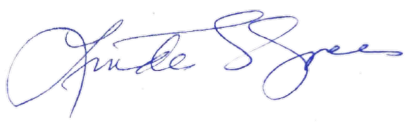


<b>DCF</b>	<b>COMMONWEALTH OF MASSACHUSETTS - DEPARTMENT OF CHILDREN AND FAMILIES</b>	
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## POLICY NAME

*NOTE: May be used to provide any specific information related to this policy.*

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## **I. POLICY**

Supervision is a foundational component of the Department's work in child protection. Supervision across roles and functions is conducted in a manner that prioritizes child **safety** and aligns with the values and principles of the Department's policies and procedures. Supervision is a purposeful and structured framework that provides a forum for reflection, critical thinking, connection, professional growth, learning and organizational improvement. Effective supervision is a collaborative process with shared responsibilities between the Social Worker and Supervisor.

The purpose of this policy is to emphasize the value and importance of supervision within the Department, and to set minimum expectations for Social Worker, Supervisors and Managers in:

- Scheduling, preparing for and conducting individual supervision
- Scheduling, preparing for and conducting group supervision
- Providing urgent, as needed, supervision
- Pursuing the Social Worker's, Supervisor's, and Manager's professional development, including advanced licensure
- Seeking and accessing consultations and reviews with Department managers, attorneys, and clinical specialists, when necessary.

### **Principles of Supervision**

- Supervision is an essential process in effective decision-making that supports the rights of children to safety, permanency, and well-being.
- Supervision promotes effective safety and risk assessment, in order to develop meaningful case formulations and to plan for child, family and worker safety.
- Supervision is a purposeful process that creates shared understanding and agreement about the expectations for quality child welfare practice.
- Supervision is a clinical planning process focused on both the reason for Department involvement in the life of a child/family and the desired outcome of the intervention.
- Supervision considers and addresses the issues of diversity and equity to address the impact of bias in case practice and decision making.
- Supervision is a collaborative process, utilizing both individual and group methods, to identify clear action steps and maintain accountability for task completion.
- Supervision is conducted in a manner that adapts to the unique and specific learning needs, experience levels and competencies of the supervisee.

### **Supervision at the Department is:**

1. **Clinical:** To help staff build capacity to compile and analyze case-related information useful to assessing the impact of a family's history, traumatic experiences, substance use/misuse, mental/behavioral/physical health challenges, domestic violence and other family and community dynamics on child safety, permanency, and well-being.
2. **Supportive:** To focus on staff safety and well-being and to create an environment in which staff feel safe to reflect upon their work and working conditions and seek assistance in addressing their concerns.
3. **Educational:** To assist staff in meeting professional development requirements and standards and in strengthening their child welfare knowledge and skills, through modeling, teaching, and coaching adapted to the individual's learning needs.
4. **Administrative:** To monitor and support the work of staff using available tools and data, to achieve quality and compliance in meeting Department Policy requirements.

### **Professional Development and Continuous Learning**

Social Workers and Supervisors are professionals in the field of child welfare practice, and their expertise is supported through continuous learning opportunities designed to advance their knowledge and skills. Social Workers play an active role in their development and growth during the supervision process.

Both Social Workers and Supervisors are expected to actively pursue their own learning to improve practice; meet all training and professional development requirements established by the Department and Massachusetts General Laws; and maintain their professional licensure.

All Department managers are responsible for establishing and supporting organizational processes that enable routine, predictable and regular supervision for all staff. Managers are also responsible for providing consistent mechanisms for debriefing, planning and reviewing complex situations within the Area Office such as critical incidents, threats/assaults on Social Workers and other staff persons, and home removals.

*NOTE: Supervision requirements and practices apply across all units within the Department including Intake, Ongoing, Adoption, Family Resource, Foster Care Review, Special Investigations and/or other specialized units.*

## **II. PROCEDURES**

### **A. DEFINITIONS/KEY TERMS**

#### **Definition(s):**

**Case:** The term "case" references the basic workload unit for each Department role, i.e., protective response, family, child, or family resource home.

**Child:** The term "child" refers to consumers from birth through 13 years of age. The term "youth" refers to consumers 14 through 17 years of age. The term "young adult" refers to consumers from 18 through 23 years of age.

### **B. ROLES AND RESPONSIBILITIES**

#### **1. Social Worker** is responsible for:

- Scheduling, preparing and participating in weekly supervision, in collaboration with the Supervisor;
- Preparing and participating in group supervision;
- Discussing each case monthly with the Supervisor, and on an as needed basis;
- Seeking manager consultation on cases when required or needed; and
- Pursuing continuous learning and professional development opportunities.

#### **2. Supervisor** is responsible for:

- Scheduling, preparing and participating in weekly supervision, in collaboration with the Social Worker;
- Documenting case related supervision in the electronic record;
- Scheduling, preparing and participating in monthly group supervision;
- Scheduling preparing and participating in twice monthly supervision, in collaboration with the Manager;
- Seeking manager consultation on cases when required or needed; and
- Pursuing continuous learning and professional development opportunities.

#### **3. Area Program Manager (APM)** is responsible for:

- Scheduling, preparing and participating in twice monthly supervision, in collaboration with the Supervisor;
- Documenting case related supervision in the electronic record;
- Attending, and/or facilitating Area Clinical Reviews when needed or required; and documenting the review in the electronic record.
- Pursuing continuous learning and professional development opportunities and supporting the professional development of their staff.

#### **4. Area Clinical Manager (ACM)/designee** is responsible for:

- o Arranging, facilitating, and documenting Area Clinical Reviews on a case when needed or required by policy.

**5. Clinical Specialist** is responsible for:

- o Arranging, preparing, and participating in clinical consultations, in coordination with the Social Worker, Supervisor or Manager; and
- o Documenting case related consultations in the electronic record.

### C. PROCEDURES: INDIVIDUAL AND GROUP SUPERVISION

Social Workers across all functions at the Department participate in intervention methods each time they visit a family, through talking, engaging, and challenging the family to meet the family's goals. Social Workers assist families in overcoming various struggles that impinge on their becoming safe and well-functioning families. Clinical supervision focuses on the actions, responses, and decisions of Social Workers as they provide services to families directed at mitigating danger and future risk of harm to a child.

#### Schedule Supervision

1. **Supervisor and Social Worker Weekly Supervision:** The Supervisor and Social Worker establish a schedule of weekly individual supervision that will permit discussion of each "case." Clinical supervision is approached in a structured manner and covers targeted topics and questions based on the family's clinical formulation. Supervision also covers unit management issues (like unit coverage) and professional development goals and tasks.

**Requirements:** The Supervisor and Social Worker meet for individual supervision meetings for a minimum of 60 minutes weekly, or more frequently if needed.

Every "case" must be discussed at least once a month during the weekly supervision meetings; every protective response must be discussed at least once during the response period.

2. **Area Program Manager and Supervisor Supervision:** The APM and Supervisor establish a regular schedule of supervision that includes meeting a minimum of twice a month for individual supervision.
3. **Group Supervision:** The Supervisor schedules regular unit meetings that all unit members are expected to attend. Group supervision is held for a minimum of 60 minutes each calendar month.
4. **Supervisor Group Supervision:** The APM schedules meetings at least monthly with all Supervisors under their purview.

#### Prepare for Individual Supervision

5. The Supervisor and Social Worker prepare for supervision in advance of the supervision meeting by:
  - reviewing pertinent case/record materials for the cases scheduled for discussion including: history, information gathered through monthly contacts, any new abuse/neglect reports received, review of any safety concerns identified, progress towards case direction, and documentation;
  - prioritizing issues to be discussed; and
  - reviewing areas of focus from previous month's supervision.

#### Participate in Individual Supervision

7. **Supervisor and Social Worker Supervision:** The Supervisor and Social Worker discuss and complete the following activities, according to the priorities they have established:

- a. **Clinical Activities**, including but not limited to: Discuss each “case” assigned to the Social Worker at least once each month, and on an as needed basis. The discussion includes the following:
- The Supervisor assesses the interventions the Social Worker uses in each individual case, addressing the dynamics of the case, family functioning, successful and unsuccessful interventions, and the identification of blind spots or biases.
  - The Supervisor guides the Social Worker to analyze and interpret information gathered through direct contact, observations, and via collaterals, to develop a picture of the family, ascertaining what poses danger/risk to the child and the capacity of the parent/caregiver to meet the needs of the child. (See [Family Assessment and Action Planning Policy](#)).
  - The Supervisor guides and models exercising a critical approach to all information gathered, assisting the Social Worker in assessing facts as it correlates with whether new information supports or revises our existing view of a family and their corresponding risk level. Every three months this discussion includes case direction and a family’s progress.
  - In reviewing cases, it is important to ground discussions in the context of child protective social work and the context that most families served by the Department are not doing so on a voluntary basis. Supervisors assist in informing and guiding the Social Worker in recognizing overlooked causes for concern, over-confidence in our initial assessment of the family, and identifying emerging patterns of increased risk.
  - The Supervisor organizes the Social Worker’s efforts to assist families in overcoming disruption in family functioning through individual, group, and family intervention methods.
  - Clinical supervision also includes discussing the following topics:
    - contacts with children and parents;
    - child safety and risk;
    - family progress and changes needed on family assessment and action plan;
    - permanency and well-being for children;
    - services for the family and collateral updates;
    - need for legal consultation or review of and preparation for court; and
    - need for specialty consultation, the outcome of a consultation, evaluation, or assessment that may necessitate the need for other consultations and/or follow-up.
- b. **Supportive Activities**, including but not limited to: Identifying resources to promote Social Worker safety and well-being, including preventing and mitigating the impact of traumatic stress and prioritizing casework activities.
- c. **Educational/Staff Development Activities**, as relevant to the Social Worker’s needs, professional development, licensure, and assigned work, including but not limited to:
- Support the development of essential clinical formulation skills needed to accurately assess safety and risk;

- supporting Social Workers in developing and maintaining professional quality in their work, including written work products;
  - utilizing techniques such as mentoring, modeling, coaching and conducting joint field visits to enhance Social Worker skill development;
  - enhancing the Social Worker's professional development, through joint assessment of performance and goals, and supporting options for improving skills such as training and education;
  - informing Social Workers about relevant Department statutes, regulations, policies, and practices as needed; and
  - plan and manage consistent adherence to policy and practice requirements, including identifying and addressing any barriers and challenges.
- d. Administrative Activities**, including but not limited to:
- reviewing individual cases for compliance with procedures, documentation and time frames;
  - reviewing key caseload metrics, such as contacts with children, home visits, due dates and documentation, to identify and address barriers and challenges to compliance;
  - planning for upcoming case-related events such as: court hearings, Initial Placement Reviews, Permanency Planning Conferences, Foster Care Reviews, Annual or Limited Assessments, Caregiver Assessment Updates, with attention to planning for family and worker safety;
  - planning for unit or group needs; and
  - identifying resources in the local community and how to work effectively with them.
- 8. Area Program Manager and Supervisor Supervision:** The APM is responsible for providing Supervisors with the clinical, supportive, educational, and administrative supervision needed to meet the requirements of this policy, including but not limited to:
- a.** Joining in critical thinking and decision-making on specific cases and as needed on other cases, related to an individual family and/or child's needs;
  - b.** Identifying resources to promote Social Worker and Supervisor safety and well-being, including preventing and mitigating the impact of secondary traumatic stress;
  - c.** Enhancing the Supervisor's professional development and clinical growth as a supervisor, through joint assessment of performance and goals, and supporting options for improving skills such as training and education;
  - d.** Reviewing unit compliance with key metrics, procedures, documentation and time frames to identify and address, trends, barriers, and challenges to compliance
  - e.** Helping to identify circumstances that warrant an Area Clinical Review or a consultation with a Department attorney or clinical specialist; and
  - f.** Planning for unit (or cluster) needs such as coverage for absences of the Supervisor and/or Social Workers within the unit.

**Document  
Individual  
Supervision**

9. Timely and accurate documentation is an essential component of supervision that assists in articulating the critical thinking that is applied in each case.

**Case-Specific Clinical Supervision:** The supervisor documents the clinical supervision in the electronic record. The supervisor documents that the supervision was held, what supervision focused upon and any specific decisions made regarding case direction, provision of service(s) or follow-up case activities. The APM documents case specific supervision with the Supervisor in the electronic record.

**Supportive, Educational/Professional Development and Administrative Supervision:** The Supervisor maintains a written record, separate from the electronic case record, for each Social Worker regarding these aspects of supervision.

**Group  
Supervision**

10. Supervisors are expected to hold regular, planned group supervision with their unit. The purpose of group supervision is to promote critical thinking, group cohesion and team-based problem-solving and to draw on group resources to support staff and enhance practice.

11. The focus of group supervision may include but is not limited to:

- Reviewing policy and practice guidance
- Utilizing cases currently assigned to social workers to evaluate case-specific challenges with the goal of promoting shared learning and problem-solving;
- Planning for worker safety;
- Supporting staff well-being; and
- Planning for vacation or leave coverage amount unit members.

**Urgent  
Supervision, As  
Needed**

12. The Department's work is often influenced by emergency situations and family crises. The Supervisor is expected to provide Social Workers with the guidance and support needed to effectively manage such urgent situations. Urgent supervision, provided as needed, is not a substitute for individual supervision

13. APMs must be available to Supervisor and their Social Workers to provide guidance and supervision as needed to address and effectively manage urgent or emerging situations

**D. PROCEDURES: TEAM DECISION MAKING**

Team decision making is a valuable opportunity to explore the formulation of a case from different perspectives, lenses and expertise in order to make more informed decisions regarding child safety and well-being; it is not necessarily about achieving consensus or agreement.

**Seek Manager  
Review or  
Consultation**

1. **Supervisors can review cases with a manager at any time but must consult a manager when there is:**

- Disagreement between the Social Worker, Supervisor or collateral on case direction. If it relates to whether a child can safely remain in the home or placement (see below);
- Disagreement between the Social Worker, Supervisor and youth/young adult on case direction.
- Conflicting or absent information from collateral contacts, other professionals and/or family members, especially as related to child safety or well-being;

- A situation in which increased danger or risk to a child has been identified, including inability to have access to the child(ren) or when access to children is limited intentionally by the parent/caregiver;
  - There are special considerations related to a child's vulnerabilities that require specialized knowledge or expertise to address and;
  - The Social Worker or the Supervisor has a concern about worker safety.
2. **Supervisors must seek a consultation with a manager and a Department Attorney when there is**
- A newborn whose siblings are currently involved in an open Care and Protection or other protective court proceeding;
  - A newborn for whom a parent/caregiver's parental rights were terminated in a prior court proceeding;
  - A child whose parent/caregivers had a prior child adopted or a guardianship allowed for a prior child, whether the Department was involved or not; and
  - When there is a disagreement between the Social Worker, Supervisor, or collateral on case direction, as it relates to whether a child can safely remain in the home or placement as determined above.
3. **Other circumstances when Supervisors may seek consultation with a manager include:**
- A complex "case" where case direction is difficult to determine;
  - A case involving a medically fragile child or a child with a disability; or
  - Other circumstances that either the Social Worker or the Supervisor identify as warranting managerial review.
4. **Requesting the Consultation:** Generally, the Supervisor contacts their APM or the covering manager; the Social Worker may also make the request.
5. **Documenting the Consultation:** The Supervisor must update the electronic case record to indicate that the consultation occurred, when it was held, who participated and a brief summary of the presenting concerns, recommendations, and next steps.
6. The purpose of an Area Clinical Review is to broaden the support available to Social Workers, Supervisors and managers in complex clinical situations where routine supervision alone is not sufficient. ACRs can help in understanding the risks to the safety, permanency and well-being of the children; identifying resources that might be utilized to mitigate those risks and stabilize the situations; and related decision-making.
- Supervisors must request an Area Clinical Review under the following circumstances:**
- Disagreement or differences in opinion among service providers who have differing opinions about safety of a child;

### Area Clinical Reviews



### Clinical Specialist Consultation

- Disagreement among clinical units involved in managing the case concerning the safety of a child, or the proper course of case management when the Social Worker, Supervisor and/or Area Program Manager have conflicting opinions about case direction or decision-making;
  - Complex cases (multiple risk factors present, high risk cases, etc.) where case direction would benefit from additional perspectives to enhance clinical formulation/decision making; and
  - Other circumstances identified in consultation with a manager or Department Attorney.
7. **Requesting the Area Clinical Review and Participants:** An Area Clinical Review can be requested by a Social Worker, Supervisor or Manager. The Area Clinical Manager or Area Program Manager over the case is responsible for convening the Review. At a minimum, the Social Worker, the Supervisor, the Area Program Manager and/or the Area Clinical Manager will participate.
8. **Documenting the Area Clinical Review:** The APM and/or the Area Clinical Manager will document the outcome of the review, including issues discussed, recommendations made, and follow up needed and by whom within 2 working days of the review
9. Clinical consultations are available with a variety of content specialists (like specialists in medical services, substance use/misuse, domestic violence, and mental/behavioral health) to inform and support decision-making and service delivery.
10. Supervisors or Social Workers must seek consultation from Clinical Specialists when a case is determined to be high risk through discussions in supervision, the use of a structured decision making tool (e.g. risk assessment) AND presents with multiple risk factors, including but not limited to:
- **Substance Use:**  
Questions arise about the impact of substance abuse upon a parent/caregiver's capacities or around a youth's use of substances;
  - **Domestic Violence/Physical Violence:**  
Clarity is needed about how to work with the family when there is a recent or additional incident of domestic violence, or if there seems to be some escalation of abusive behaviors;  
  
Guidance is needed about how to safely engage a victim and or perpetrator of domestic violence;
  - **Mental or Behavioral Health:**  
Questions arise about how the capacities of a parent/caregiver might be affected by their diagnosed mental or behavioral condition, especially when treatment does not appear to be sufficiently effective;
  - **Medical Needs of a Child:**  
Questions arise about the impact of a medical condition on a parent/caregiver's ability to provide necessary care for a child;  
  
Questions about a child's medical condition or treatment plan;

A medical or mental/behavioral health condition or current or proposed treatment needs to be more fully understood;

After communication with a child's medical providers, specific questions remain regarding hospital discharge plans or other information obtained from the medical providers;

- Any other circumstance that either the Social Worker, Supervisor, or Manager believes warrants specialist consultation.
11. **Requesting the Consultation.** Either the Supervisor or the Social Worker may initiate the consultation. Before the request, the Social Worker and Supervisor prepare by reviewing the facts of the "case" and identifying questions or areas of concern that would benefit from a consultation.
  12. **Documenting the Consultation.** Specific recommendations from the clinical specialist are documented by the specialist in the appropriate section of the electronic case record. In addition, the Supervisor or Social Worker records in the electronic case record that the consultation occurred, the date and who participated.