make caseworker safety a priority by investing in an adequate numbers of cell phones or pagers so that caseworkers can call for help in an unsafe situation;
- Invest in technology so caseworkers can focus on families rather than paperwork;
- Increase and provide creative and innovative recognition and rewards for caseworkers who do a good job;
- Offer flexible work schedules and 401(k) retirement programs;
- Provide professional development opportunities;
- Share accomplishments outside the agency (e.g., share positive outcomes with reporters, boards, and the general public or develop public service announcements showing what a difference caseworkers make);
- Allow administrative leave or bonuses for caseworkers who take on special assignments, projects, duties, or activities;
- Encourage staff to build a social support network by providing them with both the time and the opportunity;
- Review the agency's mission, vision, goals, and values regularly.[74]

Some of the issues and interventions discussed in this chapter require systemic changes. However, many issues can be addressed within the supervisor-caseworker relationship and within the operation of the unit. To change the tide of turnover, each supervisor should look to himself or herself, examine their relationships with their staff, and consider the functioning of their unit. Supervisors then can identify new and innovative strategies to retain competent and committed staff.

CHAPTER 10
Managing from the Middle

Most child protective services (CPS) supervisors have been promoted from a caseworker position and frequently have established relationships with caseworkers in the unit. Moving into a supervisory position means becoming part of the management team and part of the administration. It is not surprising that supervisors often describe feeling caught in the middle. They must learn to feel comfortable making decisions and taking actions that will be critiqued from the differing perspectives of their staff and their managers. In addition, they may not be involved in management decisions or in the creation of new policies, procedures, or mandates, yet supervisors must ensure that staff implement and follow them.

As mid-level managers, supervisors should:

- Advocate for the needs of caseworkers regarding career development opportunities, meritorious performance, and environmental needs, such as adequate space to work and work climate;
- Serve as a buffer and conduit of communication between upper management and caseworker staff;
- Influence agency policy by proposing changes in the way the organization functions (e.g., travel policies, intake policies, and personnel policies);
- Shape agency program development by proposing new program directions and identifying implementation strategies that are mindful of both management and staff concerns;
- Influence agency leadership and provide constructive information and feedback regarding:
  - The organizational climate to improve interunit communications and team building;
  - The impact of the senior management style and the actions of staff;
  - The need for recognition of outstanding staff work.[75]

Communicating Policies, Procedures, and Directives Effectively

The primary, frontline work of the agency is accomplished by caseworkers. The role of the supervisor is to empower, enable, and guide staff to provide effective and efficient services to children and families. This requires the supervisor to make sure the policies, procedures, and directives of the agency are fulfilled. Consequently, a supervisor should not reveal any lack of comfort with the management role when introducing new policy directives.[76] For example, "You are not going to believe what our administration has come up with this time, but we just have to do it."

Empowering staff to fulfill directives, policies, and procedures effectively requires comfort with the management role. How the supervisor introduces new policies and procedures directly impacts their implementation. It is important to plan any presentation of a new directive. Some suggestions include:

- Determine the rationale or the purpose for the policy, procedure, or directive.
- Identify the positive aspects of the policy, procedure, or directive. Specify the benefits to caseworkers, clients, and the agency, as well as the potential problems that may result.
- Anticipate the concerns staff may present regarding implementation.
- Determine the best method and time to present the policy, procedure, or directive (e.g., during a unit meeting or in a memo).
- Remember that what is said (the actual words), the nonverbal messages, and the paraverbal messages (tone, pitch, and pacing of words) affect how the message is received, which influences caseworkers' implementation.
- Allow time for questions and address those concerns constructively. Develop a system for monitoring those concerns and presenting them to the administration.
- Be clear about expectations regarding the implementation of the policy, procedure, or directive.
- Provide a means and time for follow-up.

Keeping Staff Informed

Effective supervisors emphasize information sharing. Supervisors who share information with staff based on a need-to-know basis or who withhold information as a means of control are less effective. It is important to remember that when staff are kept informed and when they understand the rationale for actions and decisions, they will feel more connected to the unit and agency, as well as feel more empowered.

Involving Staff in Decision-making

When staff are involved in making decisions that affect them, they will be committed and motivated to implement the decision. Rather than having all decisions made by management without input from frontline staff, there are various ways in which staff can be involved in decision-making, including:

- Having issues solved or decided by the staff most directly impacted by the matter;
- Having issues decided upon by staff within parameters set by management;
- Seeking input from staff, but making the decision at a management level.

Managing Up to Be Effective on the Job

Effective supervisors see handling their relationship with their manager as an essential part of their job. As a result, they take the time and the energy to ensure it builds on strengths, is consistent with both persons' styles, and meets the most critical needs of each.[77]

Understanding the Supervisor's Manager

In order to be able to develop an effective relationship and to be able to have an effect on his or her behavior, a supervisor must gain an understanding of the manager's goals, work style, strengths, needs, and pressures. Strategies for determining goals and pressures include:

- Being alert for opportunities to speak with the manager and to ask questions;
- Paying attention to cues in the manager's behavior;

- Paying attention to changes in the organization and how those changes affect program areas, particularly the manager's responsibilities.[78]

Supervisors also must pay attention to their manager's work style. This information will enable supervisors to adapt their behavior to compliment or match the manager's style. For example:

- Is the manager formal or informal? For example, does he or she prefer meetings with set agendas or to discuss things on the fly?

- Is the manager organized or does he or she have a more casual style? For example, does he or she prefer to have all of the information to prepare before the meeting, or does he or she prefer to discuss issues, problems, or concerns with a minimum of background detail?

- Does the manager respond to stimuli through predominantly visual or auditory means? Does he or she prefer to get information in report form to read and study? Does the manager work better with information and reports presented in person so that he or she can ask questions?

- Does the manager keep his or her hands on the pulse of the organization? Does he or she prefer to be involved in decisions and problems as they arise? Does the manager give staff a great deal of autonomy?

- Is the manager directive or does he or she use a participatory style? A directive person tells individuals what to do. A person with a participatory style involves others in discussions and decision-making.

In addition, supervisors need to evaluate their manager's strengths, areas of need, and blind spots.

- How does the manager handle conflict? Does he or she avoid conflict or tend to compete when conflicts occur?

- How clear and specific is the manager? Perhaps he or she does not think clearly through ideas and assignments, so staff may not be clear about what needs to be done.

- How does the manager like to hear about news? Managing the flow of information upward is difficult if the manager does not want to hear about problems.

- How does the manager keep staff apprised of their performances? Does he or she emphasize giving feedback?

The manager is only half of the relationship; the supervisor is the other half. Developing an effective working relationship requires supervisors to know their own needs, strengths, problems, and personal style. Supervisors must become aware of what it is about them that facilitates or impedes working with their manager and to take the necessary actions that will make the relationship more effective.

Supervisors' Influencing Potential

There are several types of power available to a supervisor to influence the people above them.

- **Expert power**—The manager respects the supervisor's knowledge base and skills, is aware of the supervisor's strengths, and understands how those strengths can help him or her in the management role.

- **Information power**—The manager believes that the supervisor stays current and well-informed. The supervisor has information about practice, policy issues, and staff morale that can help the manager make effective decisions. The manager also believes that the supervisor is open and shares the information the manager needs to do the job.

- **Referent power**—The manager likes the supervisor as a person, trusts him or her, and sees the supervisor as dependable and honest, as a positive force in the organization, and compatible with organizational goals. It also typically means the manager recognizes the supervisor as a team player.

The supervisor is usually the manager's closest to the point-of-client contact. The supervisor has first-hand knowledge of the strengths, problems, and issues regarding the actual delivery of services and the implementation of policies and procedures. How the supervisor uses this information to influence program and policy and to advocate for caseworker staff is based on how administrators view the supervisor and the quality of the supervisor's relationship with his or her manager. If administrators view the supervisor positively, the supervisor will have greater influencing potential.

CHAPTER 11
Taking Care of Oneself and the Unit

Whenever an individual moves into a new position, there is a lot of excitement, enthusiasm, and fear. When caseworkers are promoted to supervisory positions, they may go from feeling competent and confident to feeling overwhelmed and inadequate. It is a time of opportunity and challenge combined with learning and adjustment. Guidance, support, and training may be limited when making the transition from caseworker to supervisor. This chapter provides self-help strategies for managing others toward achieving the outcomes of safety, permanency, and well-being for children and families while also promoting a positive work environment.

Training

In order to manage staff effectively, supervisors must:

- Possess the necessary knowledge regarding management theory, practice, methods, and techniques;
- Use appropriate management techniques (e.g., giving effective feedback, managing conflict, and monitoring achievement of outcomes);
- Possess self-awareness (e.g., insight regarding what the supervisor is contributing to the problems in his or her unit).

Many States provide child protective services (CPS) supervisors with training designed to enhance their knowledge and skills in the critical areas of supervisory or management effectiveness. Some staff development and training units in State social service agencies develop their own supervisory curriculum and provide training to staff. Other States contract with organizations that have existing child welfare supervisory and management training programs. Some of these organizations are listed in Appendix B—Resource Listings of Selected National Organizations Concerned with Child Maltreatment. Unfortunately, training for new CPS supervisors may not be available for many months after promotion. In such instances, supervisors should talk with their manager and other experienced supervisors to determine the expectations of the job, the essential components of the position, and strategies for getting started.

There are numerous education and training resources beyond what is offered through the State. For instance, supervisors can benefit from graduate-level courses on supervision offered by schools of social work. There are numerous management seminars offered across the country that focus on specific aspects of management effectiveness (e.g., motivating employees, handling performance problems, giving feedback, managing conflict, team building). Many excellent publications also are available that can help enhance overall supervisory effectiveness.

Stress Management

Everyone experiences stress. It affects almost every daily activity. A certain amount of stress can be beneficial. It can prompt energy or activity and enhance productivity. Excessive amounts of stress, however, can be debilitating. To manage personal stress and help staff deal with it, supervisors must be aware of on-the-job stressors, understand how they and their staff respond to the stressors, and determine how to use stress reduction techniques. It is important for supervisors to assess how each staff member reacts to stress and to assist the individual to implement the techniques that reduce negative physical or psychological reactions.

Equally important is how the person views the stressful situation. Each individual responds to situations differently. Situations at work that seem overwhelming and highly stressful to one person may provide exactly the challenge another staff person may be seeking.

Proactive Approach to Stress Management

Stress in inherent in CPS work. Thus, supervisors need to recognize how they respond to the stressors and know techniques for stress reduction. It also is important to take a proactive approach to stress management and to engage in activities to prevent its build up. Such techniques include:

- Varying tasks in the routine work schedule;
- Making the office pleasant and cheerful;
- Developing a strong teamwork atmosphere within the unit;
- Creating an open and trusting work environment;
- Instituting new networks of support with other supervisors;
- Streamlining paperwork;
- Using time management techniques;
- Taking time off from work;
- Delegating tasks that others can do;
- Establishing and maintaining a relationship with the manager to manage up effectively.

By demonstrating and encouraging a proactive approach to stress management, supervisors can serve as a role model for staff in learning how to take better care of themselves physically and psychologically.

Time Management

Whenever one takes on a new job, there is a learning curve. Most new supervisors feel overwhelmed by the amount of work they face and wonder how they are going to get everything accomplished in an 8- or even a 10-hour day. Over time, new supervisors find ways to work more efficiently or at least guard their time more carefully to minimize waste.

There are many activities that supervisors cannot control, such as agency meetings and crises. However, it is important to use organizational skills to exercise some control over other activities. Some tips for increasing productivity through better time management include:

- Use time efficiently while remaining flexible. Try to not let circumstances control how time is spent.
- Organize time to work steadily toward a goal or project.
- Set priorities on a daily basis.
- Avoid "anticipatory dread." Supervisors sometimes think ahead to activities or tasks that they do not like and dwell on the negative feelings. The feelings associated with this task can lead to distortion and can blow it out of proportion.
- Organize when in charge of a meeting (e.g., have an agenda with staff input, keep on time, and remain on task).
- Group similar tasks together.
- Find the best way to complete a task in the least amount of time.
- Identify and eliminate time-wasting activities.[79]

Conclusion

CPS intervention is an inherently stressful situation for everyone—children, families, and caseworkers. As one of the most crucial positions in CPS, the supervisor's job can be very demanding. It can also be equally rewarding. A skilled supervisor is able to guide and to mentor caseworkers to reach their potential. This, in turn, will help children and families by ensuring that CPS interventions and services are conducted by technically proficient, caring, and culturally competent caseworkers. By providing direction, leadership, and creating a supportive work atmosphere, a good supervisor significantly contributes to achieving the outcomes of safety, permanency, and well-being for all children and families.

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Appendix A
Glossary of Terms

Adjudicatory Hearings – held by the juvenile and family court to determine whether a child has been maltreated or whether another legal basis exists for the State to intervene to protect the child.

Adoption and Safe Families Act (ASFA) – signed into law November 1997 and designed to improve the safety of children, to promote adoption and other permanent homes for children who need them, and to support families. The law requires CPS agencies to provide more timely and focused assessment and intervention services to the children and families that are served within the CPS system.

CASA – court-appointed special advocates (usually volunteers) who serve to ensure that the needs and interests of a child in child protection judicial proceedings are fully protected.

Case Closure – the process of ending the relationship between the CPS worker and the family that often involves a mutual assessment of progress. Optimally, cases are closed when families have achieved their goals and the risk of maltreatment has been reduced or eliminated.

Case Plan – the casework document that outlines the outcomes, goals, and tasks necessary to be achieved in order to reduce the risk of maltreatment.

Case Planning – the stage of the CPS case process where the CPS caseworker develops a case plan with the family members.

Caseworker Competency – demonstrated professional behaviors based on the knowledge, skills, personal qualities, and values a person holds.

Central Registry – a centralized database containing information on all substantiated/founded reports of child maltreatment in a selected area (typically a State).

Child Abuse Prevention and Treatment Act (CAPTA) – see Keeping Children and Families Safe Act.

Child Protective Services (CPS) – the designated social services agency (in most States) to receive reports, investigate, and provide intervention and treatment services to children and families in which child maltreatment has occurred. Frequently, this agency is located within larger public social service agencies, such as Departments of Social Services.

Compassion Fatigue – the inability to react sympathetically to a crisis or disaster because of overexposure to previous crises (i.e., "burnout").

Concurrent Planning – identifies alternative forms of permanency by addressing both reunification or legal permanency with a new parent or caregiver if reunification efforts fail.

Cultural Competence – a set of attitudes, behaviors, and policies that integrates knowledge about groups of people into practices and standards to enhance the quality of services to all cultural groups being served.

Differential Response – an area of CPS reform that offers greater flexibility in responding to allegations of abuse and neglect. Also referred to as "dual track" or "multi-track" response, it permits CPS agencies to respond differentially to children's needs for safety, the degree of risk present, and the family's needs for services and support. See "dual track."

Dispositional Hearings – held by the juvenile and family court to determine the disposition of children after cases have been adjudicated, such as whether placement of the child in out-of-home care is necessary and what services the children and family will need to reduce the risk of maltreatment and to address the effects of maltreatment.

Dual Track – term reflecting new CPS response systems that typically combine a nonadversarial service-based assessment track for cases where children are not at immediate risk with a traditional CPS investigative track for cases where children are unsafe or at greater risk for maltreatment. See "differential response."

Evaluation of Family Progress – the stage of the CPS case process where the CPS caseworker measures changes in family behaviors and conditions (risk factors), monitors risk elimination or reduction, assesses strengths, and determines case closure.

Family Assessment – the stage of the child protection process when the CPS caseworker, community treatment provider, and the family reach a mutual understanding regarding the behaviors and conditions that must change to reduce or eliminate the risk of maltreatment, the most critical treatment needs that must be addressed, and the strengths on which to build.

Family Group Conferencing – a family meeting model used by CPS agencies to optimize family strengths in the planning process. This model brings the family, extended family, and others important in the family's life (e.g., friends, clergy, neighbors) together to make decisions regarding how best to ensure safety of the family members.

Family Unity Model – a family meeting model used by CPS agencies to optimize family strengths in the planning process. This model is similar to the Family Group Conferencing model.

Full Disclosure – CPS information to the family regarding the steps in the intervention process, the requirements of CPS, the expectations of the family, the consequences if the family does not fulfill the expectations, and the rights of the parents to ensure that the family completely understands the process.

Guardian ad Litem – a lawyer or lay person who represents a child in juvenile or family court. Usually this person considers the "best interest" of the child and may perform a variety of roles, including those of independent investigator, advocate, advisor, and guardian for the child. A lay person who serves in this role is sometimes known as a court-appointed special advocate or CASA.

Home Visitation Programs – prevention programs that offer a variety of family-focused services to pregnant mothers and families with new babies. Activities frequently encompass structured visits to the family's home and may address positive parenting practices, nonviolent discipline techniques, child development, maternal and child health, available services, and advocacy.

Immunity – established in all child abuse laws to protect reporters from civil law suits and criminal prosecution resulting from filing a report of child abuse and neglect.

Initial Assessment or Investigation – the stage of the CPS case process where the CPS caseworker determines the validity of the child maltreatment report, assesses the risk of maltreatment, determines if the child is safe, develops a safety plan if needed to assure the child's protection, and determines services needed.

Intake – the stage of the CPS case process where the CPS caseworker screens and accepts reports of child maltreatment.

Interview Protocol – a structured format to ensure that all family members are seen in a planned strategy, that community providers collaborate, and that information gathering is thorough.

Juvenile and Family Courts – established in most States to resolve conflict and to otherwise intervene in the lives of families in a manner that promotes the best interest of children. These courts specialize in areas such as child maltreatment, domestic violence, juvenile delinquency, divorce, child custody, and child support.

Keeping Children and Families Safe Act – The Keeping Children and Families Safe Act of 2003 (P.L. 108-36) included the reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA) in its Title I, Sec. 111. CAPTA provides minimum standards for defining child physical abuse and neglect and sexual abuse that States must incorporate into their statutory definitions in order to receive Federal funds. CAPTA defines child abuse and neglect as "at a minimum, any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm."

Kinship Care – formal child placement by the juvenile court and child welfare agency in the home of a child's relative.

Liaison – the designation of a person within an organization who has responsibility for facilitating communication, collaboration, and coordination between agencies involved in the child protection system.

Mandated Reporter – individuals required by State statutes to report suspected child abuse and neglect to the proper authorities (usually CPS or law enforcement agencies). Mandated reporters typically include professionals, such as educators and other school personnel, health care and mental health professionals, social workers, childcare providers, and law enforcement officers. Some States identify all citizens as mandated reporters.

Multidisciplinary Team – established between agencies and professionals within the child protection system to discuss cases of child abuse and neglect and to aid in decisions at various stages of the CPS case process. These terms may also be designated by different names, including child protection teams, interdisciplinary teams, or case consultation teams.

Neglect – the failure to provide for the child's basic needs. Neglect can be physical, educational, or emotional. *Physical neglect* can include not providing adequate food or clothing, appropriate medical care, supervision, or proper weather protection (heat or coats). *Educational neglect* includes failure to provide appropriate schooling, special educational needs, or allowing excessive truancies. *Psychological neglect* includes the lack of any emotional support and love, chronic inattention to the child, exposure to spouse abuse, or drug and alcohol abuse.

Out-of-Home Care – child care, foster care, or residential care provided by persons, organizations, and institutions to children who are placed outside their families, usually under the jurisdiction of juvenile or family court.

Parent or Caretaker – person responsible for the care of the child.

***Parens Patriae* Doctrine** - originating in feudal England, a doctrine that vests in the State a right of guardianship of minors. This concept has gradually evolved into the principle that the community, in addition to the parent, has a strong interest in the care and nurturing of children. Schools, juvenile courts, and social service agencies all derive their authority from the State's power to ensure the protection and rights of children as a unique class.

Physical Abuse – the inflicting of a nonaccidental physical injury upon a child. This may include, burning, hitting, punching, shaking, kicking, beating, or otherwise harming a child. It may, however, have been the result of over-discipline or physical punishment that is inappropriate to the child's age.

Preservice Training – instruction which takes place *before* a person begins a job.

Primary Prevention – activities geared to a sample of the general population to prevent child abuse and neglect from occurring. Also referred to as "universal prevention."

Protocol – an interagency agreement that delineates joint roles and responsibilities by establishing criteria and procedures for working together on cases of child abuse and neglect.

Protective Factors – strengths and resources that appear to mediate or serve as a "buffer" against risk factors that contribute to vulnerability to maltreatment or against the negative effects of maltreatment experiences.

Psychological Maltreatment – a pattern of caregiver behavior or extreme incidents that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value to meeting another's needs. This can include parents or caretakers using extreme or bizarre forms of punishment or threatening or terrorizing a child. The term "psychological maltreatment" is also known as emotional abuse or neglect, verbal abuse, or mental abuse.

Response Time – a determination made by CPS and law enforcement regarding the immediacy of the response needed to a report of child abuse or neglect.

Review Hearings – held by the juvenile and family court to review dispositions (usually every 6 months) and to determine the need to maintain placement in out-of-home care or court jurisdiction of a child.

Risk – the likelihood that a child will be maltreated in the future.

Risk Assessment – to assess and measure the likelihood that a child will be maltreated in the future, frequently through the use of checklists, matrices, scales, and other methods of measurement.

Risk Factors – behaviors and conditions present in the child, parent, or family that will likely contribute to child maltreatment occurring in the future.

Safety – absence of an imminent or immediate threat of moderate-to-serious harm to the child.

Safety Assessment – a part of the CPS case process in which available information is analyzed to identify whether a child is in immediate danger of moderate or serious harm.

Safety Plan – a casework document developed when it is determined that the child is in imminent or potential risk of serious harm. In the safety plan, the caseworker targets the factors that are causing or contributing to the risk of imminent serious harm to the child, and identifies, along with the family, the interventions that will control the safety factors and assure the child's protection.

Secondary Prevention – activities targeted to prevent breakdowns and dysfunctions among families who have been identified as at risk for abuse and neglect.

Service Agreement – the casework document developed between the CPS caseworker and the family that outlines the tasks necessary to achieve goals and outcomes necessary for risk reduction.

Service Provision – the stage of the CPS casework process when CPS and other service providers provide specific services geared toward the reduction of risk of maltreatment.

Sexual Abuse – inappropriate adolescent or adult sexual behavior with a child. It includes fondling a child's genitals, making the child fondle the adult's genitals, intercourse, incest, rape, sodomy, exhibitionism, sexual exploitation, or exposure to pornography. To be considered child abuse, these acts have to be committed by a person responsible for the care of a child (for example a baby-sitter, a parent, or a daycare provider) or related to the child. If a stranger commits these acts, it would be considered sexual assault and handled solely be the police and criminal courts.

Substantiated – an investigation disposition concluding that the allegation of maltreatment or risk of maltreatment was supported or founded by State law or State policy. A CPS determination means that credible evidence exists that child abuse or neglect has occurred.

Tertiary Prevention – treatment efforts geared to address situations where child maltreatment has already occurred with the goals of preventing child maltreatment from occurring in the future and of avoiding the harmful effects of child maltreatment.

Treatment – the stage of the child protection case process when specific services are provided by CPS and other providers to reduce the risk of maltreatment, support families in meeting case goals, and address the effects of maltreatment.

Universal Prevention – activities and services directed at the general public with the goal of stopping the occurrence of maltreatment before it starts. Also referred to as "primary prevention."

Unsubstantiated (not substantiated) – an investigation disposition that determines that there is not sufficient evidence under State law or policy to conclude that the child has been maltreated or at risk of maltreatment. A CPS determination means that credible evidence does not exist that child abuse or neglect has occurred.

Appendix B
Resource Listings of Selected National Organizations Concerned with Child Maltreatment

Listed below are several representatives of the many national organizations and groups dealing with various aspects of child maltreatment. Please visit **http://nccanch.acf.hhs.gov** to view a more comprehensive list of resources and visit **http://nccanch.acf.hhs.gov/general/organizations/index.cfm** to view an organization database. Inclusion on this list is for information purposes and does not constitute an endorsement by the Office on Child Abuse and Neglect or the Children's Bureau.

Child Welfare Training

American Humane Association Children's Division

address: 63 Inverness Dr., East
Englewood, CO 80112-5117
phone: (800) 227-4645
(303) 792-9900
fax: (303) 792-5333
e-mail: children@americanhumane.org
Web site: http://www.americanhumane.org/site/PageServer?pagename=pc_home

Conducts research, analysis, and training to help public and private agencies respond to child maltreatment.

American Public Human Services Association

address: 810 First St., NE, Suite 500
Washington, DC 20002-4267
phone: (202) 682-0100
fax: (202) 289-6555
Web site: http://www.aphsa.org

Addresses program and policy issues related to the administration and delivery of publicly funded human services. Professional membership organization.

Child Welfare League of America

address: 440 First St., NW, Third Floor
Washington, DC 20001-2085
phone: (202) 638-2952
fax: (202) 638-4004
Web site: http://www.cwla.org

Provides training, consultation, and technical assistance to child welfare professionals and agencies while also educating the public about emerging issues affecting children.

National Center on Substance Abuse and Child Welfare

e-mail: ncsacw@samhsa.gov

Web site: http://www.ncsacw.samhsa.gov/index.asp

The mission of the National Center on Substance Abuse and Child Welfare is to improve systems and practice for families with substance use disorders who are involved in the child welfare and family judicial systems by assisting local, State and tribal agencies.

National Child Welfare Resource Center for Organizational Improvement

address: Muskie School of Public Service
P.O. Box 15010
400 Congress Street
Portland, ME 04112

phone: (207) 780-5810
(800) HELP-KID

fax: (207) 780-5817

e-mail: patn@usm.maine.edu

Web site: http://www.muskie.usm.maine.edu/helpkids

Strengthens and supports organizations committed to the welfare of children, youth, and families through research, training, technical assistance, and evaluation.

National Resource Center for Information Technology in Child Welfare

address: 50 F Street, NW, 6th Floor
Washington, DC 20001-2085

phone: (202) 662-4285
(877) NRC-ITCW

fax: (202) 737-3687

e-mail: nrcitcw@cwla.org

Web site: http://www.nrcitcw.org

Helps State, local, and tribal child welfare agencies, as well as family and juvenile courts, use automated information systems to improve the operation of the child welfare system, and supports clients' use of data to improve services to children, youth, and families; evaluate results; and make informed decisions about policies, programs, and practices.

National Resource Center on Child Maltreatment

address: Child Welfare Institute
3950 Shackleford Rd., Suite 175
Duluth, GA 30096

phone: (770) 935-8484

fax: (770) 935-0344

e-mail: tsmith@gocwi.org

Web site: http://www.gocwi.org/nrccm

Helps States, local agencies, and Tribes develop effective and efficient child protective services systems. Jointly operated by the Child Welfare Institute and ACTION for Child Protection, and responds to needs related to prevention, identification, intervention, and treatment of child abuse and neglect.

Online Network of Child Welfare Training Resources

address: National Clearinghouse on Child Abuse and Neglect Information
330 C Street, SW
Washington, DC 20447

phone: (800) 394-3366
(703) 385-7565

fax: (703) 385-3206

e-mail: nccanch@calib.com

Web site: http://nccanch.acf.hhs.gov/profess/workforce/index.cfm

Enables State trainers, practitioners, social work educators, and other stakeholders to locate the most current training information and materials for the child welfare workforce. Sponsored by the Children's Bureau, the Network also offers opportunities to share information and communicate with colleagues regarding training resources, evaluation, and practice issues related to workforce development and retention.

Additional Child Welfare Organizations

American Professional Society on the Abuse of Children

address: 940 N.E. 13th St.
CHO 3B-3406
Oklahoma City, OK 73104

phone: (405) 271-8202

fax: (405) 271-2931

e-mail: tricia-williams@ouhsc.edu

Web site: http://www.apsac.org

Provides professional education, promotes research to inform effective practice, and addresses public policy issues. Professional membership organization.

AVANCE Family Support and Education Program

address: 301 South Frio, Suite 380
San Antonio, TX 78207

phone: (210) 270-4630

fax: (210) 270-4612

Web site: http://www.avance.org

Operates a national training center to share and disseminate information, material, and curricula to service providers and policy-makers interested in supporting high-risk Hispanic families.

National Black Child Development Institute

address: 1023 15th St., NW, Suite 600
Washington, DC 20005

phone: (202) 387-1281

fax: (202) 234-1738

e-mail: moreinfo@nbcdi.org

Web site: http://www.nbcdi.org

Operates programs and sponsors a national training conference through Howard University to improve and protect the well-being of African-American children.

National Child Welfare Resource Center for Family-Centered Practice

address: Learning Systems Group
1150 Connecticut Ave., NW
Suite 1100
Washington, DC 20036

phone: (800) 628-8442

fax: (202) 628-3812

e-mail: info@cwresource.org

Web site: http://www.cwresource.org

Helps child welfare agencies and Tribes use family-centered practice to implement the tenets of the Adoption and Safe Families Act to ensure the safety and well-being of children while meeting the needs of families.

National Child Welfare Resource Center on Legal and Judicial Issues

address: ABA Center on Children and the Law
740 15th St., NW
Washington, DC 20005-1019

phone: (800) 285-2221 (Service Center)
(202) 662-1720

fax: (202) 662-1755

e-mail: ctrchildlaw@abanet.org

Web site: http://www.abanet.org/child/rclji/home.html

Promotes improvement of laws and policies affecting children and provides education in child-related law.

National Children's Advocacy Center

address: 200 Westside Sq., Suite 700
Huntsville AL 35801

phone: (256) 533-0531

fax: (256) 534-6883

e-mail: webmaster@ncac-hsv.org

Web site: http://www.nationalcac.org

Provides prevention, intervention, and treatment services to physically and sexually abused children and their families within a child-focused team approach.

National Indian Child Welfare Association

address: 5100 SW Macadam Ave., Suite 300
Portland, OR 97201

phone: (503) 222-4044

fax: (503) 222-4007

e-mail: info@nicwa.org

Web site: http://www.nicwa.org

Disseminates information and provides technical assistance on Indian child welfare issues. Supports community development and advocacy efforts to facilitate tribal responses to the needs of families and children.

National Resource Center on Domestic Violence: Child Protection and Custody

address: Family Violence Department
National Council of Juvenile and Family Court Judges
P.O. Box 8970
Reno, NV 89507

phone: (800) 52-PEACE

fax: (775) 784-6160

e-mail: info@dvlawsearch.com

Web site: http://www.nationalcouncilfvd.org/res_center

Provides access to the best possible source of information and tangible assistance to those working in the field of domestic violence and child protection and custody. The center was established by the U.S. Department of Health and Human Services and is part of the Family Violence Department of the National Council of Juvenile and Family Court Judges.

Prevention Organizations

National Alliance of Children's Trust and Prevention Funds

address: Michigan State University
Department of Psychology
East Lansing, MI 48824-1117

phone: (517) 432-5096

fax: (517) 432-2476

e-mail: millsda@msu.edu

Web site: http://www.ctfalliance.org

Assists State children's trust and prevention funds to strengthen families and protect children from harm.

Prevent Child Abuse America

address: 200 South Michigan Ave., 17th Floor
Chicago, IL 60604-2404

phone: (800) 835-2671 (orders)
(312) 663-3520

fax: (312) 939-8962

e-mail: mailbox@preventchildabuse.org

Web site: http://www.preventchildabuse.org

Conducts prevention activities such as public awareness campaigns, advocacy, networking, research, and publishing, and provides information and statistics on child abuse.

Shaken Baby Syndrome Prevention Plus

address: 649 Main St., Suite B
Groveport, OH 43125

phone: (800) 858-5222
(614) 836-8360

fax: (614) 836-8359

e-mail: sbspp@aol.com

Web site: http://www.sbsplus.com

Develops, studies, and disseminates information and materials designed to prevent shaken baby syndrome and other forms of child abuse and to increase positive parenting and child care.

Community Partners

The Center for Faith-Based and Community Initiatives

e-mail: cfbci@hhs.gov

Web site: http://www.hhs.gov/faith

Welcomes the participation of faith-based and community-based organizations as valued and essential partners with the U.S. Department of Health and Human Services. Funding goes to faith-based organizations through Head Start, programs for refugee resettlement, runaway and homeless youth, independent living, childcare, child support enforcement, and child welfare.

Family Support America
(formerly Family Resource Coalition of America)

address: 20 N. Wacker Dr., Suite 1100
Chicago, IL 60606

phone: (312) 338-0900

fax: (312) 338-1522

e-mail: info@familysupportamerica.org

Web site: http://www.familysupport america.org

Works to strengthen and empower families and communities so that they can foster the optimal development of children, youth, and adult family members.

National Exchange Club Foundation for the Prevention of Child Abuse

address: 3050 Central Ave.
Toledo, OH 43606-1700

phone: (800) 924-2643
(419) 535-3232

fax: (419) 535-1989

e-mail: info@preventchildabuse.com

Web site: http://www.nationalexchangeclub.com

Conducts local campaigns in the fight against child abuse by providing education, intervention, and support to families affected by child maltreatment.

National Fatherhood Initiative

address: 101 Lake Forest Blvd., Suite 360
Gaithersburg, MD 20877

phone: (301) 948-0599

fax: (301) 948-4325

Web site: http://www.fatherhood.org

Works to improve the well-being of children by increasing the proportion of children growing up with involved, responsible, and committed fathers.

For the General Public

Childhelp USA

address: 15757 North 78th St.
Scottsdale, AZ 85260

phone: (800) 4-A-CHILD
(800) 2-A-CHILD (TDD line)
(480) 922-8212

fax: (480) 922-7061

e-mail: help@childhelpusa.org

Web site: http://www.childhelpusa.org

Provides crisis counseling to adult survivors and child victims of child abuse, offenders, and parents, and operates a national hotline.

National Center for Missing and Exploited Children

address: Charles B. Wang International Children's Building
699 Prince St.
Alexandria, VA 22314-3175

phone: (800) 843-5678
(703) 274-3900

fax: (703) 274-2220

Web site: http://www.missingkids.com

Provides assistance to parents, children, law enforcement, schools, and the community in recovering missing children and raising public awareness about ways to help prevent child abduction, molestation, and sexual exploitation.

Parents Anonymous

address: 675 West Foothill Blvd., Suite 220
Claremont, CA 91711

phone: (909) 621-6184

fax: (909) 625-6304

e-mail: parentsanon@msn.com

Web site: http://www.parentsanonymous.org

Leads mutual support groups to help parents provide nurturing environments for their families.

For More Information

National Clearinghouse on Child Abuse and Neglect Information

address: 330 C St., SW
Washington, DC 20447

phone: (800) 394-3366
(703) 385-7565

fax: (703) 385-3206

e-mail: nccanch@calib.com

Web site: http://nccanch.acf.hhs.gov

Collects, stores, catalogs, and disseminates information on all aspects of child maltreatment and child welfare to help build the capacity of professionals in the field. A service of the Children's Bureau.

Appendix C

State Toll-free Telephone Numbers for Reporting Child Abuse

Each State designates specific agencies to receive and investigate reports of suspected child abuse and neglect. Typically, this responsibility is carried out by child protective services (CPS) within a Department of Social Services, Department of Human Resources, or Division of Family and Children Services. In some States, police departments also may receive reports of child abuse or neglect.

Many States have an in-State toll-free telephone number, listed below, for reporting suspected abuse. **The reporting party must be calling from the same State where the child is allegedly being abused for most of the following numbers to be valid.**

For States not listed, or when the reporting party resides in a different State than the child, please call **Childhelp, 800-4-A-Child (800-422-4453)**, or your local CPS agency.

Alaska (AK)
800-478-4444

Arizona (AZ)
888-SOS-CHILD
(888-767-2445)

Arkansas (AR)
800-482-5964

Connecticut (CT)
800-842-2288
800-624-5518 (TDD)

Delaware (DE)
800-292-9582

District of Columbia (DC)
202-671-SAFE (7233)

Florida (FL)
800-96-ABUSE
(800-962-2873)

Illinois (IL)
800-252-2873

Indiana (IN)
800-800-5556

Iowa (IA)
800-362-2178

Kansas (KS)
800-922-5330

Kentucky (KY)
800-752-6200

Maine (ME)
800-452-1999

Maryland (MD)
800-332-6347

Massachusetts (MA)
800-792-5200

Michigan (MI)
800-942-4357

Mississippi (MS)
800-222-8000

Missouri (MO)
800-392-3738

Montana (MT)
866-820-KIDS (5437)

Nebraska (NE)
800-652-1999

Nevada (NV)
800-992-5757

New Hampshire (NH)
800-894-5533
800-852-3388 (after hours)

New Jersey (NJ)
800-792-8610
800-835-5510 (TDD)

New Mexico (NM)
800-797-3260

New York (NY)
800-342-3720

North Dakota (ND)
800-245-3736

Oklahoma (OK)
800-522-3511

Oregon (OR)
800-854-3508, ext. 2402

Pennsylvania (PA)
800-932-0313

Rhode Island (RI)
800-RI-CHILD
(800-742-4453)

Texas (TX)
800-252-5400

Utah (UT)
800-678-9399

Vermont (VT)
800-649-5285

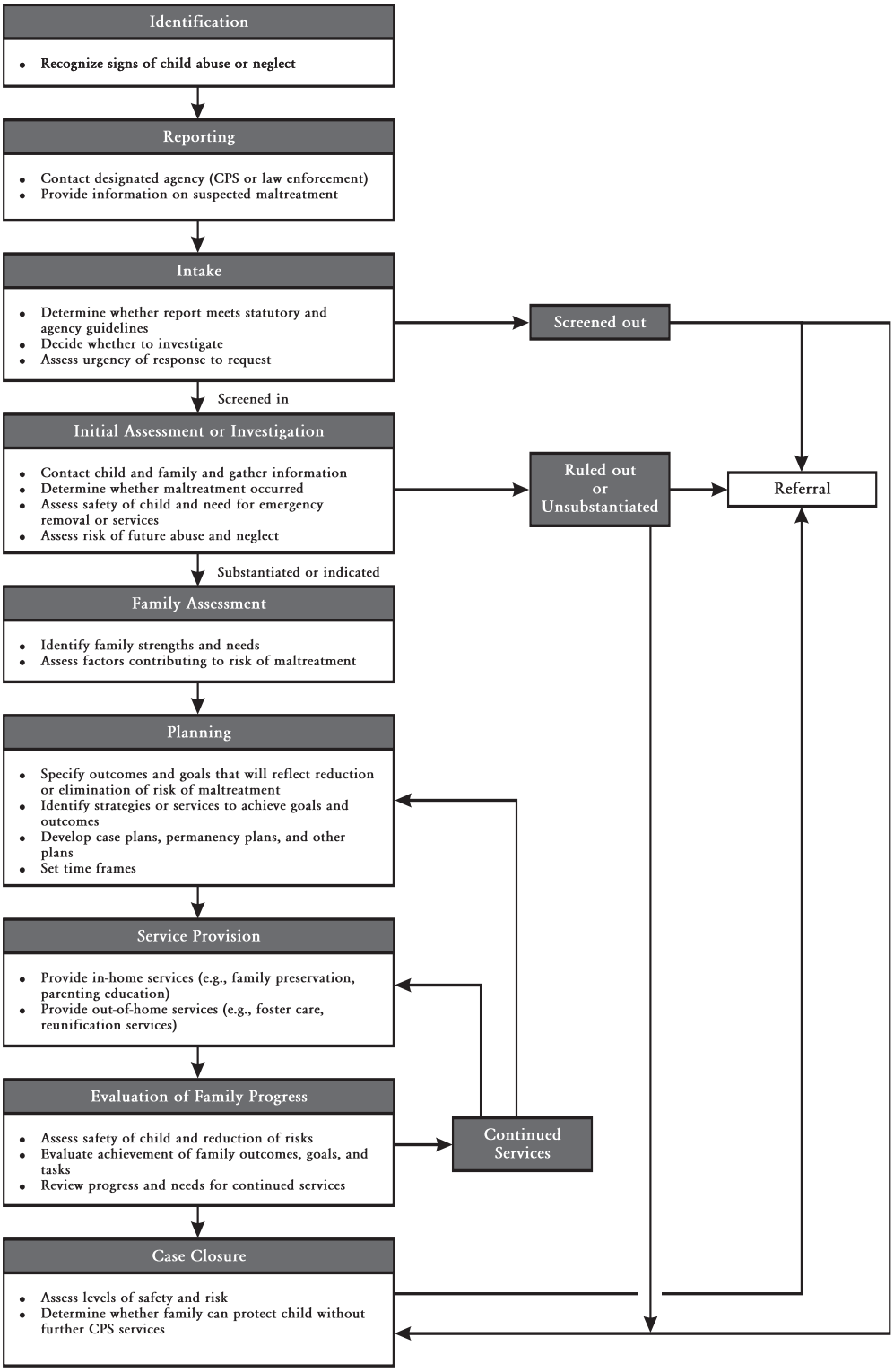
Virginia (VA)
800-552-7096

Washington (WA)
866-END-HARM
(866-363-4276)

West Virginia (WV)
800-352-6513

Wyoming (WY)
800-457-3659

Appendix D
Overview of the Child Protection Process



Appendix E

The National Association of Social Workers Code of Ethics

The National Association of Social Workers Code of Ethics provides guidance regarding the everyday professional conduct of all social workers, including child protective services (CPS) caseworkers.[1] The following standards are based on guidelines for professional conduct with clients:

Commitment to clients. A CPS caseworker's primary responsibility is to assure child safety, child permanence, child well-being, and family well-being.

Self-determination. CPS caseworkers respect and promote the right of clients to self-determination and help clients identify and clarify their goals. The right to self-determination may be limited when the caseworker, in their professional judgment, determines that the clients' actions or potential actions pose a serious and foreseeable, imminent risk to their children.

Informed consent. CPS caseworkers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. In instances where clients are receiving services involuntarily, CPS caseworkers should provide information about the nature and extent of services and about the extent of clients' right to refuse the services.

Competence. CPS caseworkers should provide services and represent themselves as competent only within the boundaries of their education, preservice and inservice training, license, certification, etc.

Cultural competence and social diversity. CPS caseworkers should understand culture and its function in human behavior, recognizing the strengths in all cultures. Caseworkers should be knowledgeable about their clients' cultures and demonstrate competence in providing services that are sensitive to the cultures and to differences among people and cultural groups.

Conflicts of interest. CPS caseworkers should be alert to and avoid any conflict of interest that may interfere with the exercise of professional discretion and impartial judgment. Caseworkers should not take any unfair advantage of a professional relationship or exploit others for personal gain.

Privacy and confidentiality. CPS caseworkers should respect the child and family's right to privacy. They should not solicit private information from clients unless it is essential to assuring safety, providing services, or achieving permanence for children. Caseworkers can disclose information with consent from the client or person legally responsible for the client's behalf. Caseworkers should discuss with clients and other interested parties the nature of the confidentiality and the limitations and rights of confidentiality. Caseworkers should protect the confidentiality of all information, except when disclosure is necessary to prevent serious, foreseeable, and imminent harm to the child.

Access to records. Caseworkers should provide clients with reasonable access to the records about them. Caseworkers should limit client access to records when there is compelling evidence that such access could cause serious harm to the child or family. When providing access to records, caseworkers must protect the confidentiality of other individuals identified in the record, such as the name of the reporter.

Sexual relationships. Caseworkers should not, under any circumstances, engage in sexual activities or sexual contact with current or former clients, client's relatives, or others with whom the client maintains a close personal relationship when there is a risk of exploitation or potential harm to the client. Caseworkers should not provide clinical services to individuals with whom they have had a prior sexual relationship.

Sexual harassment. Caseworkers should not make sexual advances or sexual solicitation, request sexual favors, or engage in other verbal or physical conduct of a sexual nature with clients.

Physical contact. Caseworkers should not engage in physical contact with children and parents when there is a possibility of psychological harm.

Derogatory language. Caseworkers should never use derogatory language in their verbal or written communication about clients. Caseworkers should use behavioral, respectful, and sensitive language in their communications to and about clients.

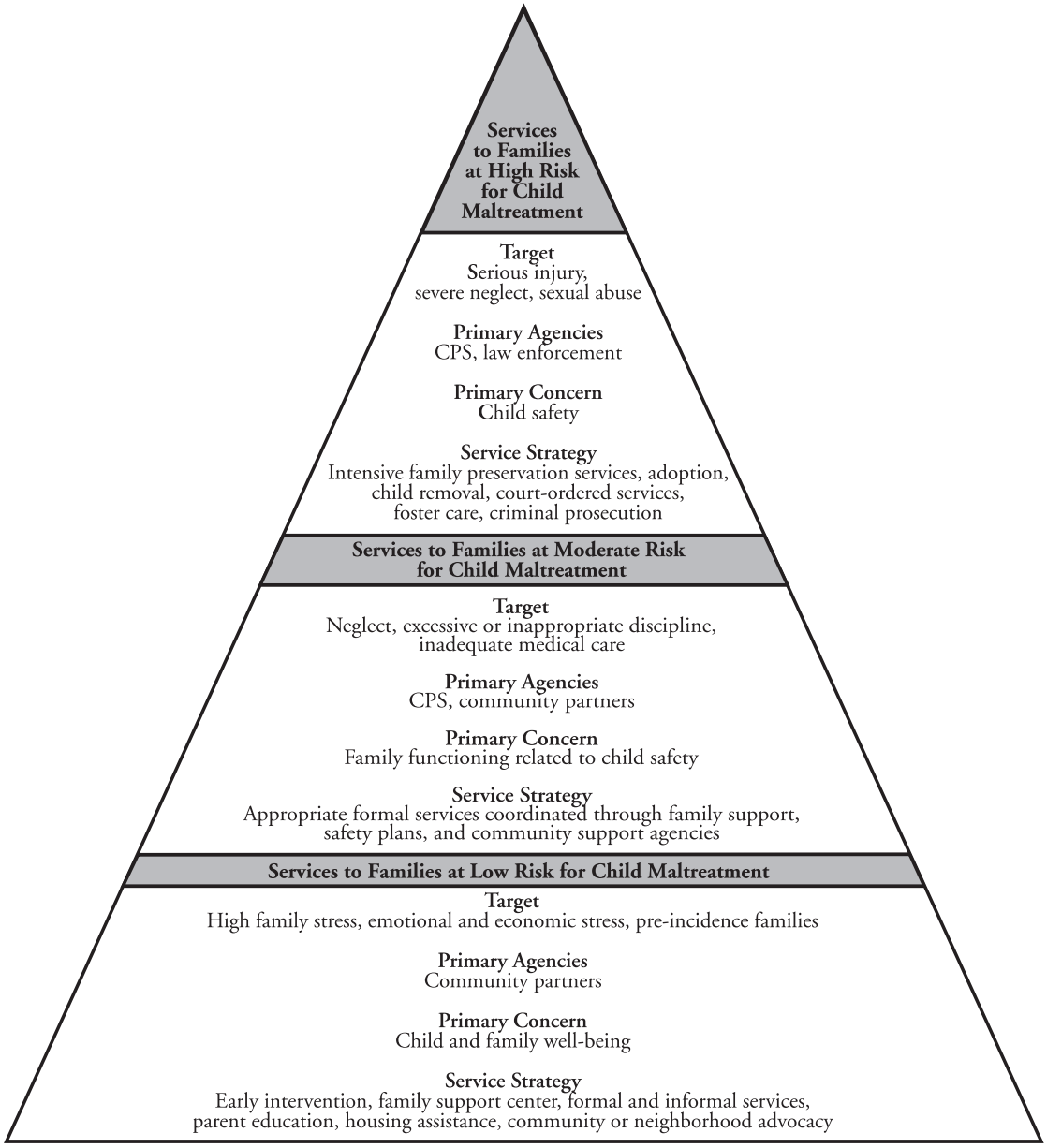
Clients who lack decision making capacity. When acting on behalf of clients who lack the capacity to make informed decisions, caseworkers should take reasonable steps to safeguard the interests and rights of those clients.

Termination of services. CPS caseworkers should terminate services to clients when child safety is assured or permanence has been achieved.

[1] National Association of Social Workers. (1999). *Code of ethics of the National Association of Social Workers*. Washington, DC: Author.

Appendix F

Child Protection Service Pyramid



Footnote: National Association of Public Child Welfare Administrators. (1999). Reprinted with permission.

To view or obtain copies of other manuals in this series, contact the National Clearinghouse on Child Abuse and Neglect Information at:

800-FYI-3366
nccanch@calib.com
http://nccanch.acf.hhs.gov/profess/tools/usermanual.cfm