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Miriam J. Landsman
National Resource Center for Family Centered Practice, University of Iowa School of Social Work, miriam-landsman@uiowa.edu

Lisa D'Aunno
National Resource Center for Family Centered Practice, University of Iowa School of Social Work, lisa-daunno@uiowa.edu

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Developing a framework for child welfare supervision

Child welfare supervision has gained increased recognition as a key organizational factor in workforce retention. In 2003, the U.S. Children's Bureau funded a group of eight demonstration projects to develop, implement and evaluate organizational initiatives to improve recruitment and retention in public child welfare; all eight projects had some focus on supervision as one of the key interventions.

A substantial body of research has identified supervision as key to worker retention (Mor Barak, Travis, Pyun, & Xie, 2009). In fact a recent review of the literature (Landsman, in press) identifies supervision as a predictor of child welfare workforce outcomes across many studies, explaining workers' job satisfaction (Barth, Lloyd, Christ, Chapman, & Dickenson, 2008; Strand & Dore, 2009) and employee attachment as measured by organizational commitment and/or intention to stay or leave (Landsman, 2001; 2008; Smith, 2005; Weaver, Chang, Clark, & Rhee, 2007). Supervision is also recognized as critical to the successful implementation of child welfare practice models to support positive outcomes for children and families (Frey et al., 2012).

Background to the Study

Improving Recruitment and Retention in Public Child Welfare was a five-year Children's Bureau-funded project of the University of Iowa School of Social Work (UI-SSW) in collaboration with the Iowa Department of Human Services. The focus of the University of Iowa's training project was developing, implementing, and evaluating a curriculum for all supervisors and mid-level managers in Iowa's public child welfare agency. This emphasis was driven by a considerable body of research identifying supportive supervision as a key factor affecting the job satisfaction, commitment, and retention of child welfare workers. This focus was also driven by workforce changes and agency redesign that had occurred shortly before the project began, and by the absence of training for supervisors. Key activities included the following:

- A project advisory committee that met on a monthly basis over the five years of the project to provide guidance; assist in developing the training objectives, focus, and format; and to review curricula and training exercises.
- Focus groups conducted with supervisors in each service area around the state to obtain their perspectives on the strengths and challenges of their job and to get their input into needed training content.

- Supervisor competencies developed and revised through a multi-stage process.
- Four cohorts of Iowa DHS supervisors received eight days of training over three years. An additional cohort of new supervisors was trained before the end of the project. The framework was continually refined based upon feedback from the participants.

The National Resource Center for Family Centered Practice (NRC) at UI-SSW has conducted training on family-centered supervision for nearly thirty years. The Children's Bureau-funded effort was built on a foundation of that experience. In a subsequent Children's Bureau-funded grant to improve outcomes for youth in transition through supervisor training, the framework described in this article was expanded and adapted specifically for supervising in the area of youth in transition to adulthood. Moreover, during the project and following the completion of the Iowa DHS training, the NRC refined and tailored the eight-day training for delivery to several cohorts of income maintenance supervisors and seven cohorts of family support supervisors. Both adaptations were guided by advisory panels and revised with extensive participant feedback. Finally, we developed a master's level social work course in child welfare supervision and have delivered it in face-to-face and web-based formats. This article shares the cumulative learning of our experience, and how the training informs a supervisory model of practice.

Landsman (2007) describes the project implementation in the first three years of the five-year project, including the collaborative process by which the curriculum was designed, and later revised with participant feedback. In this article we describe the framework for child welfare supervision that evolved through and out of the development and implementation of the training, and how the curriculum operationalizes the theoretical constructs and guiding principles. We describe how the framework supports strength-based, culturally competent family-centered practice through a parallel process of supervision. We also provide an overview of the full five years of implementation, and present evaluation results regarding knowledge gain, use of skills, and rates of worker retention. We describe some additional lessons learned from subsequent replications of the training model with family support supervisors.

Conceptual framework for supervision

The conceptual framework for the project is presented in Figure 1.

Theoretical Foundations	Systems, Developmental, Adult Education, and Social Justice
Guiding Principles	Strength-based, Competency-based, Outcomes-driven, Culturally Competent, Individual and Organizational Development, Evidence-Based, Relational, Reflective, and Parallel Process
Context	Legal, Economic, Social Technological, Political, Ethical, and Organizational
Purposes of Supervision	Support mission of organization, Ensure quality of services, Foster staff professional development, and Contribute to the ongoing vitality of the organization
Domains of Responsibility	Case/Clinical Supervision, Human Resources, Public and Community Relations, and Safety and Well-Being
Supervisory Functions	Administration, Education, Consultation, Counseling, and Evaluation
Competencies	The capacity to fulfill responsibilities of the job (domain-specific)
Content	Knowledge, Values, and Skills
Process	Supervision Program: Supervisory Relationship, Developmental Process of Supervisor and of Supervisee, Teaching/Learning Strategies, Formats, and Tasks/Activities

FIGURE 1. The conceptual framework of supervision. This figure illustrates the conceptual framework for effective supervision.

Theoretical foundation

Landsman (2007) has described the theoretical foundation for the training project, which is based on ecological, social exchange, empowerment, social justice, and social structural theories of work and organizations. The ecological approach understands that employees function in the context of their work environments, which may differ in rural and urban settings (Landsman, 2002). Social exchange theory as applied to organizations views intra-organizational relationships, such as those between workers and their supervisors, as social exchanges (Eisenberger, Huntington, Hutchison, & Sowa, 1986). Supportive interactions produce reciprocity and organizational citizenship behaviors (Hopkins, 2002; Morrison, 1996). Strengthening support and communication between supervisor and worker may enhance these exchanges. In a study conducted as a complementary component of the Children's Bureau grant, Landsman (2008) found that the degree to which employees feel supported by their direct supervisor affects both their emotional satisfaction with the job and also contributes to the appraisal of how the organization values them and cares about them. Thus, supportive supervisory relationships play a significant role in nurturing organizational commitment.

Empowerment is a multi-level construct, applicable at the individual, organization, and community levels, with most research focused at the individual (Zimmerman, 2000). Empowered and empowering organizations promote worker self-efficacy and exert a positive influence on the surrounding community.

Social justice is a core value of the social work profession (NASW, 2008). To express this value, social workers are called to "promote sensitivity to and knowledge about oppression and cultural and ethnic diversity" and to "strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making." The guiding principles of culturally competent services, transparent collaborative management practices, and skillful supervision of the dynamics of workplace diversity are grounded in social justice.

Finally, social structural theories of work and organizations examine the ways in which organizational structures contribute to employees' responses to work—from job satisfaction to their attachment to the organization through commitment and their intentions to stay or leave (Landsman, 2001).

Guiding principles

The guiding principles for our supervision framework informed each aspect of the process and product. Each principle is discussed below.

Strength-based. A strengths perspective to public child welfare organizations, their staff, and the families they serve lies at the heart of a child welfare supervision framework. The strengths perspective regards individuals, groups and organizations as having a reservoir of resources and competencies to draw upon, a capacity for growth and change, and the ability to determine the best solutions for their challenges. Strength-based approaches support individual, groups and organizations to build on existing strengths to build new resources, "magnify mastery and competence" and build on a positive vision of future possibilities. (Miley, O'Melia, & DuBois, 2004, p. 80).

Competency-based. Competencies are a set of measurable behaviors that encompass the skills, knowledge, values, and abilities that are critical to successful work accomplishment. By definition, competencies are strength-based. A strong child welfare supervisory framework requires competencies for child welfare practice, as well as competencies for the intentional supervision of that practice. We describe the competencies later in this paper.

Outcomes-driven. Hess, Kanak and Atkins (2009) have noted that in recent years, federally mandated child welfare agency responsibilities have been redefined, requirements increased and the time frames revised, providing greater clarity regarding the desired outcomes of child safety, family preservation, permanency, and child and family well-being. The federal Child and Family Service Reviews require an intensive statewide self-assessment of twenty-three case-level and twenty-two systemic outcomes, followed by a federal site review and, based on identified deficiencies, implementation of a Program Improvement Plan. Supervisors are heavily involved in this program improvement process. The Iowa DHS, through its Better Results 4 Kids project, created a set of six "dashboard indicators" for each county/unit in the state, including measures of repeat maltreatment, maltreatment in foster care, reunification, adoption, and foster care re-entry rates, and juvenile re-offense rates. Supervisors identified the need for consultation skills and knowledge of best practices to achieve these outcomes; research has begun to identify a relationship between workforce retention and meeting timely permanency outcomes (Flower, McDonald, & Sumski, 2005).

Culturally competent. Our framework ascribes to the goal of individual and organizational cultural competence as conceptualized by Cross and his colleagues (Cross, Bazron, Dennis & Issacs, 1989). Individual cultural competence is understood as the ability to work

effectively and respectfully with people of various backgrounds, cultures, and identities. Organizational cultural competence requires that an organization have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally; have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge; (5) adapt to diversity and the cultural contexts of the communities they serve; incorporate the above in all aspects of policy making, administration, practice, service delivery; and involve systematically consumers, key stakeholders and communities (Cross et al., 1989; National Center for Cultural Competence, n.d.).

A supervisor must understand the cultural attributes of the communities the agency serves and use a variety of strategies to develop the staff's cultural competence (McPhatter & Ganaway, 2003), including helping workers reflect on how their own culture and biases may affect their work with families. Moreover, supervisors must skillfully manage workforce diversity, which includes understanding how workers' cultural diversity may impact their workplace experiences and integrating this understanding into supervision practices.

Individual and Organizational Development. As noted earlier, our supervision framework is grounded in developmental theory. The supervisor is a key player in developing individual workers, as well as contributing to the development of the organization. Supervisors are also developing their own competency over time, and as such, deserve support for their professional growth. But beyond developing their workers' and their own skills, supervisors play an important role in developing the organization as well. Hopkins and Austin (2004) note supervisors' key role in transforming the organization into a learning organization, defined by Garvin (2000) as "an organization skilled at creating, acquiring, interpreting, transferring and retaining knowledge, and at purposefully modifying its behavior to reflect new knowledge and insights" (p. 11). Supervisors play a significant role in developing the organization's knowledge base, and interpreting and transferring knowledge within and outside of the organization. In Iowa, in which small child welfare offices are the norm, supervisors often have considerable responsibility when it comes to representing the agency to community partners, the press, and the public. Their longevity contributes to their role in organizational development, as they participate in and help to facilitate changes in practice over time.

Evidence-Based. Evidence-based practice involves identifying, assessing, and implementing strategies that are supported by scientific research. State child welfare agencies are increasingly aware of the need to focus their resources on programs that have demonstrated results (Child Welfare Information Gateway, 2012). Supervisors and frontline workers should understand how evidence-based practice applies to child welfare services and be aware of the resources and tools available to help them identify and implement evidence-based practices. In our training, we used the definition of evidence-based practice proposed by the California Evidence-Based Clearinghouse for Child Welfare: "…practice which is consistent with the best research available, intersects with sound clinical judgment and experience; and aligns with the goals and values of the child or family being served. Additionally, the principles of supervision, competencies and task analyses, and curricular methods were all designed to reflect the best available research.

Relational. Supervision is inherently a leadership process that requires integrating a balance of task and relationship behaviors. Supportive supervisory relationships are essential to the development of an effective and engaged workforce. The relationship should encourage worker autonomy and interdependence by facilitating critical thinking. The supervisor also has an important role in fostering a positive climate and in supporting the team's physical, emotional and social resilience to promote staff well-being, retention, and the ability to adapt to the near-constant state of change in public child welfare organizations. The supervisor's effective use of self in supervision models for the worker the importance of relationship to their work with families.

Reflective. Reflection is another key element of supervision. Reflection involves setting aside regular time for the worker to "[step] back from the immediate intense experience of hands-on work," during which the supervisor provides an "enlarged perspective, another pair of eyes, or a mirror" to help the worker conceptualize what he or she is observing and doing (Fenichel, 1992, p. 13). Through reflection, both worker and supervisor come to understand and refine the worker's individual practice model (Munson, 2002). Reflective supervision has both a relationship focus (developing the worker's self-awareness, supporting the worker to process feelings around the work, and increasing the worker's ability to make effective use of self in work with families) and a competence focus (reflectively examining practice to increase the worker's ability to be self-critical, to adjust to better meet family needs, and to improve his or her

effectiveness with families). Reflective supervision is also a means of offering essential emotional support to workers.

Parallel Process. Our supervision framework recognizes the power of a parallel process for reinforcing the development of competence in both supervisors and workers, as well as the potential for the project to reinforce the principles "up the chain" throughout the larger organization. The processes of supervision should "model a mutually respectful, collaborative relationship that parallels the supervisee/family relationship (Fenichel, 1992, p. 12). Supervisors, in the "middle" role in the organization, also model the process of advocacy for resources for staff and for families.

The context of supervision

Supervision is done within a contextual environment of legal, economic, political, social, ethical and technological factors. Our framework acknowledges the important skills of environmental scanning and leading change, and the need for flexibility and autonomy within the organization and the training environment to allow supervisors to tailor their own approaches to these tasks consistent with their contexts. These principles are consistent with the concept of adaptive leadership (Heifetz, Grashow, & Linsky, 2009)

The purposes of supervision

The framework recognizes four primary purposes of supervision: 1) to support the mission of the organization; 2) to ensure the quality of services delivered to families; 3) to foster staff professional development; and 4) to contribute to the ongoing vitality of the organization. Our extensive work with Iowa supervisors to develop competencies affirmed the importance of supervisors acquiring skills to fulfill their role within the organization and in the community. We used Austin and Hopkins' (2004) concept of managing "up" (advocating with senior management, promoting inclusion of middle management in decision-making, and fostering receptivity to ideas from staff, clients and stakeholders), managing "down" (translating the organizational vision and mission into staff activities and effective services to families, as well as buffering supervisees from the stress of uncertainty and pressures from top management), and managing "out" (collaborating effectively with peers inside the organization and exercising a positive influence in the community).

Domains of responsibility

Our initial framework proposed four domains of supervision; a fifth domain was added later in the project. These domains are: 1) managing work through people, i.e, the human resources role, which deals with a variety of personnel and performance-related tasks; 2) the social work supervisor as clinical supervisor, which focuses on the role in supporting and guiding effective practice with families (later re-defined as case/clinical supervision); 3) the supervisor's role in public and community relations, which addresses strategies for improving the agency's image in the community, handling stakeholder complaints, etc., 4) promoting staff safety and personal, worker and organizational resilience; and 5) leadership within the organization, including strategies for leading positive change, running effective meetings, etc. (Landsman, 2007). Specifying domains of responsibility within a framework of supervision was a distinct advantage for training, as it helped us organize training content into logical blocks and brought the supervisors' focus to the various domains. However, the next level of the framework, the functions of supervision, has more power as a framework for selecting strategies and taking action.

Functions of supervision

We specify five distinct functions of supervision:

- Administration: ensuring an effective work environment that supports organizational goals, values, and policies;
- Education: facilitating the acquisition and application of organizational and professional knowledge, values, and skills;
- Consultation: using professional knowledge to advise and guide practice.
- Counseling: identifying and responding to the psychosocial needs of staff.
- Evaluation: systematically assessing staff processes and products.

Each function is supported by a variety of strategies to support supervision goals, operationalized in a Developmental Planning and Support Tool (Hamilton & Finnerty, 2005), discussed below.

Domain-specific competencies

The framework includes a set of 24 general supervisor competencies, as well as detailed behavioral competencies for each of the six domains, by function (administration, education, etc.) In addition, the framework

includes domain-specific worker competencies, further specified by what we term "task analyses."

Processes

The final element of the framework consists of the intentional processes by which supervisors accomplish their jobs, what we describe as the implementation of a "supervision program." A supervision program is a deliberate, systematic, formal commitment to providing comprehensive documented supervision. (Hamilton & Finnerty, 2005) Reasons for implementing a systematic supervision program include increasing staff competence, decreasing risk to clients and staff, and increasing efficient use of supervisor time. Additionally, a comprehensive supervision program at all stages of the life of the employee enables the supervisor to systematically build upon staff strengths and increases competence, the likelihood of job satisfaction, and retention. A supervision program includes the use of a supervision manual, tools and formats for individual and group supervision, and collaborative processes for summative and formative evaluation. The processes also include a variety of administrative and leadership activities within and outside of the organization, and the supervisor's investment of time and energy in their own and their workers' developmental process through regular, reflective, and collaborative supervision (Fenichel, 1992) and the intentional use of teaching/learning strategies.

How the *Committed to Excellence through Supervision* curriculum operationalized the supervision framework

Operationalizing the guiding principles in the training

Parallel process. The curriculum development team was committed to modeling a parallel process driven by the guiding supervision principles in every phase of the project, including the curriculum development process. Figure 2 provides an overview of the application of the guiding principles to curriculum development, supervisor competencies, training content, supervisor tools, and worker competencies. As Landsman (2007) described, from the beginning of the five-year project, the curriculum development team implemented a parallel process of regular, collaborative, strength-based consultation with the project advisory team and several subgroups of supervisors and middle managers. Two years into the project, we received a second Children's Bureau grant to train Iowa supervisors to improve outcomes for youth in transition. Because community collaboration was a focus of the grant, we conducted key

informant interviews with a variety of community stakeholders to inform the supervisor and worker competencies. The perspectives of multiple stakeholders, especially foster parents and agencies serving primarily minority youth, enriched the development process and thus is recommended for future replications of supervision training projects.

Guiding Principles of Effective Supervision	Development of Curriculum	Supervisor Competencies	Content of Supervisor Training	Supervisor Tools	Practice with Families
Strength-based: All supervisors, workers, and colleagues have strengths that contribute to the organization's functioning.	• Developmental focus group questions included "what is working well?" • Training needs transformed into competencies	• Uses supervision and the supervisory relationship to promote the values, principles, and standards of practice and a practice culture that is family-centered, strength based, and solution focused. • Uses strength-based, reflective supervision skillfully. • Recognizes, rewards and celebrates staff accomplishments. • Promotes staff resilience.	• Exercises: Identifying worker strengths • Social worker competencies • Developing strength-based individual and unit development plans based on competency assessment	• Strengths interview (Buckingham and Coffman, 1999) • Social worker competencies, task analyses, and rating system* • Individual development plan* • Unit development plan*	• Practices in accord with professional values, principles, ethics and standards, e.g., family-centered, strength-based
Individual development: All persons have individual developmental needs and deserve to work in an environment that honors their competencies and their continued growth. Supervisory evaluation should be both formative and summative, directed toward improving worker professional and career development, and should focus on strengths concurrently with challenges and goals.	• Collaborative development of curriculum • Offer workshop choices • Allow ample time for peer sharing	• Adapts supervisory interventions to supervisee developmental stage, skill level, learning style, and culture. • Uses reflective, strength-based supervision skillfully. • Provides training, education, coaching and mentoring to enhance competence and professional development of staff. • Supervisors should use multiple forms of supervision, such as individual, group and peer supervision, on-the-job observations (intake meetings, case discussions among peers, case audits), mentoring, and training. The content and frequency of which will vary based on worker stage of development and complexity of the work.	• Learning styles; matching teaching approaches to learning styles; matching supervisory strategies to worker developmental level • Reflective supervision video demonstration and role plays	• Learning styles worksheet; template for designing an in-service program*; Developmental Planning and Support Tool*; • Training materials formatted to allow supervisors to teach content at unit meetings	• Establishes and maintains collaborative relationships with clients • Maintains effective working relationship with supervisor • Engages in professional development

Note: * denotes part of Developmental Planning and Support Toolkit

Figure 2. Parallel processes in the development of the Committed to Excellence curriculum.

Guiding Principles of Effective Supervision	Development of Curriculum	Supervisor Competencies	Content of Supervisor Training	Supervisor Tools	Practice with Families
Cultural competence: Supervisors must understand the impact of workers' diversity and integrate this understanding into their supervision practices. Supervisors must also understand the demographics of the communities served and develop staff's cultural competence.	• Workforce diversity analysis • Client family demographic analysis • Survey of other training offerings on diversity and cultural competence	• Demonstrates culturally competent supervision and develops cultural competence in staff. • Integrates the impact of worker diversity into supervision practices.	Workforce implications of Iowa demographics (aging, in- and out-migration, etc.); managing workforce diversity; supervising culturally competent practice; managing intergenerational diversity; integration of cultural content into clinical supervision module	• HR social worker developmental task analysis for increasing competency as a member of a diverse workforce* • Case Practice task analysis for developing staff cultural competence*	Works effectively as member of diverse workforce Practices in accord with professional values, principles, ethics and standards, e.g., cultural competence
Management must be transparent and collaborative.	• Collaborative development process involving all levels of the organization; seek client and stakeholder input into supervisor's role	• Implements a supervision program (e.g., orientation, formats for delivery, scheduling, tasks, techniques, staff development, criteria and process for evaluation of staff). • Supervisors should articulate consistent feedback and accountability measures, and offer support to workers to meet those goals. • Evaluates staff performance and responds effectively to performance issues. • Counsels impaired staff whose professional judgment may be adversely affected.	• Content and benefits of a supervision program • Use of a supervision manual • Giving effective feedback • Workshop on managing underperforming or impaired staff • Workshop on supervising to enhance workers' professional writing skills • Collaborative use of worker competencies/task analyses as part of ongoing formative evaluations	• Supervision manual* • Format for collaborative planning of direct supervisory observation* • Social worker competencies*	• Works collaboratively as a member of a team. • Contributes to quality improvement within unit and across the organization • Uses family team meetings as the primary strategy for engagement and decision-making through the life of the case.

Note: * denotes part of Developmental Planning and Support Toolkit

Figure 2. Selected parallel processes in the development of the Committed to Excellence curriculum (continued).

Guiding Principles of Effective Supervision	Development of Curriculum	Supervisor Competencies	Content of Supervisor Training	Supervisor Tools	Practice with Families
Relational: The supervisory relationship is essential to the development of an effective and engaged workforce.	PI and Training Directors built relationships by participating in training committee over the five years of the grant; to allow for relationships to develop over the three years of training, supervisors assigned to cohorts and time built in for peer sharing	• Uses supervision and the supervisory relationship to promote the values, principles, and standards of practice and a practice culture that is family-centered, strength based, and solution focused. • Communicates effectively (including use of technology) • Promotes team building and peer support.	• Importance of supervisory relationship to task accomplishment, risk management • Reflective supervision • Leading positive change • Giving effective feedback • Clinical supervision as "mutual sharing of questions, observations, and speculations to aid in selection of alternative techniques to apply in practice" (Munson, 2002, p. 11) • Continued professional development of the strongest workers; • Identifying and making best use of team strengths to encourage team autonomy and interdependence • Group supervision	• Supervisor relationship eco-map • Advanced professional competencies. • Case staffing formats	

Note: *denotes part of Developmental Planning and Support Toolkit

Figure 2. Selected parallel processes in the development of the Committed to Excellence curriculum (continued).

Strengths. At the time we initiated the recruitment and retention project, Iowa's public child welfare agency presented many strengths upon which to build a supervisory framework. The agency identifies with the ethics and values of the social work profession. Professional standards of the National Association of Social Work with respect to duties to clients, duties to supervisees, responsibilities to colleagues and standards for individual and organizational cultural competence (NASW, 2008) provided a touchstone for the supervision curriculum. Iowa's child welfare supervisors are also experienced child welfare employees. Although they lacked specific supervision training, they were truly experts in what they needed to do their jobs. In addition, the agency was in a period of high expectation for change, as it embarked upon a results-driven reform called "Better Results 4 Kids" and developed a child welfare practice model. At the same time, the state legislature had directed IDHS to redesign the system in a way that provided incentives for services that result in safe and nurturing conditions for at-risk children and families. State budget cuts had decimated many of the existing training resources, so that the agency welcomed the federally-funded recruitment and retention project and devoted significant staff resources to co-developing the curriculum.

Competencies. Landsman (2007) has described how we developed and revised supervisor competencies through a multi-stage process, using developmental work that IDHS had begun prior to the project, data that emerged from the focus groups, and competencies from existing curricula. These competencies were revised and refined, then shared with the advisory committee for further review, as well as with the service area managers who oversee field operations throughout the state. The process culminated with all supervisors completing self-assessments on each competency along two dimensions: 1) their degree of perceived need for skill development; and 2) the perceived importance of each competency to their job. Twenty-four supervisor competencies emerged from this process (see Appendix).

Curriculum development proceeded through a process of translating competencies into learning objectives, content areas, and proposed activities, followed by review and feedback by the project advisory committee. Each training module was piloted and was immediately followed by revisions based on trainee feedback and evaluation data before being offered to the other three. The final curriculum includes the following six major content areas:

- Contemporary Child Welfare Supervisory Practice
- Developing Human Resources through Supervision

- Case Practice Supervision
- Clinical Practice Supervision
- Promoting Safety and Resilience
- Leadership Skills for Child Welfare Supervision

In years 3 and 4 of the project, the development team continued extensive work to map out what we term "task analyses" for each competency; that is, the developmental progression of knowledge, values and skills necessary to carry out the practice model. The framework proposes a continuum of four developmental levels: trainee (meets minimum standards for hire on probationary status); novice (successfully completed probationary period; and meets minimum requirements for permanent position); professional (meets standard level of competence for independent practice) and advanced professional (consistently exceeds expected level of performance). For each stage, the evidence base is specified upon which to systematically assess whether competency is met. The stage is described in language that can be observed/measured, e.g., a worker "describes" rather than "understands." In recognition that skills must be learned, some tasks are learning tasks (e.g., observe experienced practitioner using skills). The task analyses lay out a "road map" of expectations and help supervisors move from global to specific worker assessment, facilitating ongoing formative evaluation of worker development. The tools also help identify individual and unit strengths which can form the basis for individual and unit development plans. Systematic use of aggregate data across a service area or state could also inform training plans. Figure 3 provides an example of a task analysis:

Task	Trainee Level	Novice Level	Professional Level	Advanced Professional Level
Interviewing	Gathers data through a series of pre-determined questions	Conducts assessment as a conversation and responds to information gathered (e.g.,employs empathy and clarification)	Facilitates in-depth exploration of clients' stories through use of empathy, clarification, reframing, solution-focused questions, challenging, etc.	Employs additional interviewing techniques from specific clinical practices (e.g., motivational interviewing)

FIGURE 3. Task analysis. This figure is the task analysis for the case practice competency "establishing and maintaining collaborative relationships with clients."

For the human resources and case practice task analyses, curriculum developers worked painstakingly with a subgroup of supervisors and training staff to generate the content and stage the entire progression, from trainee through advanced professional levels of knowledge, values and skills (KVS), for seven HR competencies and 11 Case Practice competencies. As many of the competencies have distinct KVS elements, there are 23 defined developmental trajectories for the 11 Case Practice competencies. When we moved to developing competencies for clinical supervision in the service of efficiency and evidence-based practice, we engaged experts in each of the clinical subspecialties to generate a list of the range of KVS for each clinical area. We then solicited and incorporated feedback from the advisory sub-group on whether the KVS were reasonable for public child welfare supervisors, and how the developmental progression should be staged (i.e., what were trainee vs. novice vs. professional vs. advanced professional level KVS).

Assessing the required KVS in emerging fields of child welfare practice presented an interesting challenge for the subgroup. For example, the first time the subgroup reviewed the KVS for working with families with substance abuse issues, they assigned all tasks except for recognition of the physical signs of intoxication to the professional or

advanced professional level. The rationale of this group of highly experienced supervisors was that they had not learned these KVS until they were well along in their professional careers. Given the substantial numbers of families in the child welfare system that are affected by a member's substance abuse disorder, we asked the subgroup to consider the implications for case assignment. Very quickly the subgroup agreed that front-line training on substance abuse needed to be strengthened, and that, in the meantime, in order to carry out their consultative responsibilities, supervisors needed additional substantive training in clinical areas as well as tools for educating staff. Similar conclusions were drawn for the other practice competencies requiring specialized clinical knowledge. As a result, we developed substantive training for supervisors, most of which were delivered in the clinical supervision module.

All of the worker competencies and task analyses developed for this project are published in the *Supervisor Developmental Planning and Support Toolkit* (National Resource Center for Family Centered Practice, 2009).

At the same time, building upon earlier supervision curriculum work at the NRC, Hersey and Blanchard's (1969) model of situational leadership, and the work of a previous Children's Bureau funded supervision training project at the University of Michigan School of the Social Work (Faller et al., 2004), the UI-SSW also developed a tool which describes characteristic worker behaviors along the trainee to advanced professional continuum and suggests supervisory strategies for developing workers at each developmental level (Hamilton & Finnerty, 2005). As workers acquire competence, supervisors are guided to encourage increased autonomy and organizational citizenship and to offer an appropriate level of relational support. Trainees, for example, rely on rules and require a great deal of task-related direction. Novices are more familiar with policies but need more emotional support as they may lose confidence in their ability to help families as they grasp the complexity of the job. Professionals are able to function fairly independently, but supervisors continue to provide new challenges and support autonomy by affirming strengths. Advanced professionals serve as coaches and mentors, engage in public speaking, and frequently advocate internally within the team and organization and externally with community partners to achieve the organization's mission. Their supervisors encourage continued professional growth and career development, monitor for compassion fatigue, and delegate projects requiring leadership.

The competencies, task analyses, and supervisor developmental strategies, formats for individual and unit supervision planning, and a

simple rating system (1-4, with 1 signifying trainee level) which allowed supervisors to assess their individual workers' competencies, were introduced in each training module. Supervisors were given quiet time on the first day of each two-day training module to "rate" their workers on the domain-specific competencies; training support staff entered the data in the evening, and on the second day, trainers returned the data in the form of color-printed Excel charts for each worker and for the entire unit. Training time was again set aside for supervisors to consult with their peers to identify team strengths and needs, consider whether to address them through individual or group methods, and draft individual and unit development plans. Multiple data sources were used for this assessment (direct observation, client record review, supervisee self-report, individual and group supervision, case discussions, and validated reports from co-workers, collaterals and clients), but time constraints on supervisor's time outside of training dictated that they rely on overall impressions.

In subsequent use of the DPST in the NRC's family support supervisor certification training, we provide in-class rating time in the first module but assign subsequent rating sessions as "homework," using an Excel program created for this purpose. This approach streamlines the training, reinforces the importance of using multiple data sources, and gives supervisors the opportunity to conduct the assessment jointly with the worker.

Outcomes-driven and evidence-based. As described below, we conducted extensive evaluation of the training. We consulted with our IDHS partners on a monthly basis to assure that the training was keeping up with the agency's current priorities, developing training examples and workshops focused on practice areas targeted in the state's CFSR Program Improvement Plan, such as safe case closure and case documentation. Keeping up with constant change proved to be particularly challenging in the clinical supervision unit; the state considered moving to a new system of contracting for clinical evaluations, including case planning for clinical needs. Our advisory group expressed uncertainty about the extent to which supervisors would be involved in guiding the clinical aspects of the case. By the time we were ready to deliver the clinical supervision module, the Iowa Model of Child Welfare Practice (2007) affirmed that "staff should have access to clinical supervision, coaching and mentoring from supervisors."

The content of each unit is grounded in the best available evidence. We adopted Gibbs and Gambrill's (1998) view that offering practice which reflects the best available evidence is a matter of ethical social work

practice; the curriculum explicitly incorporates this concept into units on ethical case practice and clinical supervision.

Relational. Training content reinforced the importance of the supervisor-supervisee relationship in achieving outcomes and retaining staff. We provided tools (e.g., a supervision relationship eco-map), a reflective demonstration video featuring IDHS staff**,** and reflective listening roleplays to enhance supervisors' relationships skills. Most importantly, we designed the training to allow ample time for relationship building and peer support among the supervisors. Many Iowa DHS supervisors work in isolation, covering several small rural offices. Statewide supervisor retreats had been discontinued due to budget constraints. At the advisory committee's request, we organized the supervisors into four cohorts and, as much as feasible, trained the supervisors in the same cohorts across the four two-day trainings, giving them more time to form relationships. We used a variety of table exercises, debriefing, and small and large group discussions to foster sharing. We provided meals and snacks to keep the groups together over the lunch hour for relaxed conversation. In their training satisfaction evaluations, supervisors expressed gratitude for this opportunity for peer support.

Individual and organizational development. Because supervisors are caseworkers' primary source of education around practice (Gleeson, 1992), supervisors should have the knowledge and skills to implement a teaching model based in adult learning principles. We developed a workshop on learning styles, introducing a simple self-assessment tool for perceptual learning preferences, allowing time for supervisors to assess their own preferences and providing guidance for supervisors to adapt their teaching strategies to individual worker preferences. We introduced Kolb's (1984) model of learning (processing) preferences (theorists, activists, reflectors, experimenters) and provided time for supervisors to reflect in small group work on their staffs' apparent preferences and how they might employ the varying styles of their teams to introduce new learning and change initiatives. We also presented a workshop on designing in-service presentations using a template for a seven-step teaching progression as part of a supervision manual. We used the same seven-step progression for each section of the training: 1) introduction; 2) didactic presentation; 3) discussion of application to practice; 4) demonstration; 5) practice in the session; 6) processing of the practice; and 7) plan for transfer to the work environment. This final step is key to greater transfer of learning to the worksite. With successive iterations of the training, we now ask supervisors to commit in writing to

one change in their supervision practice, using a template created by Whetton and Cameron (2005) to help supervisors plan and evaluate their use of new skills in their daily practice. We use this as a "homework" assignment in the family support supervisor certification training. The *Plan for Applying and Evaluating New Supervisory Skills* is included in the Developmental Planning and Support Toolkit.

To respect the need for adult learners to direct their own development, we offered a choice of workshops in the first two two-day sessions. This required a minimum of three on-site trainers. Eventually, however, we determined that, in order to be able to replicate the live training efficiently, we would need to move away from a workshop format. Placing some of the workshop content online would allow for more flexibility and choice in future trainings.

Two important "take-aways" reported anecdotally by a number of supervisors were that they should have spent more time with the strongest workers, and that, by developing their advanced professional staff, they could share some of the responsibilities of supervision while promoting staff career development.

The supervisor's role in organizational development is woven into the curriculum in a variety of ways. The human resources module presents strategies for recruitment and employment interviewing that furthers the agency's reputation in the community as a good place to work and that presents child welfare practice as a valued and skilled profession. We address the role of the supervisor in establishing collaborative community partnerships. The role of the supervisor in enhancing organizational cultural competence is examined, using McPhatter and Ganaway's (2003) multi-level strategies to move agencies along a change continuum. The supervisor's role in leading organizational change is also given considerable attention.

Reflective. In addition to teaching reflective supervision skills as described above, we created opportunities within the training day for supervisor self-assessment. Each module began with a domain-specific self-assessment tool of specific behaviors within each of the five supervisory functions (administrative, education, consultation, counseling, and evaluation). We provided opportunities for supervisors to think about their "typical" day, how much time they spent conducting activities in each function, and how they might consider shifting their time priorities. Anecdotally, a number of supervisors expressed a desire to spend more time doing case consultation and clinical supervision and less time on administrative tasks. We encouraged them to think about ways to delegate

responsibilities to experienced workers or to do more focused group supervision. In addition to providing information for the evaluation of the training, these tools reinforce the supervisory skills being taught and encourage supervisors to set their own learning goals. When we use the behavioral self-assessment tools as homework in the family support supervisor curriculum, some supervisors choose to share the assessment tools with their staff and elicit feedback about their use of strategies. Supervisors report in their homework reflections that they were sometimes surprised by the feedback from their workers and that they found the feedback quite useful.

Summary of the Content of the Training

The entire Committed to Excellence in Supervision training took eight days, delivered in four consecutive two-day blocks. For evaluation purposes, these blocks are referred to as the Human Resources module, Case Practice module, Clinical Practice module, and Stress/Safety/Leading Change module. A brief content description of each two-day block follows.

Human Resources module (two days). This module, being the first, also included the introduction to the training and model. Ample time is provided for introductions of supervisors and trainers. The introductory module (one day) establishes the context and motivation for personal and organizational learning, introducing the concept of a "learning organization," shares current best practices in the field of organizational development and supervision; guides supervisors to identify the external forces that affect their work; introduces the model (functions, domains, competencies, DPST); engages supervisors in a discussion of parallel process; and includes a workshop on identifying one's own learning style and adapting teaching methods to a variety of perceptual and processing preferences. The second day is devoted to developing human resources. In total, 11 hours on content have been developed, including several concurrent workshops. Sequential delivery of all of the content would require approximately 17.5 hours. The human resources training includes social and demographic factors affecting Iowa's workforce and client population, developmental leadership, and individual and unit supervision planning. Workshops are offered on managing a diverse workforce, supervising intergenerational diversity, effective staff recruitment (employment interviewing, realistic job previews) and supervising under-performing or impaired workers. Social worker human resources competencies and task analyses are introduced, along with supervisor behavioral self-assessments in the human resources domain. In the final

training for new staff, we added a well-received session on giving effective feedback.

Case Practice Supervision module (two days). Major content includes the definition and purpose of case practice supervision, the importance of the supervisory relationship to goal accomplishment and retention, reflective supervision skills, ethics and legal risk management, supervising culturally competent practice, and designing a supervision program. Workshops offered include: safe case closure, professional writing, supervising culturally competent case practice, and developing in-service programs. Social worker case practice competencies and task analyses are introduced, along with supervisor behavioral self-assessments in the case practice domain.

Clinical Practice Supervision module (two days). The fourth module concerns case practice supervision that requires specialized knowledge of clinical practice areas (e.g., domestic violence, substance abuse disorders, adult and child mental health, and child development). As discussed above, supervisors asked for substantive evidence-based updates on clinical areas as part of their own development. A half-day is spent on exercises and skill building to increase supervisory competence in guiding workers to plan interventions and assess change. We provide practice tips and facilitate discussion on how to engage community providers in conversations about outcomes, the evidence base and theory of change of their interventions, and how to engage the extended family in supporting healing and recovery. The rest of the two days is dedicated to substantive presentations on the clinical practice areas, with a focus on helping workers identify strengths in their work with families affected by domestic violence, substance abuse disorders, and mental illness. The training also addresses the role of the supervisor in implementing evidence-based practice and fostering critical thinking.

Stress/safety/leadership module (two days). The last two-day block concerns two conceptually different topics—promoting safety and resilience, and leadership skills for child welfare supervision (including community and public relations). However, for evaluation purposes, we treat them as a single module. Major content of the safety and resilience curriculum includes individual and organizational factors of resilience; current literature on worker retention; secondary trauma and compassion fatigue; guidelines for assuring a safe physical environment and promoting safety on home visits; responding to critical incidents; workplace strategies for promoting physical, psychological and social resilience; and how

supervisors can nurture their staff's service orientation with the goal of enhancing worker retention. Tools for self-monitoring for secondary traumatic stress were introduced.

The leadership module addressed strategies for leading positive change and a brief discussion of managing public and community relations, particularly when there has been a tragedy involving a child in the community. By the time of the last module, we were involving the same cohorts of supervisors in extensive planning to involve community partners in training to improve outcomes for foster youth in transition to adulthood, so we decided to spend less time on these competencies in the recruitment and retention project.

The products of the Iowa recruitment and retention project, including PowerPoint presentations and handouts for all of the Modules, are available through the National Resource Center for Family Centered Practice's website.

Evaluation Methods

The project evaluation included an assessment of implementation and outcomes that identified and measured the expected short, medium and long-term results. Key milestones for the implementation evaluation included the development of supervisor competencies, design of the training program around key competencies, and supervisor participation in, and satisfaction with, the training. The face and content validity of supervisor competencies were evaluated through reviews by various stakeholders and through empirical analysis of self-assessment of competencies. Some of this information has been reported previously (Landsman, 2007).

In this article we discuss results from the short-term outcome of knowledge gain, the medium-term outcome of use of skills learned in the training, and the longer-term outcome of workforce retention.

Measures

Knowledge pretest and posttest. Knowledge tests were developed collaboratively by the curriculum development and project evaluation teams. Curriculum learning objectives were used to develop questions which were piloted during the first training sessions. Modifications were made based on analysis of the data and any changes to the curriculum prior to subsequent training sessions. The pretest was administered at the beginning of each training event with an explanation that the test served the purpose of gathering performance measures for

evaluating the curriculum and trainer efficacy. Participants were informed prior to test taking that the test was designed for the purpose of measuring how well the information was delivered rather than as a test of the expertise of the participants. The posttest was administered at the end of each training event. The knowledge tests were revised to reflect any changes made in the curriculum over the course of the project and to improve the reliability of any test items that did not perform well.

Behavioral skills assessment. Similar to the knowledge test, the behavioral skills instrument was developed by the curriculum development and evaluation teams. Supervisory competencies were developed through analysis of the original focus group data, examination of supervisory competencies from other states, and a review of the literature and extant supervisory training programs. For each training module, indicators of behavioral skills and competencies were then identified for each of the five functional areas of the child welfare supervision model: Administration, Education, Consultation, Counseling, and Evaluation (Hamilton & Finnerty, 2005).

For the assessment of their own behavioral skills supervisors indicated how often they performed each task listed in the five function areas. The response categories were: rarely (valued at 1), sometimes (valued at 2), often (valued at 3) and almost always (valued at 4). Values were totaled for each response to the tasks in each function, providing individual function scores. Tasks in the administration function pertained to how supervisors ensured an effective work environment that supported organizational goals, values, and policies. As an example, for the Human Resources training module one of the tasks was, “Ask behavior-based interview questions to assess job applicants’ fit with DHS.” In the education function, supervisors assessed their skills in facilitating acquisition and application of organizational and professional knowledge, values and skills. An example of a task for the Clinical Practice training module in the education function was, “Provide in-service programs for my staff.” Counseling skills assessment included tasks that showed how supervisors identified and responded to the psychosocial needs of their staff; for example in the Safety, Stress, and Leading Change training module, one task in the counseling function was, “Encourage worker self-assessment of personal risk factors for secondary trauma.” The list of consultation function tasks indicated how supervisors used professional knowledge to advise and guide practice. In the Clinical Supervision module, one task in the consultation function was, “Ensure that workers’ recommendations for services are consistent with best treatment

research." Finally, under the evaluation function, supervisors showed how they systematically assessed staff processes and products. An example of an evaluation task in the Human Resources training module was, "Can state strengths of each supervisee."

Training participants completed the Behavioral Self-Assessment (baseline) at the same time as the Knowledge Pretest. The Behavioral Self-Assessments were gathered and scored by the evaluation staff at the training, and the results were provided to the supervisors as part of the training activities. This provided immediate feedback regarding areas of strengths and challenges (areas where the instrument indicated that they focused their time and attention). Supervisors used their self-assessment to engage in dyadic conversations with peers.

Follow-up self-assessments for each training module were planned to be administered approximately six months following each training event. These follow-up assessments were to be used to facilitate conversations regarding long-term retention of training program content, structural barriers that impede effective supervision and requests for additional resources. Due to logistical issues, not all of these follow-up assessments were administered. In this study we are able to report on changes from baseline to six months following training for the supervision modules on human resources and supervision of case practice.

Workforce retention. The evaluation team gathered data on job changes and turnover within IDHS. These data were used to evaluate the degree to which the goal of improving retention was reached, taking into account the variety of ways in which employees stay or leave the organization.

Employment data were gathered for each individual who was employed in a child welfare position near the start of the recruitment and retention project in 2004, and for each individual who subsequently became employed during the study period from 2004 through the first quarter of 2009, the end of the data collection period. These data included start and end dates of employment, as well as specific job changes that each individual experienced throughout the study period.

Results

Results of the Knowledge Pre- and Posttests

Increased knowledge in training content was assessed through a comparison of pre- and post-knowledge tests developed for each training module. Although the one-group pretest-posttest design does not

represent a rigorous method for establishing the causal impact of the training program on knowledge gain, this method did provide useful feedback on content areas in which knowledge gain is strongest and weakest. The evaluation found statistically significant improvement in knowledge scores from pretest to posttest in all trainings conducted, using paired t-tests, as indicated in Table 1. The actual percentage increases ranged from 10% in case practice to 33% in stress, safety and leading change.

Table 1. Results of knowledge pre/post-tests by training module

Module	Pretest (N=98) Mean (SD)		Posttest (N=98) Mean (SD)	Value	p
Human Resources	52.2	(.13)	68.4 (.09)	t=13.26***	.000
Case Practice	46.3	(.11)	56.9(.1`)	t=-10.12***	.000
Clinical Practice	43.2	(.11)	67.9 (.16)	t=15.44***	.000
Stress/Safety	39.1	(.10)	74.4 (.13)	t=21.25***	.000

***p<.001

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Behavioral Skills

The behavioral skill assessment, a self-report instrument in which supervisors rated the degree to which they used specific skills and techniques within the five functions of supervision, were rated at the beginning of each training module. Table 2 displays the means and standard deviations of these ratings by function for each of the four training sessions: human resources, case practice, clinical practice, and stress/safety/leading change. The mean represents supervisors' self-reports on the percentage and frequency of skills they used in each functional area.

Table 2. Baseline measures of use of supervisory behavioral skills

Function	Human Resources Mean (SD) (N=89)		Case Practice Mean (SD) (n=57)		Clinical Practice Mean (SD) (N=91)		Stress, Safety Change Mean (SD) (N=74)	
Administration	77.5	(.10)	70.3	(.10)	59.1	(.19)	57.4	(.10)
Education	68.0	(.11)	63.2	(.10)	61.6	(.13)	54.1	(.11)
Counseling	72.7	(.12)	74.1	(.10)	66.4	(.17)	53.8	(.14)
Consultation	76.6	(.10)	74.7	(.11)	73.8	(.15)	75.0	(.12)
Evaluation	69.7	(.10)	66.9	(.10)	65.9	(.20)	50.6	(.16)

These data can be examined in two ways, by function across training modules, and within each training module. Reviewing the data by function, supervisors self-report the highest use of skills in the consultation role, whereas the other functions are more variable across training areas. Within training modules overall, supervisors self-assessed as using a higher percentage of the identified skills in the areas of human resources and supervising case practice, and somewhat lower in the areas of supervising clinical practice and stress, safety, and leading change.

Baseline and follow-up assessments on use of skills taught during training are available for two of the training modules: Human Resources and Case Practice Supervision. Table 3 shows the change in use of skills over time by functional area in the Human Resources domain. Using paired t-tests to match individuals on the baseline and follow-up assessments, results show that respondents demonstrated a statistically significant increase in three of the supervisory function areas: counseling, consultation, and evaluation. We note that the average percent utilization of human resource skills was fairly high at pretest, with mean percent scores in each function area ranging from 68% to 78%.

Table 3. Baseline and follow-up use of Human Resource supervisory behavioral skills

Function	Baseline Mean (SD)		Follow-up Mean (SD)		N	Value	p
Admin	77.5	(.10)	77.8	(.09)	77	t=.04	.966
Education	68.0	(.11)	69.2	(.12)	77	t=.88	.382
Counseling	72.7	(.12)	75.8*	(.11)	76	t=2.28*	.025
Consultation	76.6	(.10)	81.3*	(.09)	77	t=3.87***	.000
Evaluation	69.7	(.10)	73.7*	(.10)	73	t=3.01**	.004

*p < .05, **p<.01, ***p<.001

For the module on Case Practice supervision, table 4 shows the baseline and follow-up self-report scores on supervisors' use of skills. Results indicate a statistically significant increase in their self-assessment of utilization of case practice behavioral skills in four of the supervisory function areas: administration, education, consultation, and evaluation. The average percent utilization of case practice skills was fairly high even at baseline, with mean percent scores ranging from 63 to 75.

Table 4. Baseline and follow-up use of Case Practice supervisory behavioral skills

Function	Baseline Mean (SD)		Follow-up Mean (SD)		N	Value	p
Admin	70.3	.(10)	79.4*	(.10)	41	t=5.57***	.000
Education	63.2	(.10)	70.6*	(.10)	41	t=4.32***	.000
Counseling	74.1	(.10)	77.3*	(.10)	41	t=1.49	.143
Consultation	74.7	(.11)	80.0*	(.10)	41	2.68*	.011
Evaluation	66.9	(.10)	72.4*	(.12)	41	2.62*	.012

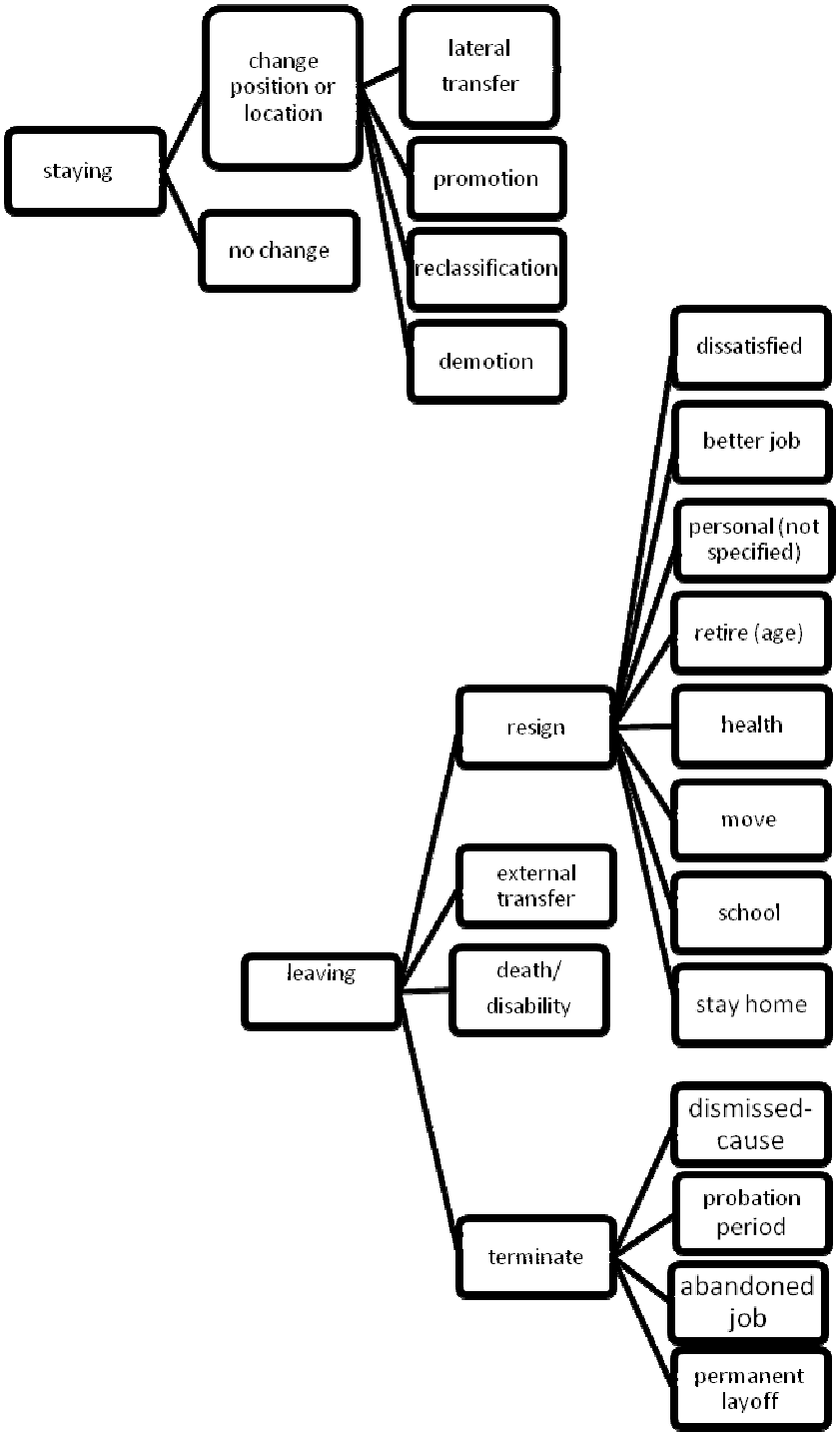
*p < .05, ***p<.001

From the analysis of change in use of behavioral skills, we conclude that there is evidence that supervisors increased their use of some of the skills taught in training. The increase was greater for skills in supervising case practice than in human resources.

Workforce Retention

The key intended outcome of the recruitment and retention project was to improve retention among public child welfare workers by providing an organization-level intervention—specifically, the statewide supervisory training program based on the conceptual model described earlier. In gathering and analyzing data on workforce retention, we note that retention and turnover in complex organizations can take many different forms. A visual depiction of the possible ways that child welfare employees can stay or leave the organization is depicted in Figure 4. As this figure illustrates, "staying" can involve remaining with the organization with no change in position, or changing positions or location through lateral transfers, promotions, reclassifications, or demotions.

Figure 4. Different forms of staying and leaving.



"Leaving" the organization is more complex than staying, because it can occur in many more forms—through resignation, termination, or due to death or disability. It is the broad category of resignations that is usually the target of efforts to prevent turnover, but not all of the reasons for resignation are negative ones. Leaving due to job dissatisfaction, to take a better job, or with no stated reason are considered to be types of preventable turnover. However, other reasons for resigning are not necessarily preventable, such as retirement, health problems, moving, going back to school, or staying at home (possibly to care for family). In complex state organizations individuals can also leave through external transfers to another state agency. There is also a category of leaving due to termination, either for just cause, for unsatisfactory completion of a probationary period, abandoning the job, or elimination of position. The first three are desirable because presumably they are eliminating poorly performing employees. Finally, some individuals leave due to death or disability.

One way that we examined retention was to compare individuals who were employed at the beginning of the project (2004) with those who became employed during the data collection period of the project (early 2009) with regard to whether they stayed or left. These data are depicted in Table 5.

Table 5. Retention Outcomes for all employees

Outcome	Original Employees (N=871)		New Hires (N=373)		Total (N=1244)	
	n	%	n	%	n	%
Stayed	705	81%	293	79%	998	80%
Left	166	19%	80	21%	246	20%

Overall, 80% of all employees stayed in IDHS, and the percentages were similar for those already employed at the beginning of the study period and those who became employed during that period.

Retention of individuals employed at beginning of project. At the beginning of the project 871 members of the workforce were employed in child welfare positions. Over the life of the project 81 percent (705 of 871) of those employed at the beginning of the project remained employed by IDHS. One way of examining retention among these employees is by calculating the average annual retention rate (the number employed at the end of the year who were employed at the beginning of the year among

those employed when the project began). Annual retention rates were 94% in 2005, 95% in 2006, 94% in 2007, and 97% in 2008 (in 2009, 99% were retained, though data reflects only the first quarter of 2009, the last year of the project). Table 6 presents the actual numbers and percentages of the original employees retained for each year of the project. (Calculating annual turnover rates among the newer hires is more complicated than can be presented here, because individuals became employed at various time points and the denominator is variable.)

Table 6: Number and Percent of Original Employees Retained by Year

Year	N of Employees	Percentage
2004	871	
2005	818	94.0
2006	777	95.0
2007	729	93.8
2008	707	97.0
2009 (1 quarter)	705	99.7

Turning to the more complex patterns of retention and turnover, we examined forms of staying and leaving among these original employees. This analysis found that, among the 705 individuals who stayed throughout the period of the project, 410 experienced no change in position during that time. Of the 295 who changed positions, 100 were promoted, 16 were reclassified, 20 were demoted, and 159 experienced a lateral transfer.

Among the 166 who left employment, the largest number left through resignations (n=134). Those who left for reasons not considered preventable included some who retired (n=34), who left to stay home (n=9), to return to school (n=4), to move (n=9), and for health reasons (n=3). Those whose leaving might have been prevented included some who left to take a better job (n=30), one who left for job dissatisfaction, and the largest category (n=44) who did not specify a reason for resigning.

Nine individuals left through external transfers, 2 died and 8 left due to disability. A relatively small number (n=13) were terminated, either for cause (n=8), abandoning the job (n=4), or in one case, a permanent layoff.

Retention of new hires. During the 5 years of the study, employment began for 373 additional individuals. Out of these new hires, 293 remained with DHS through the remainder of the study period.

Among those who stayed, 218 remained in the same position and 75 had experienced a change in position by the end of data collection. Of the 75 who changed positions, 27 were promoted, 7 were demoted, 1 was reclassified, and 40 transferred laterally.

For those 80 individuals who began and left employment after the project began, 42 resigned for reasons considered preventable: resigning to take a better job (n=18), job dissatisfaction (n=2), or for an unspecified reason (n=22). Others resigned to retire (n=1), to move (n=4), to go to school (n=8), or to stay home (n=5). Terminations occurred for 2 individuals for cause, and 12 did not successfully complete a probationary period. Five employees transferred externally, and one individual left due to disability.

Summary of findings regarding forms of staying and leaving. Tables 7 and 8 present the number and percentages of original and newly hired employees, as well as total numbers and percentages that stayed or left by the specific reason.

Table 7. Outcomes for all employees that stayed

Outcome	Original Employees that stayed (N=705)		New Hires that stayed (N=293)		Total that stayed (N=998)	
	n	%	n	%	n	%
Same position	410	58%	218	74%	628	63%
Lateral transfer	159	22%	40	14%	199	20%
Promotion	100	14%	27	9%	127	13%
Reclassification	16	3%	1	<1%	17	2%
Demotion	20	3%	7	2%	27	3%

Table 8. Outcomes for all employees that left

Outcome	Original Employees that left (N=166)		New Hires that left (N=80)		Total that left (N=246)	
	n	%	n	%	n	%
Better job	30	18%	18	23%	48	20%
Dissatisfied	2	1%	1	1%	3	1%
No reason given	44	27%	22	28%	66	27%
Retire	34	20%	1	1%	35	14%
Move	9	5%	4	5%	13	5%
School	4	2%	8	10%	12	5%
Stay home	9	5%	5	6%	14	5%
Health	3	2%	0	--	3	1%
Terminated-cause	8	5%	2	3%	10	4%
Probation	0	--	12	15%	12	5%
Abandoned job	4	2%	0	--	4	2%
Permanent layoff	1	<1%	0	--	1	<1%
External transfer	9	5%	5	6%	14	5%
Death	2	1%	0	--	2	<1%
Disability	8	5%	1	1%	9	4%

Several observations can be gleaned from these data. First and most notably, retention rates are fairly high for both original employees and those hired between 2004 and 2009. For those who stayed in the organization, about two-thirds (overall) stayed in the same position. Lateral transfers occurred for about 20% of the entire sample, and about 13% were promoted. Thus, even when employees are retained, there is a considerable amount of job change taking place within the organization. These changes pose some interesting dilemmas for child welfare agencies. Individuals often seek positions to achieve a better fit with their skills and interests, or to advance professionally, while others are re-assigned based on agency need. Job changes may also share some of the negative effects of turnover, in terms of interrupting services to children and families and, for those demoted in position, lowering morale.

With regard to employees who left, Table 8 shows how much variation there is in the construct of “turnover.” The largest percentage of people who left (27%) did not specify the reason, other than that it was

personal. The second most frequent reason for leaving (20%) was for a better job, and retirements accounted for 14% of the leavers. However, there are many other forms of leaving, including some that are entirely beyond anyone's control (death/disability/health-related), some that represent desirable turnover in that poorly performing individuals are dismissed, and others that represent life course changes such as returning to school, staying home, and moving. These findings suggest that models that seek to explain retention and turnover must use measures that are sensitive to the variations within each construct.

Discussion and Implications for Practice

The purpose of the recruitment and retention project was to improve child welfare workforce outcomes by strengthening supervisors' skills, using a framework guided by several key principles: competency-based, strength-based, outcomes-driven, culturally competent, reflective practice, individual and organizational development, evidence informed, and parallel process.

Evaluation results indicate that supervisors demonstrated significant increases in knowledge across all of the domains. Findings from the baseline and six-month assessment of use of skills learned in the human resources and case practice supervision modules reveal that supervisors reported increases in use of some of these skills, more so in case practice than in human resources.

However, we were confronted with the realities of contemporary child welfare practice with scarce resources, high caseloads, and relatively few supervisors covering extensive geographical regions. Supervisors carry enormous workloads, making utilization of some of the skills and techniques difficult. Despite these challenges, we found that supervisors talked about one or two significant strategies that they learned during the training that genuinely transformed the way they supervised their staff—such as using reflective supervision, or strength-based evaluation strategies.

Beyond the educational benefits of the training, it was clear that supervisors appreciated the opportunity for peer support that the project provided. Supervisors have few such opportunities to meet in person to learn together and to share experiences with peers from different areas of the state.

In examining workforce outcomes, we note that overall retention rates for those employed at the start of the project and those who were hired between 2004 and early 2009 were about 80%. This is a noticeably higher rate of retention than is typically reported as part of the child

welfare workforce crisis (U.S. GAO, 2003). Without a control or comparison group, we cannot attribute these workforce outcomes to the intervention with confidence. Nonetheless, these are high retention rates for a public child welfare agency. Also important in our study findings is the variation in forms of staying and leaving, constructs that defy simplistic explanations. High retention is generally desirable, but some forms of retention (job changes) can be just as disruptive to casework practice with children and families as is turnover. And although turnover is generally undesirable, when employees leave to continue their education, or when poorly performing employees are dismissed, these may ultimately contribute to positive outcomes for children and families.

Hess et al. (2009) have noted that there is a need for a model of child welfare supervision that takes into account the complexities of child welfare practice, the environment in which child welfare practice occurs, and the unique supervisory functions and responsibilities of child welfare work. After developing, implementing, evaluating, and refining this supervisory training curriculum in multiple settings, we believe that the products of our Children's Bureau funded initiative represent significant progress toward that goal.

Appendix

Committed to Excellence in Supervision Child Welfare Supervisor Competencies

1. Ensures an effective work environment that supports organizational goals, values and policies.
2. Uses supervision and the supervisory relationship to promote the values, principles, and standards of practice and a practice culture that is family-centered, strength-based, and solution-focused.
3. Implements a supervision program.
4. Communicates effectively, including use of communication technology.
5. Supervises staff in implementing the agency/program's practice model.
6. Demonstrates culturally competent supervision and develops cultural competence in staff.
7. Adapts supervisory interventions to supervisee developmental stage, skill level, learning style, and culture.
8. Uses strength-based, reflective supervision skillfully.
9. Provides training, education, coaching and mentoring to enhance competence and professional development of staff.
10. Evaluates staff performance and responds effectively to performance issues.
11. Promotes team building and peer support.
12. Recognizes, rewards and celebrates staff accomplishments.
13. Assures ethical practice and an ethical workplace; manages legal risk of practice and supervision.
14. Manages crisis situations effectively and sensitively.
15. Counsels impaired staff whose professional judgment may be adversely affected.
16. Stays current on evidence-based and promising practice and clinical issues affecting client families (e.g., substance abuse, mental health and psychiatric conditions, abuse and violence, assessment methods, and treatment modalities.)
17. Uses data effectively to improve practice and demonstrate results.
18. Establishes and maintains working relationships with referral networks and coaches staff to collaborate effectively with the families' other providers.

19. Recognizes indicators of potential danger and employs strategies to enhance staff safety on the job.
20. Promotes the organization's mission effectively with a variety of community entities.
21. Works effectively with media to build positive relations and maintain open communications.
22. Advocates for resources and other supports (including organizational decisions) necessary to support the provision of high quality services to families.
23. Promotes staff resilience and addresses the origins and consequences of work-related stress.
24. Establishes a network of supportive peer relationships and employs strategies for self- care.

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