SUPERVISION IN CHILD WELFARE

Child welfare supervisors play a key role in the recruitment, retention, and professional development of social workers. They are coaches, mentors, and evaluators responsible for the quality of services children and families receive. The tone and expectations they set in the work environment are so important that some have called them the “keepers of the culture” for their agencies.

All of this means that supervisors have a powerful influence on families and on a child welfare agency’s ability to achieve the safety, permanence, and well-being of children.

It’s a big job. Practice Notes can't reduce the number of things for which supervisors are responsible, but we can try to make their burden a little lighter. In this issue we do this by exploring an innovative model of child welfare supervision, by presenting ways supervisors can promote strengths-based practices in the workers they supervise, and by sharing experienced supervisors’ suggestions for surviving—and thriving—during the implementation of the Multiple Response System (MRS), a reform effort that aims to make North Carolina's child welfare system more consistent, effective, and family-centered.

FAMILY-CENTERED SUPERVISION

Child welfare supervisors regularly receive the message that if they are doing their jobs correctly, they are doing them in a family-centered way. But how can supervisors tell if they are family-centered? If they find they're not as family-centered as they might be, what can they do about it?

CONVENTIONAL SUPERVISION

First of all, it is important to recognize that in our culture the standard approach to supervision is not family-centered. In the conventional model, a supervisor is a person with superior knowledge and skills who oversees the work of other, lesser-skilled individuals. Responsible for the volume and quality of production, this person must be ready to spot and prevent errors. If a mistake happens, he or she must fix the problem and control the damage. Evaluation and development of employees are top-down: it is the supervisor’s job to identify an employee’s deficiencies, to develop a plan of action for addressing those deficiencies, and to ensure the employee carries out this plan effectively. Until recently, this problem-oriented, hierarchical notion of what a supervisor should be has been the dominant paradigm in many of our businesses and social institutions, including child welfare agencies.

ANOTHER PERSPECTIVE

Enter family-centered practice. The notion of family-centered practice was developed by people who were concerned by what was happening to families and children involved with our child welfare system. These critics,
who were part of the family support movement, looked with alarm at the growing number of children in foster care, the fact that some children spent years without a permanent home, and other questionable system outcomes. In their analysis the system was failing because it incorrectly assumed that (1) families were the problem and (2) professionals were the only ones who could keep children safe. To these reformers it was obvious that the best way to protect children was to strengthen and support their families and communities. They argued that to reform itself the system needed to do a better job respecting families, supporting them, and building on their strengths. It needed to become more family-centered.

Social workers and academics then developed family-centered principles and began teaching them to supervisors and social workers. For example, Berg and Kelly, in their influential book, Building Solutions in Child Protective Services (2000), presented 11 principles as the foundation for the family-centered approach (see sidebar). In North Carolina, these family-centered beliefs are expressed in six principles of partnership intended to guide and inspire workers’ interactions with family members: (1) everyone desires respect, (2) everyone needs to be heard, (3) everyone has strengths, (4) judgments can wait, (5) partners share power, and (6) partnership is a process.

Proponents of this approach also developed strategies that fit with the family-centered perspective. These include Brief Solution-Focused Therapy (Berg, 1994), which employs strengths-based techniques such as the miracle question and the exception finding question, and Family Group Conferencing, a strategy for including the family in case planning that is linked to positive child and family outcomes (Pennell, 1999). Family-centered practice in child welfare today combines strong foundation values with specialized knowledge and skills to enable practitioners to join with families, identify their strengths and needs, and work with them to enhance the family’s resources and connection to the community.

The federal government has endorsed family-centered practice by making it a focus in its comprehensive review of our country’s child welfare system (the Child and Family Services Review), and by establishing a “National Child Welfare Resource Center for Family-Centered Practice” (see www.cwresource.org). In North Carolina enhancing family-centered practice is a primary goal of the Multiple Response System (MRS), our state’s approach to reform child welfare services.

As this approach matures and spreads, it is becoming increasingly clear that the conventional model of supervision is at odds with family-centered child welfare practice. Simply put, the habit of focusing on workers’ deficits—on what they don’t know and can’t do—does not teach them to identify and develop strengths in families. If we want social workers to possess certain characteristics and skills, supervisors need to model these characteristics and demonstrate these skills in their interactions with workers.

**FAMILY-CENTERED SUPERVISION IN ACTION**

Applying the family-centered approach to child welfare supervision does not change the basic facts of the job. Supervisors are still bound by legal and policy mandates. They are still responsible for ensuring the safety, permanence, and well-being of children. They must still play the role of coach and mentor, evaluator and advocate, trainer and manager. What’s different about family-centered supervisors is the way they go about these tasks:

- **Leader.** Family-centered supervisors focus on families and seek to find realistic solutions that result in good outcomes. They emphasize the importance of partnering with families and affirm progress.

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**A FOUNDATION FOR FAMILY-CENTERED PRACTICE**

- Families know more about their situation than anyone.
- Families can formulate their own goals and build their solutions.
- Families tend to maintain solutions they create.
- Families are doing the best they can in difficult situations.
- Family strengths can be enhanced; change can happen.
- Families are our partners and need our support.
- Families can enhance and improve the well-being of their children, with assistance and support.
- Safe solutions will be found in partnerships among parents, workers, supervisors, and other community partners.
- Families have a right to be supported in their efforts to improve their children’s well-being.
- Most children can be protected by their parents.
- Child protection must also focus on family protection.

Source: Berg & Kelly, 2000
and successes. They embrace family-centered principles and strategies and articulate to others how applying them benefits everyone.

- **Model.** Family-centered supervisors possess and demonstrate the specialized knowledge and skills practitioners need to engage families, assess their strengths and needs, and include them (through the use of child and family team meetings) in the planning process. Supervisors with poor engagement, assessment, and case planning skills cannot promote family-centered practice in the workers they supervise (Safekeeping, 2003).

- **Communicator.** Because **listening** is the key to effective communication, family-centered supervisors spend a great deal of time listening to others. Even when workers or others have input about items that cannot be changed (due to laws, standards, and policies), supervisors acknowledge that input and seek solutions whenever possible. They communicate their priorities and expectations clearly and respectfully.

- **Advisor.** Family-centered supervisors continuously seek opportunities to explain, demonstrate, and support workers as they develop new skills. They encourage workers to attend training. They also urge workers to apply what they learn in training to their work with families.

- **Teacher, Coach, and Mentor.** Supervisors guide workers on cases, encouraging them to look to each family’s experience as a source of knowledge. Regular, scheduled case consultation is used to enhance worker skills. They also look for peer learning opportunities.

- **Collaborator.** Interaction is team-focused and collaborative, providing opportunities for workers to take lead roles in peer learning, to develop unique expertise, and to become “model” practitioners.

- **Evaluator.** Evaluation is ongoing, constant, and mutual. The supervisor is a discoverer of individual competencies and strengths in workers. The worker and supervisor jointly plan how to build worker strengths.

- **Learner.** Family-centered supervisors make time to attend training to keep up with best practices and ensure they have the skills and knowledge to successfully mentor staff. They are open to learning from families, other professionals, and the people they supervise.

### QUESTIONS THAT PROMOTE FAMILY-CENTERED PRACTICE

One of the best ways supervisors can encourage social workers to respect, listen to, and involve family members is by exhibiting these attitudes in their discussions with workers about specific families. The following questions, which employ elements of scaling and strengths-based techniques, ask the supervisor to adopt a “not knowing” stance that will encourage workers to come up with their own family-centered solutions (Alderson & Jarvis, 2003).

- How can we reunify the family and build a safety net for the child?
- If you were _____________(birth father, foster parents, etc.), what would you want to see happen?
- Describe a resolution in which everyone wins.
- What has happened so far on this case?
- What information are we missing?
- On a scale of 1 to 10, how ready is mom to parent?
- What are the birth mother’s strengths?
- How can we build on her strengths?
- What would it take for dad to show he’s overcome his substance abuse problem?
- How willing are the birth family and the foster parents to participate in a child and family team meeting?
- What would such a meeting look like?
- How can I help you bring together the team?
- How can we help the child feel more connected to both the birth family and the foster parents?
- How do you (as worker) see your role in helping this plan come together?
- How do you think others (the grandmother, the mother, other agencies, the court) see as their roles?


Differences between family-centered supervision and the conventional approach are contrasted in the figure on the next page.

### DOES IT WORK?

Family-centered supervision as it is described above may sound good, but does it lead to better outcomes for families and children? Unfortunately, it is too soon to say. Because it is so new, there have been no studies specifically about the relationship between family-centered supervision and family outcomes. However, previous research about supervisors and managers suggests that family-centered supervisors will be highly effective. For example, Likert (1967) found that “supervisors with the best records of performance focus their primary attention on..."
## Moving to Family-Centered Supervisory Practices

<table>
<thead>
<tr>
<th><strong>CONVENTIONAL SUPERVISION</strong></th>
<th><strong>FAMILY-CENTERED SUPERVISION</strong></th>
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<tbody>
<tr>
<td><strong>SUPERVISION GOAL</strong></td>
<td><strong>SUPERVISION GOAL</strong></td>
</tr>
<tr>
<td>Produce competent frontline staff who focus on assisting families to comply with agency-directed plans to keep children safe.</td>
<td>Facilitate development of competent frontline staff who will make good decisions and empower families to make good decisions to keep children safe.</td>
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<tr>
<td></td>
<td>Identify competence and build skills through observation, interactive supervision, and continuous strengths-based feedback to improve outcomes for families.</td>
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<td></td>
<td>Create a climate of mutual respect, empathy, genuineness, and trust between workers and families.</td>
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<tr>
<td><strong>SUPERVISORY PRACTICE</strong></td>
<td><strong>FAMILY-CENTERED SUPERVISORY PRACTICE</strong></td>
</tr>
<tr>
<td>The focus is on caseloads and responding to tasks within time frames.</td>
<td>The focus is on families and finding realistic solutions that result in good outcomes. Supervisors emphasize the importance of partnering with families and affirm progress and successes.</td>
</tr>
<tr>
<td>Supervision occurs only in the office.</td>
<td>Supervisors make home visits with staff to model, observe, and provide the support and feedback that develops skills.</td>
</tr>
<tr>
<td>Supervisors are the source of knowledge. Interaction with workers is situational and primarily focused on problem cases or crisis intervention.</td>
<td>Supervisors guide workers on cases, encouraging them to look to each family’s experience as a source of knowledge. Regular, scheduled case consultation is used to foster skill development. Supervisors also look for peer learning opportunities.</td>
</tr>
<tr>
<td>Interaction with unit members is hierarchical.</td>
<td>Interaction is team-focused and collaborative, providing opportunities for workers to take lead roles in peer learning, develop unique expertise, and become “model” practitioners.</td>
</tr>
<tr>
<td>Evaluation is formal, occurs once a year, and is supervisor-directed. The comments and plans look similar from worker to worker.</td>
<td>Evaluation is ongoing, constant, and mutual. The supervisor is a discoverer of individual competencies and strengths in workers. The worker and supervisor jointly plan how to build worker strengths.</td>
</tr>
<tr>
<td>Practice development opportunities for supervisors are passed up because “there is no time.”</td>
<td>Staying abreast with best practices is a priority so supervisors can more successfully mentor staff.</td>
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<tr>
<td>Supervision suggests that workers are solely responsible for child safety, which places them in the position of making key decisions with little to no input from other professionals or from the families themselves.</td>
<td>Supervision helps workers engage families as well as formal and informal community partners because “keeping children safe is everybody’s business.”</td>
</tr>
</tbody>
</table>

the human aspects of their subordinates’ problems and on endeavoring to build effective work groups with high performance goals.” Likert also found that high-producing supervisors make objectives clear and give their employees freedom to do the job (Morton & Salus, 1994).

**HOW DO YOU MEASURE UP?**

How can a supervisor tell if he or she lives up to the ideal of family-centered supervision? One way is to follow your gut—consult resources about family-centered supervision and see if the practice tips they describe fit your way of doing things. Another way is to ask the people who work for you. Refer your supervisees to the online version of this issue of Practice Notes. In the table of contents they will find a link that will take them to a survey instrument they can use to evaluate the extent to which you listen to and include them, empower them, and encourage them to use their own strengths to develop themselves as social workers.

**CONCLUSION**

Living out family-centered principles in your role as supervisor will not necessarily come easy. Like partnership with families, it can be a slow process, but one that ultimately benefits everyone. ✧

References and additional resources for this issue can be found at <www.practicenotes.org>.

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**AGENCIES CAN SUPPORT FAMILY-CENTERED SUPERVISION**

- Enable supervisors to attend training and pursue other opportunities for professional development.
- Give supervisors time to work with their staff. "Being readily available to provide case consultation—'spur of the moment' as well as in regularly scheduled one-to-one reviews. All too often, supervisors are overwhelmed with tasks that are disconnected from the hands-on supervision of workers. To support quality practice, workers must have access to a skilled mentor." The most likely person to fulfill that role is the supervisor (Safekeeping, 2003).
- When hiring supervisors or child welfare staff, use interview questions designed to explore the applicant's beliefs about family strengths and the role they believe families should play in resolving child welfare issues. This will help you select individuals for whom the family-centered approach seems a natural fit.
- Agency administrators must apply the family-centered principles to their work. This means listening to and respecting supervisors, helping them develop plans to address the challenges they face, and celebrating their successes.

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**SNAPSHOT OF CHILD WELFARE SUPERVISORS IN NORTH CAROLINA**

Demographically speaking, we only know a little about North Carolina's child welfare supervisors. Our state does not have a database containing information about its child welfare workforce, with the exception of periodic head counts conducted by the N.C. Division of Social Services. The most recent of these, conducted in December 2001, found 433 child welfare supervisors working for our state's 100 county departments of social services.

We do have additional data on this population, but it is incomplete. Between January 1 and August 20, 2003, 327 child welfare supervisors from 88 county DSS's registered to attend the supervisory training, Cornerstone Two: What's Good for Families is Good for Workers. Of these supervisors, 85% were women and 15% were men. Seventy percent were white and 26% were black. Virtually all (99%) had a degree from a four-year college; 25% had a Masters degree. Thirty-eight percent of the supervisors registered for this training had either a Bachelors or Masters degree in social work.

Although inconclusive—we know nothing about the supervisors who did not register for this training—this data seems to indicate that the racial breakdown of North Carolina's child welfare supervisors is roughly in line with the rest of the state, which the US Census estimates to be 21.6% black and 70.2% white. The fact that a quarter of the supervisors have degrees in social work is also a positive sign, since several studies have found higher job performance and lower turnover rates among caseworkers with BSWs and MSWs (Albers, 1993; Dhooper, 1990).

For references see <www.practicenotes.org>.

**NC CHILD WELFARE SUPERVISORS REGISTERED FOR CORNERSTONE 2**

Jan. 1–Aug. 20, 2003

<table>
<thead>
<tr>
<th>Supervisors Registered</th>
<th>Gender and Race</th>
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<tbody>
<tr>
<td>— 327</td>
<td>— 279 female</td>
</tr>
<tr>
<td>Counties Represented</td>
<td></td>
</tr>
<tr>
<td>— 88 of North Carolina's 100</td>
<td>— 191 White</td>
</tr>
<tr>
<td>Highest Degree</td>
<td></td>
</tr>
<tr>
<td>— 243 Bachelor (71 with BSW)</td>
<td>— 78 Black</td>
</tr>
<tr>
<td>— 81 Masters (53 with MSW)</td>
<td>— 1 Hispanic</td>
</tr>
<tr>
<td>— 1 No Answer</td>
<td></td>
</tr>
<tr>
<td>— 1 Associate</td>
<td>— 2 Native American</td>
</tr>
<tr>
<td>— 1 High School</td>
<td>— 7 No Answer</td>
</tr>
<tr>
<td>— 48 males</td>
<td>— 1 Native American</td>
</tr>
</tbody>
</table>

Source: NC Statewide Training Database

The NC Dept. of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services. 3,600 copies of printed at a cost of $3,067, or $1.02 per copy.
MRS: CHALLENGES AND REWARDS FOR SUPERVISORS

If you work in child welfare in North Carolina, the Multiple Response System is coming your way. MRS, which began in ten counties in August 2002, expanded to 41 additional counties this fall. By 2005, the seven strategies of MRS will be the standard for doing business in children’s services throughout the state. That’s a good thing: MRS is designed to make our child welfare system more family-centered, consistent, and effective.

But if you are a child welfare supervisor in a county department of social services, much of the responsibility for ensuring that people understand and correctly implement MRS will fall to you. To help you with this task, Practice Notes talked with supervisors from some of the MRS pilot counties. We asked them what implementing this effort was really like and what they would say to supervisors who want to make the transition to MRS as smoothly as possible. Here are some of the most significant challenges they think you are likely to face, along with their suggestions for overcoming them.

BRINGING AGENCY STAFF ON BOARD

MRS supervisors all emphasized that staff buy-in is essential to the success of this reform effort. To create ownership supervisors and administrators should:

Involve Staff from Day One. Staff can participate in site visits to other counties and in planning meetings. (Less hierarchical agencies will have an easier time including staff in this way.) As you prepare for implementation, ask staff to self-select their involvement. Have honest discussions about who would be best suited to applying different MRS strategies.

Help Staff Make the Shift. Those who are not “on board” with MRS can spread negative attitudes among their coworkers and members of the community. It’s clear why the shift to family-centered practice is difficult for some people. As one supervisor put it, “It’s hard to go from firing questions at families to engaging them in conversation, listening in a respectful way, and looking for strengths.” She said the NC Division of Social Services’ training Cornerstone III: Partners In Change was helpful to many of her workers. If supervisors see people struggling they should discuss the issue with them without minimizing their concerns. Ask them to talk with peers implementing MRS to see if their concerns are justified. It is easier to argue with ideas that come from “higher ups” than with the real-world experiences of colleagues.

Be Straightforward. Be honest with staff about anticipated changes. For example, to be family-friendly, some people will have to work at times (evenings, weekends) that are best for families. Agencies may need to update policies about flexible hours and on-call. Be open about challenges and ask workers to help you seek solutions.

Avoid Compartmentalization. Involve the whole agency, not just assessment workers. The people we spoke with urged new MRS supervisors to invite Work First and other agency staff to meetings and to do what they could to bring everyone together in the same building. Supervisors should routinely ask workers questions such as, “What is the involvement of Work First with this family?”

Think Training. Develop a plan for training everyone and orienting new workers. Make full use of the family-centered training provided by the Division prior to implementation. Cross-training is critical. Especially in smaller agencies, it is important to have investigators learn how to do family assessments, and vice-versa.

PUBLIC EDUCATION AND AWARENESS

Counties say it is common for reporters and other community members to be confused about MRS during the early stages of implementation. For example, people frequently assume that “MRS” is shorthand for the family assessment response, though it is only one of MRS’s seven strategies.

To combat misunderstandings, supervisors say, start educating the community about MRS right away. Hold an informational stakeholders meeting for a broad array of community members. Know that one meeting or one communication blitz will not do the trick, however. Public education requires ongoing effort. One supervisor said, “It takes people a while to understand that with MRS, our focus is not on blame, but solutions.”

When working with law enforcement, sell them on the fact that prosecution of child abusers may be more successful under MRS, since this approach formally encourages coordination with law enforcement in response to serious maltreatment.

RELUCTANT COLLATERALS

Under MRS, agencies ask professionals who know the family well (i.e., “collaterals”) to meet with the family face-to-face, either as part of a family assessment or in a child and family team meeting. Initially, some professionals don’t want to do this. Reasons vary: some fear for their safety, others worry that being direct with the family will damage their relationship. Even when they participate, some professionals wait until the family has gone home to share information about the family. Child welfare supervisors and social workers should strongly encourage professionals to be an active part of child and family team meetings. This is a chance to help them un- cont. p. 7
nderstand what it means to be family-centered and to come together to serve the family. Explain clearly to professionals that the family deserves—and needs—to hear their concerns.

**CHANGES IN SUPERVISING ROLES**

Supervisors are among the first to feel the full impact of the changes MRS brings. Some have serious concerns about their own performance and credibility when they start overseeing workers in positions, such as family assessment, with which they themselves have little or no experience. Virtually all of them spend more time than ever before on tasks such as coaching and meeting with workers, monitoring caseloads, reporting data to the state, and, most time-consuming of all, facilitating child and family team meetings.

These added demands mean MRS supervisors have less time to do administrative things—such as producing reports and attending committee meetings—that their directors may have been depending on them to do. Some directors understand the new demands MRS places on supervisors and adjust their expectations accordingly; others do not.

Though they have been at it for more than a year, most MRS supervisors will tell you that they still find implementing MRS to be exhausting work. They are quick to add, however, that the stress of making the change is well worth it.

**WORTH THE EFFORT**

The supervisors we spoke with said that MRS’s family-centered strategies really do transform the dynamics in child welfare. When an agency conducts a family assessment, workers usually speak with the parents before they interview the children. As a result, families feel much more respected.

Even when an assessment concludes the family is “in need of services”—meaning they must accept services from the agency—parents are often quite willing to work with the agency. One supervisor explained, “Because we don’t substantiate or name a perpetrator, we don’t have to get over the hurdle of the parent’s anger because we sent her a letter saying that she neglected her child. Parents are just so much more willing to work with us."

Better relationships with families means it is possible for agencies to assess child safety more effectively. Supervisors say that families share more information than they do in traditional investigations and, because they are less defensive and hostile, workers have more time to observe families in the home environment. Children, with their parents present, often discuss previously guarded family information with social workers. In one instance, while her mother watched, a child demonstrated for a social worker how her mother held a marijuana cigarette.

Families are not the only ones benefiting from MRS. Earlier, friendlier, engagement of families allows for services to be “front-loaded” during family assessment, which means that fewer families are in need of ongoing services after the assessment has been completed. Workers and supervisors report that families seem more cooperative and accepting of services when approached in a family-friendly way. One worker was even hugged after an initial visit with a family. Since MRS began, supervisors say more workers seem to enjoy coming to work.

Currently, all the data we have about MRS is anecdotal—quantitative evaluation data is not yet available. However, the experiences of other states using the family assessment approach and other MRS strategies suggest that this effort will truly improve outcomes for families and children. Missouri found that under its alternative response system children were made safer, sooner; children spent less time in foster care; needed services were delivered more quickly; and community resources were better used (Schene, 2001). ♦

**References can be found at <www.practicenotes.org>.**

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**ORGIN Calr**

If you use only one book to help your agency and your workers move to the family-centered practices associated with MRS, use this one. **Building Solutions in Child Protective Services**, by Berg and Kelly (Norton, 2000), provides a framework for taking a traditional CPS system and turning it into one that is strengths-focused and collaborative. This model has been used in child welfare agencies across the country.

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**TRANSITION TIPS FROM MRS SUPERVISORS**

- **Be Flexible.** Change is constant, especially early on. You will almost certainly have to make a series of adjustments in the way teams work and how workers manage new dynamics in their caseloads.
- **Peer Communication.** Make sure staff can REALLY talk about MRS with other front-line workers.
- **Start slow.** Don’t try to do everything at once.
- **Have people on your staff who serve as MRS “experts.”**
- **Consult experienced counties.** Meet formally and informally with MRS counties. Stay in touch through e-mail. Gather sample memorandums of understanding.
- **Always ask yourself:** “Is this how I would want to be treated if this was happening to me?” This question will help you assess your interactions with families and with workers you supervise.
USING DATA IN SUPERVISION

Frontline supervisors rarely think of themselves as “users” of data. But keeping track of a few key pieces of data can help a supervisor, over time, gauge the strengths of individual workers—as well as identify areas needing improvement.

For child welfare workers who primarily do investigations or assessments following an allegation of child maltreatment, supervisors can track, by worker, the number of:

- Families where children are able to remain safely at home following a substantiated report
- Children placed in foster care
- Children placed with relatives
- Families agreeing to participate in voluntary services
- Families who actively participate in family team meetings
- Families re-reported to CPS who were previously investigated (or assessed)

For workers who do ongoing work with families, supervisors can track, by worker, the number of:

- Children returning home from foster care
- Families where children are able to remain safely at home following return from foster care (or from kin placements)
- Children placed in adoptive settings
- Children whose placements are disrupted
- Children who have frequent contact with birth families and siblings
- Families who actively participate in family team meetings

The data, updated monthly and kept over a six-month period, can help a supervisor assess and compare casework practice among his or her unit’s workers. For example, do some workers seem to rely heavily on removal and foster care placement? Do others actively seek family participation in planning? Are some workers successfully engaging families so that they want services on a voluntary basis? Do some workers consistently have fewer placement disruptions? Are families allowed greater access to their children if they are served by a particular worker?

In most states, the child welfare system tracks much of the data on a county, regional, and statewide basis. By keeping track of how individual workers are succeeding, supervisors and workers are better able to “keep their eyes on the prize” — that is, the outcomes that are most desirable for children and families.

Visit this issue of Practice Notes at <www.practicenotes.org> to download tools for tracking the data described in this article.


IN THIS ISSUE: FAMILY-CENTERED SUPERVISION IN CHILD WELFARE