

**An Internal Formative Evaluation
of the
Child Protection Supervision Program
at Winnipeg Child and Family Services - Central Area**

by Glenda R. Edwards

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Submitted to the Faculty of Graduate Studies

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for the Degree of

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**AN INTERNAL FORMATIVE EVALUATION OF THE
CHILD PROTECTION SUPERVISION PROGRAM AT WINNIPEG CHILD AND FAMILY SERVICES-
CENTRAL AREA**

BY

GLEND A R. EDWARDS

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University
of Manitoba in partial fulfillment of the requirements of the degree
of
MASTER OF SOCIAL WORK**

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ABSTRACT

Supervision systems in mandated child and family services agencies are expected to provide effective and efficient supervisory services for social workers working within these agencies. Kadushin (1976, 1985, 1992) suggests these services are most effectively provided utilizing an approach which incorporates the elements of administrative, educational and supportive supervision. This study quantitatively explores these issues in a mandated child welfare setting using the formative evaluation method with respect to three issues: the frequency and nature of day-to-day supervision within the selected setting; the extent to which supervisory personnel are involved in the decision making at critical points in the management of abuse and neglect cases, protection cases, and children in care cases; and the extent to which administrative, educational and supportive supervision are incorporated into the day-to-day supervision program within the selected setting.

In this Agency, supervision was provided on a planned as well as unplanned basis. Statistically significant differences in perceptions of supervisors and social workers were found in relation to the perceived usefulness of unplanned supervision as it relates to enhancing the ability of supervisors and social workers to effectively carry out the responsibilities of their roles. Statistically significant differences in perceptions of supervisors and social workers were not found in relation to the perceived usefulness of planned supervision as it relates to enhancing the ability of supervisors and social workers to effectively carry out the responsibilities of their respective roles. Supervisory

involvement in decision making at critical points in the management of abuse and neglect cases, protection cases and children in care cases was found to occur to varying degrees.

This study found that administrative, educational and supportive supervision were incorporated into the day-to-day supervision program. Administrative supervision was found to be provided to a greater extent than either educational or supportive supervision. Supportive supervision was found to be provided to a greater extent than educational supervision.

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INTRODUCTION

Supervisory programs in mandated child welfare agencies are intended to achieve the effective and efficient provision of child protection services by ensuring that such services are provided within the parameters established by legislation and accompanying regulations, and, that these services are provided in a manner which ensures that the child's right to protection supersedes any secondary goals or objectives.

Professionals working within mandated child and family services agencies increasingly face demands to justify their actions or inaction, particularly when a child is hurt or killed and that child or child's family is known to the child welfare system. Demands for accountability originate from a variety of sources including the clients to whom the service is being provided, administrators and senior management of the employing agency, government and other funding bodies, external agencies and organizations which hold the mandate to review the actions and services provided, various advocacy groups, the legal system, the community in which services are provided, the media and the general public. As a result, risk assessment, referring to a structured form of decision making, and case decision making have recently been identified as two of the main challenges facing today's child welfare administrators (Pecora, Whittaker and Maluccio, 1992, p. 238).

A frequent response to the report of a child's death is to conduct an inquiry into the circumstances of the child's life and death including the attempts at professional intervention into the family. As noted by Reder, Duncan and Gray (1993):

An atmosphere of blame and criticism always surrounds the public inquiries set up to investigate the deaths and becomes encapsulated in the judgmental tones of the final reports. . . . If that child was already known to professional workers whose task was to help protect him or her, the question is inevitably asked: 'Shouldn't they have prevented it?' It is only a small step to identify with the helpless child and focus all our rage on the professionals, even blaming them for the child's death. Indeed, newspaper editors capitalise on this process through provocative and accusing headlines. Not only does the death of a child from abuse horrify us but front-line professionals . . . have become extremely sensitive to the critical and often mindless rage that is heaped upon them at the news that another child known to statutory agencies has died. (p. 1)

One of the limitations in the conduct of many reviews and inquiries is the tendency to focus exclusively on the activities of individuals. Rarely do these inquiries expand to identify systemic barriers to effective practice such as financial constraints, decision making processes in the agency structure, inadequate authority vested at the supervisory level, and unrealistic expectations relating to workloads such as the inability to control the number of clients being served.

A review of current literature, reviews and inquiries relating to various fields of social work practice, including child welfare, identified a consistent theme which links the quality of supervision to the competent practice of social workers (Aiken, Smits and Lollar, 1972, Berkeley Planning Associates, 1972, Olmstead and Christensen, 1973, Munson, 1983, Gillespie and Cohen, 1984 in Kadushin, 1985; Pilcher, 1984 in Scott and

Farrow, 1993; Kadushin, 1976, 1985, 1992; Middleman and Rhodes, 1985; Scott and Farrow, 1993; Shulman, 1993; Rushton and Nathan, 1996).

With respect to child welfare practice, recent reports directly link supervisory inadequacies and incompetence to the deaths of children. Referring to the supervisor, the Kimberly Carlile Inquiry Report (1987) states: “[He] was the prime candidate for blameworthiness in failing to prevent Kimberly Carlile’s death . . . [and] we recommend that he should not in the future perform any of the statutory functions in relation to child protection” (cited in Reder, Duncan and Gray, 1993, p. 2).

In relation to the death of Matthew Vaudreuil in British Columbia, the final report stated: “District supervisors did not effectively supervise their social workers and they approved case decisions without sufficient knowledge of the case” (Gove Inquiry into Child Protection, 1995, p. 140). Further reference to the supervisors’ inadequacies in Matthew’s case is made in the following statement:

If the supervisors in Matthew’s case had had adequate qualifications and training, there is a better chance they would have imposed higher standards on social workers in investigating reports of abuse and neglect, making risk assessments and monitoring the delivery of support services. (Gove Inquiry into Child Protection, 1995, p. 50)

Although less dramatic than the direct quotes cited above, a review of the literature on supervision in child welfare reinforces the belief that competent and adequate supervision is crucial to the provision of effective child welfare services, and further, that supervisors are ultimately to be held accountable for services provided by workers for whom they hold supervisory responsibility (Kadushin, 1976, 1985, 1992; Slovenko 1980, Aber, 1982, Schutz, 1982, Cormier and Bernard, 1982, in Kadushin, 1992; Rushton and

Nathan, 1996; Shulman, 1993; Middleman and Rhodes, 1985). There exists an expectation that supervisors can, and should, be aware of all actions of social workers despite the lack of clarity relating to supervisory authority; the frequent absence of agency sanctioned supervisory practice standards; and the “invisible” nature of social workers’ interaction with clients. The reality is that most of the interaction between social workers and clients is invisible in that it occurs in private offices or interviewing rooms, in clients’ homes, or other field settings such as schools, hospitals, group homes and a variety of treatment centres (Callahan, 1993, pp. 77, 78). The result of this expectation is that supervisors are left to devise their own models and styles of supervision in an attempt to minimize individual vulnerability. These individual supervisory styles range from an authoritarian approach in which the supervisor attempts to manage the caseload of all social workers for whom they hold supervisory responsibility to a laissez faire style in which the supervisor exercises as little control over staff actions as possible. These issues have been documented in the literature (Kadushin, 1976; 1985; 1992) as being fairly typical of human service organizations.

The development of a more rational and effective response to these concerns is clearly a management task. One way to begin the process is to undertake formative evaluation activities. Formative evaluation is viewed as having a purpose that is distinct from that of summative evaluation. Formative evaluation is intended as evaluation that is capable of influencing the ongoing development of a program whereas summative evaluation is concerned with assessing the merits of the program and implies some form of final judgement (Chambers, 1994, p. 10). Information gathered from formative evaluation

activities can be used to provide a basis from which to begin the process of developing standardized supervisory policies and practice procedures. In the absence of such objective measures and standards, supervisors and their employing agencies will continue to flounder in their attempts to defend against accusations of incompetence and charges of professional negligence. With respect to these issues, Rushton and Nathan (1996) state:

To plan effectively we need to know more, not just from reports on situations that have gone dramatically and tragically wrong, but from the day-to-day practice of child protection supervision. Very little research has been conducted into the extent, content and quality of supervision and management of child protection social workers, let alone whether it is being used to beneficial effect. (p. 359)

The intent of this thesis is to quantitatively explore and describe aspects of day-to-day supervision services within a mandated child and family services agency. Specifically, the thesis explores, through formative evaluation activities, the frequency and nature of child protection supervision; the extent to which supervisors are involved in the decision making at critical decision points in the management of abuse and neglect cases, protection cases, and children in care cases; and the extent to which the elements of administrative, educational and supportive supervision are provided as part of the daily supervision services within the selected setting.

The thesis contains seven chapters. Chapter I provides an overview of program evaluation which discusses the nature and process of program evaluation, the different classes of program evaluation, the concepts of formative and summative evaluation, and a number of different approaches to program evaluation. Chapter II provides a brief overview of the Canadian child welfare system focussing on child protection services,

followed by a more detailed overview of child protection services in Manitoba's child welfare system. Chapter III reviews the historical development of social work supervision, briefly discusses various approaches to social work supervision, reviews the theoretical approach which comprises the elements of administrative, educational and supportive supervision, and reviews some of the findings of previous research on social work supervision. Chapter IV presents the research design and methodology as well as a description of the research setting including the client profile, the role of the supervisor, and the service delivery structure with respect to the child protection services offered. Chapter V presents the results of the research and Chapter VI presents the discussion of the research findings. Chapter VII presents the author's conclusions including a brief summary of the results, identification of the study limitations, and recommendations for supervisory practice and future research.

CHAPTER I

PROGRAM EVALUATION - AN OVERVIEW

Evaluation is defined as the systematic application of social research procedures to the assessment of the conceptualization, design, implementation, and utility of social intervention programs. It is also a political and managerial activity which can influence policy decisions and resource allocations relating to the planning, design, implementation, continuance, expansion and contraction of social programs (Rossi and Freeman, 1989). "In this sense, evaluation research also needs to be seen as an integral part of the social policy and public administration movements" (Rossi and Freeman, 1989, p. 29).

Evaluation research can be used to contribute to all phases of program development and provision. Rossi and Freeman (1989) state the following uses:

In the planning stages of social intervention programs, evaluations focus on the extent and severity of the problem requiring social intervention and on the design of programs to ameliorate them. In the conduct of ongoing and new programs, evaluation helps to determine the degree to which programs are effective -- that is, how successfully they are reaching their intended target populations and are providing the resources, services and benefits envisioned by their sponsors and designers. (p. 13)

Evaluations can also be utilized to identify ways to improve the delivery of services; to meet accountability requirements of funding bodies; to provide information for planning and policy purposes; to test innovative ideas on how to deal with human community problems; to inform decision makers dealing with the expansion or curtailment

of programs; to support advocacy of programs; or to test a particular social science hypothesis or a principle of professional practice (Berk and Rossi, 1990; Herman, Morris and Fitz-Gibbon, 1987; Lee and Sampson, 1990; Owen, 1993; Mayne and Hudson, 1992; Smith, 1990; Rossi and Freeman, 1989).

Rossi and Freeman (1989) argue there are two contrasting evaluation approaches which they refer to as the pragmatic and scientific paradigms. These same authors discuss the work of Donald Campbell as representative of the scientific paradigm and the work of Lee Cronbach as representative of the pragmatic paradigm.

The scientific paradigm emphasizes quazi-experimental methods, standardized data collection, large samples, and the provision of scientific, technical data. Rossi and Freeman (1989) view Campbell's approach as an ideological position which argues that policy and program decisions should emerge from the continual testing of ways to improve the social condition, and that efforts toward social change should be rooted in social experimentation (p. 40).

Rossi and Freeman (1989) view Cronbach's pragmatic approach as differentiated from the scientific approach with respect to a perceived difference in purpose and intent. Cronbach (1982) views scientific investigations as striving to meet research standards set by the investigators' peers whereas evaluations are viewed as striving to meet the needs of program sponsors and stakeholders (in Rossi and Freeman, 1989). This difference in purpose and intent is seen as resulting in the need for evaluations to be designed and implemented in ways that recognize policy and program interests and that yield useful

information for decision makers given the available resources, political circumstances and program constraints (Rossi and Freeman, 1989, p. 41).

These same authors argue there is a distinction between basic and evaluation research and primarily support the pragmatic approach (p. 42). Their position is that “evaluations may justifiably be undertaken that are ‘good enough’ for answering relevant policy and program questions even though from a scientific standpoint, they are not the best designs” (p. 40). At the same time, Rossi and Freeman (1989) acknowledge “that evaluations can be maximally useful to decision makers and also meet the requirements of scientific investigation” (p. 42).

This author’s position is that the adoption of the pragmatic approach over that of the scientific approach in the conduct of program evaluations is, in some respects, problematic. While it is recognized that evaluation research is conducted to provide answers to different types of questions, factors such as the lack of available resources, political circumstances and program constraints should not be used as justification to ignore the scientific principles which underlie the research process. The position being put forward in this thesis is that the adoption of the pragmatic approach constitutes a threat to the integrity of the research process and a resulting threat to the validity of the research findings. In summary, all research studies, including those of an evaluative nature, should be conducted within the scientific paradigm, and any resulting limitations are best dealt with through the explicit acknowledgement of such limitations in the final research report.

Program Evaluation - Nature and Process

Hudson, Mayne and Thomlinson (1992) define a program as “a set of activities and associated resources aimed at achieving a common objective” (p. 3). Programs consist of a set of structural elements which includes resources used to carry out specific activities directed toward the achievement of common results (outputs and outcomes). These resources are linked by a set of assumptions regarding the rationale or need for the program and the objective it is attempting to accomplish (Hudson et al, pp. 3, 4).

Program evaluation is defined as the use of social science research methods by evaluators, administrators or practitioners to assess the planning, implementation, or outcome of social programs in a political environment (Smith, 1990, p. 15). Although evaluation may serve several ends, it is important to identify the primary purpose for which it is undertaken. There are four general aims of program evaluation: (1) to increase knowledge and understanding about an intervention in society where the intent is to increase understanding of the program in order to produce generalizable knowledge; the intent is not to result directly in action to make changes to a specific program; (2) to improve delivery and provide direction where managers want to gain understanding and be in a better position to make informed decisions as to how program delivery can be improved; evaluation is viewed as a systematic attempt to learn from past experience and to improve the delivery of goods and services; (3) to reconsider program direction where evaluation can provide evidence as to whether program objectives remain relevant and continue to address a social problem or need, or, whether research in the substantive area continues to support the kind of intervention used; and (4) to provide information for

accountability purposes where it is necessary to justify programs as the result of pressure for objective, public evidence about program performance (Hudson et al, 1992).

Classes of Evaluation

Rossi and Freeman (1989) identify three major classes of evaluation research: (1) analysis related to the conceptualization and design of interventions; (2) monitoring of program implementation; and (3) assessment of program effectiveness and efficiency (p. 66). Evaluations that include all three classes of activities are termed comprehensive evaluations (Rossi and Freeman, 1989; Shadish, Cook and Leviton, 1991).

Evaluation of Innovative Programs

Rossi and Freeman (1989) define a program as new or innovative if it has not been subject to implementation and assessment in the following ways (pp. 54, 55):

1. The intervention is still in an emerging or research and development phase.
2. The delivery system, or parts of it, has not been adequately tested.
3. The targets of the program are markedly new or expanded.
4. A program originally undertaken in response to one goal is continued or expanded because of its impact on another objective.

Evaluation for Fine-Tuning Programs

Rossi and Freeman (1989) note there is no clear-cut dividing point between innovative and fine-tuning efforts. The changes being tested can be minor and clearly of a modifying nature or they can be costly with broad ramifications for human service networks. Fine-tuning evaluations are undertaken to test variations in the ways the

program operates to improve its efficacy or efficiency, to provide more equitable service delivery; or to reduce the rate of dropouts from the target population (p. 56).

Evaluation of Established Programs

Established programs may be evaluated for a number of reasons including obtaining evidence of their impact and the ratio of benefits to costs in order to justify a decision to continue, expand, or terminate the programs. Decisions to undertake evaluations of established programs may also be the result of changes in the resources available, political outlook, community members' priorities, or evidence or suspicion that the program is ineffective or inefficient. In addition to impact or efficiency evaluations, established program evaluations may focus on examinations of service delivery where evaluation activities are concentrated solely on monitoring questions relating to whether or not appropriate targets are being served, and the extent to which program staff and management are meeting commitments with respect to the quality and quantity of services delivered (Rossi and Freeman, 1989).

Formative Versus Summative Evaluation

Chambers (1994) notes that a number of writers (Scrivens, 1967; Robinson, 1988; White, 1987; Weir, 1988) have accepted the question of intention as not only being important to determining whether an evaluation is of a formative or summative nature, but also place a heavy emphasis on whether the evaluation is conducted concurrently or post-program. Chambers (1994) argues the distinction is entirely independent of temporality and that it is the use which is made of the evaluation that defines the difference between formative and summative evaluation. According to Chambers (1994), formative

evaluation is intended as an evaluation that is capable of influencing the development of a program while summative evaluation is concerned with assessing the merits of the program and implies some form of final judgement (p. 10). If the information gathered during the evaluation is used to influence program process and format, then it is formative regardless of whether the evaluation occurred during or after the program. If the information is used for purposes other than forming project planning and implementation policy, then it is summative, regardless of whether the evaluation occurs during or after the program (Chambers, 1994, pp. 11, 12). The emphasis on purpose is a useful strategy in distinguishing between the functional uses of formative and summative evaluation and while Chambers (1994) dismisses the issue of temporality entirely, his view does not conflict with that of other authors with respect to the types of information it is possible to generate within these two categories (Herman, Morris and Fitz-Gibbon, 1987; Kettner, Moroney and Martin, 1990; King, Morris and Fitz-Gibbon, 1987; Owen, 1993; Rossi and Freeman, 1989; Shadish, Cook and Leviton, 1991).

Formative Evaluation

Formative evaluations can be conceptualized as those that are intended to assess the conduct of programs in their early stages, during the life of a program, or subsequent to a program's completion (Chambers, 1994). Formative evaluation focuses on process objectives and program activities to provide information as to how to improve or refine a program. It may involve describing and monitoring program activities, testing periodically for progress toward achievement of attitude changes, looking for potential problems and identifying areas where the program needs to be augmented, modified or improved

(Herman, Morris and Fitz-Gibbon, 1987; Kettner, Moroney and Martin, 1990; Rossi and Freeman, 1989; Shadish, Cook and Leviton, 1991). The activities may be simple or complex and may be directed at specific questions related to developing the delivery system, selecting targets, and structuring interventions or may take the form of “mini-impact” evaluations designed to estimate the magnitude or impact to be expected with a particular intervention (Rossi and Freeman, 1989).

Although formative evaluations vary in their rigour and sophistication of data collection and analysis, even simple formative studies provide insight into the problems an intervention may face and ways to overcome such problems (Rossi and Freeman, 1989, p. 141). Formative evaluations provide information which emphasizes the nature of program processes and implementation, clarification of goals and problems in implementation, and clarification of relationships between program activities and outcomes which, in turn, is used to provide direction relating to required program modifications (Chambers, 1994; Herman, Morris and Fitz-Gibbon, 1987; Rossi and Freeman, 1989).

Formative evaluation can also provide information as to whether the program in question can be improved and how it can be made more effective or efficient. Herman, Morris and Fitz-Gibbon (1987) identify a number of issues that may need to be addressed in providing this information: (a) what the program goals and objectives are; (b) what the most important program characteristics are; (c) how the program activities are supposed to lead to attainment of objectives; (d) what adjustments in program management and support may be needed; (e) whether the program or particular aspects of the program are better suited to certain types of participants; (f) what problems can be identified and how

they can be solved; and (f) what measures and designs could be recommended for use during summative evaluation (p. 17). Decision makers may use the information from formative evaluation to make revisions in the staffing, activities, and other materials of the program (Herman, Morris and Fitz-Gibbon, 1987) or to increase the success of subsequent intervention efforts (Rossi and Freeman, 1989).

Summative Evaluation

Summative evaluation can provide answers with respect to whether the program is worth continuing, whether the program is effective, what conclusions can be drawn related to the effects of the program or its various components, what the program looks like, and what the program accomplishes.

A number of issues may need to be addressed in the course of summative evaluation, many of which are the same as those addressed in a formative evaluation: (a) what the goals and objectives of the program are; (b) what the program's most important characteristics, activities, services, staffing and administrative arrangements are; (c) how these particular activities are linked to program goals; (d) whether the planned program actually occurred; (e) whether the program led to goal achievement; (f) what programs might be available as alternatives to the program in question; (g) how effective the program is in comparison with alternative programs; (h) whether the program is differentially effective with particular types of participants or in particular locations; and (i) how costly the program is (Herman, Morris and Fitz-Gibbon, 1987, p. 17).

The primary concern of summative evaluation is the documentation or assessment of program effects and determining their causes and generalizability. The types of

decisions and actions that may follow a summative evaluation are those that relate to whether to continue or discontinue a program or whether, and how, to expand or reduce the program (Herman, Morris and Fitz-Gibbon, 1987; Kettner, Moroney and Martin, 1990; Owen, 1993; Chambers, 1994).

Approaches to Evaluation

There is no one key to meaningful change in social programs. Rather, different evaluations will be useful at different stages of program development (Rossi and Freeman, 1989; Owen, 1993; Shadish, Cook and Leviton, 1991). Returning to Rossi and Freeman's (1989) three stages of program development, the same authors present an overview of possible evaluation activities tailored to the program and its stage of implementation (p. 165).

Conceptualizing

For Innovative Programs

- (1) problem description and definition
- (2) operationalizing objectives
- (3) developing an intervention model
- (4) defining extent and distribution of target population
- (5) specifying delivery systems

For Fine-Tuning Programs

- (1) identifying needed program changes
- (2) redefining objectives
- (3) designing program modifications

For Established Programs

- (1) determining evaluability
- (2) developing an evaluation model
- (3) identifying potential modification opportunities
- (4) determining accountability requirements

Implementing

For Innovative Programs

- (1) formative research and development
- (2) implementation monitoring

For Fine-Tuning

- (1) research and development of program refinements
- (2) monitoring of program changes

For Established Programs

- (1) program monitoring and accountability studies

Assessing

For Innovative Programs

- (1) impact studies
- (2) efficiency analyses

For Fine-Tuning Programs

- (1) impact studies
- (2) efficiency analyses

For Established Programs

(1) impact studies

(2) efficiency analyses

Another way of conceptualizing the various approaches to evaluation is offered by Owen (1993). This author's framework is based on a concept termed "evaluation form" which provides guidelines to assist in the selection of a specific approach best suited to a particular situation. Owen (1993) describes five evaluation forms each of which is understood through reference to the following dimensions (pp. 21 - 23):

1. **Orientation**: Refers to the ultimate reason for conducting the evaluation and may include determining the impact of a program, monitoring an operating program, refining a program already in operation, providing an accurate description of a program already in operation or providing information to assist in the creation of a program.
2. **State of the Program**: Refers to the degree to which the program has been implemented at the time of the proposed evaluation.
3. **Focus of the Evaluation**: Refers to the program components on which the evaluation is to concentrate and may include the social, political, and economic context in which a program is to be developed; the coherence and adequacy of program design; elements of program delivery or implementation; or program outcomes.
4. **Timing**: Refers to the temporal links between the evaluation and program delivery.

5. **Evaluation Approach:** Refers to the “within form” approaches once the appropriate evaluation form is determined.

Owen (1993) summarizes the uses and suggested evaluation approaches appropriate to each of the five evaluation forms.

Impact Evaluation (Form One)

Impact evaluations are conducted to assess the impact of an established program. Impact evaluation assumes some logical end-point and analysis, typically, includes the measurement of the extent and level of attainment of specified objectives, the level of performance on outcome measures, and the compilation of both intended and unintended outcomes. Impact evaluations lead to a decision about the worth of a program and frequently have a strong summative emphasis (Owen, 1993).

Owen’s (1993) summary and description of impact evaluation is consistent with the writings of Rossi and Freeman (1989) with respect to the utility and reasons for conducting impact evaluations, and to the writings of Herman, Morris and Fitz-Gibbon (1987) with respect to the emphasis on summative evaluation. Rossi and Freeman (1989) note that impact assessments can be used with pilot programs to determine whether the program has its intended effects, with innovative programs to determine whether or not the program should be expanded to additional sites, to determine whether or not a program should be supported in preference to competing program proposals, or, to demonstrate effectiveness for accountability purposes.

Objectives-based approach.

Owen (1993) identifies the objectives based approach as being an appropriate approach for impact assessments. The objectives based approach provides a judgement about whether the stated goals or objectives have been achieved. It involves the articulation of program objectives, the translation of program goals and objectives into valid measures of outcome, and the comparison of the extent to which objectives were achieved with some specified standard or level of achievement.

Evaluation in Program Management (Form Two)

Owen (1993) views this approach as being appropriate when a program is established and ongoing, meaning that program goals and intentions have been specified, program targets have been identified and implementation is taking place. Program management evaluation is likely to be management driven. "The orientation of the evaluator or evaluation unit working in this culture is toward maximum achievement of the organization's goals" (p. 107).

Evaluation in this form is evaluation within a cyclical process which includes program development, allocation of resources, delivery and evaluation. Form two evaluations are likely to be used for decision making and accountability purposes and often involve the development of a system for regular monitoring of program progress (Owen, 1993).

Evaluation in program management is typically concerned with mega and macro programs; that is, large scale ongoing programs rather than smaller, more discrete interventions. Typical characteristics of mega and macro programs are that they contain

mission statements and broad objectives which are taken as given for the purpose of determining outcome; they are designed to translate aspects of the organization's policy into tangible outcomes; they are centrally planned and financed, but are delivered at a range of locations or in different ways; they are primarily the responsibility of senior management who are dependent on others for program delivery; and they are ongoing programs rather than discrete interventions that are subject to modification as a result of organizational, political and fiscal factors over which senior management has only partial control (Owen, 1993).

Owen (1993) identifies three approaches as being appropriate to this evaluation form. The first is for senior management to select a component of the program for systematic analysis and review in order to assess the component in terms of its own objective and its contribution to the mission and goals of the program. Key assumptions underlying this first approach are that senior management has an overview of the organization sufficient to be able to identify a component for attention; that senior management has the power to direct the evaluator or evaluation unit to address the issue and senior management is a major audience to the evaluation findings (p. 113).

The second approach to program management evaluation is for senior management to encourage all components of a program to assess their performance on a regular basis. Information from these evaluations is used by senior management to make judgements relating to the contribution of each component to the mission and overall goals of the organization.

In this approach, senior management is expected to provide guidelines and resources for component evaluations, as well as principles for judging the relative contribution of each component, should this be necessary. Field staff may be expected to conduct the evaluation of the component in which they are located, perhaps with assistance from a central evaluation unit. (Owen, 1993, p. 114)

The third approach to form two evaluations applies to a program that is centrally specified and distributed to a large number of sites for implementation. The program specification includes a set of important goals with guidelines being provided to field staff to assist in implementation. Field staff have little or no say in program specification or implementation plans.

An evaluation scheme consistent with this approach is: to have a set of important outcomes defined and made operational; to use a centralized evaluation unit to compare directly the performance of sites using the same operational criteria; to relate differences in attainment of the outcomes to differences in program delivery across sites -- in this way statements can be made about the relative effectiveness of each site. (Owen, 1993, p. 115)

Owen (1993) notes that this approach is consistent with the systems level type of evaluation developed in the United States in the mid-to-late 1960s.

Process Evaluation (Form Three)

Process evaluation involves the collection of information relating to program activities and is used for a variety of reasons: (a) to make decisions about a program during its formation; (b) to assist those responsible for program delivery to improve their practice; or (c) to assist those associated with a program to understand more fully how it operates and why it operates in a given way.

Thus, while impact and monitoring evaluations are more likely to be addressed to managers and funding agencies, the findings of process evaluations are more logically directed at program implementers, for example those responsible for delivering a program at the local or site level. (Owen, 1993, p. 25)

Owen (1993) identifies three approaches appropriate to form three evaluation, each of which have different purposes, different ways of collecting data, and different audiences.

Program implementation studies.

The first approach identified by Owen (1993) is the Program Implementation Study. This approach is viewed as appropriate when information relating to the actual delivery of an existing program is needed either to make improvements in the program or to review program outcomes.

Examination of program implementation can be an integral part of an impact evaluation and is also important in its own right. Awareness of the importance of examining implementation in formal evaluation studies developed in the 1960s and 1970s as attempts were made to improve and reform society through using a variation of the Research Development and Diffusion Model. This model assumed that “if the developers ‘got it right’, improvements in the field would automatically follow. All that was required was for practitioners to translate the program plan into action by following specified guidelines” (Owen, 1993, p. 130).

Research on the impact of these programs was focussed on measuring outcomes with the findings often reflecting minimal impact. These findings led evaluators to look at actual implementation rather than make the assumption that programs were being

implemented in ways which were consistent with the intentions of the developers. Studies of this kind are called **process outcome studies** where the outcomes are considered to be the dependent variables and implementation or process characteristics are considered to be the independent variables. Process outcome studies are generally summative in nature and are undertaken to examine the worth of a program or for political accountability reasons. In situations where the end point of an evaluation is simply the extent of implementation, outcomes are not examined and it is the degree of implementation that is the dependent variable (Owen, 1993).

One approach to measuring program implementation is known as the **fidelity approach** which involves developing measures of the essential features of a program in action and concentrates on mechanical and routine monitoring of use measures to the exclusion of other contextual features (Owen, 1993). In situations where it is important to understand how and why programs are implemented differently across locations, implementation evaluation may need to document variations in use and the factors involved in particular patterns of use at given locations. In this case, a more flexible approach than the fidelity approach is needed requiring a combination of preplanned data and flexible data collection methods to focus on factors affecting implementation. “A motive for such a study could be the need to suggest ways of overcoming barriers to the implementation of an important social or educational intervention” (Owen, 1993, p. 133).

Refinement of developing programs.

This approach is appropriate when a program is in the process of formation and evaluative information is needed to refine specifications prior to making the program available for widespread use. Compared with process outcome studies, this type of evaluation is often less rigorous relying on the use of anecdotal data and employing informal forms of feedback and reporting (Owen, 1993).

Responsiveness to the needs of practitioners.

This approach is used when practitioners have a professional concern about the quality of program provision at the individual site level. It assumes that evaluations undertaken will be responsive to the needs of those directly affected. Further, while the evaluation might address other program elements, its focus is on the delivery and ways in which this can be improved (Owen, 1993).

Responsive evaluation is characterized by a strong democratic orientation with planning and, in some cases, all aspects of the evaluation process taking place at the site level. It is oriented more directly to program activities than to program intents; it responds to audience requirements for program information and the different value perspectives of the people at hand are referred to in reporting the success or failure of the program (Stake, 1980, p. 77 in Owen, 1993, p. 138).

Owen (1993) identifies naturalistic enquiry and action research as the two major approaches to site level evaluation. The naturalistic enquiry approach involves examination in a natural setting. It begins with an immediate or obvious problem; examines practice in order to extract assumptions and intentions; is developmental with

cybernetic and feedback orientations; and may lead to new program goals and activities that differ from the existing ones (Wadsworth, 1991 in Owen, 1993, p. 137).

The action research approach has, as its basis, a search for site-level solutions to “on-the-job” problems. Action research involves engagement with practical issues and includes a number of stages: (a) reflection of current action stage which results from practitioners noticing a discrepancy between what they do or experience and what they expect to be happening; (b) the design stage when practitioners make the problem explicit and set out to answer questions associated with the problem; (c) the fieldwork stage when data are collected; (d) the analysis and conclusion stage when conclusions and explanations are generated; and (e) the planning stage which considers changes and options for improved practice (Owen, 1993).

Design Evaluation (Form Four)

According to Owen (1993), design evaluation concentrates on clarifying program logic when a program has not been fully specified even though it may be operating. This can occur when there is pressure to implement a program without having had the opportunity to think through the program’s underlying structure and rationale, or, when those responsible for program delivery are in conflict over aspects of the program. Another possibility is that even though program implementation has begun, there is confusion about how it should ideally be done.

Program design evaluation has a strong formative purpose and is used to clarify and comprehensively document a program already in operation; to provide documentation

of a new program design; and to produce information which may assist with the planning and implementation of a subsequent outcome evaluation.

One approach to program design evaluation is the evaluability assessment originally developed by Wholey and his associates in the 1970s. Initially, evaluability assessment attempted to identify the “real” goals of a specific program from the stated goals and to check consensus among the providers about the goals; to identify unrealistic goals not achievable through the program; to identify managers’ and providers’ perceptions of program aspects; to clarify the underlying program logic; and to elaborate the program by considering how it works in practice to make it more plausible to policy makers. Preparation for subsequent outcomes evaluation occurred through the clarification of what was learned in the design evaluation and the preparation of a program model (Owen, 1993).

More recently, modification of the outcomes focus has resulted in a greater weight being placed on design clarification as an end in its own right and a stronger process element which leads to program commitment. In a recent overview, Smith (1989) states the primary purposes of design evaluations are now to refine the underlying program (cause and effect relationships) and functional aspects (resources and activities) with indicators for determining when planned activities are implemented; when intended and unintended outcomes are achieved; and, to identify stakeholders’ awareness of and interest in a program (in Owen, 1993).

Smith (1989) continues on to note that when a program is being planned, it is the outcome of a comprehensive program description that is the end-point. When the focus is

on an existing program, an effective design evaluation will lead to clarification of design and increased commitment to implementation of the design (in Owen, 1993, p. 146).

Evaluation for Development (Form Five)

Evaluation for development is the final evaluation form conceptualized by Owen (1993). It occurs prior to program design and is used to assist planners in making decisions relating to the type of program needed and the design aspects of that program, or, where a program exists but a major review is needed and there is likelihood of the program being radically altered or even replaced with a more appropriate program.

The orientation of form five evaluation is to provide information to aid in the synthesis of programs. Owen (1993) identifies three major approaches to form five evaluations: (1) needs assessment, (2) research synthesis, and (3) review of exemplary practice. It is at this stage in developing his framework for evaluation that Owen (1993) diverges from the writings of other established writers (Herman, Morris and Fitz-Gibbon, 1987; Rossi and Freeman, 1989) as the approaches identified in form five are most often viewed as preparatory work for evaluation activities rather than evaluation activities in their own right.

Needs assessment.

Needs assessment is well known and, according to Owen (1993), is the most acknowledged form of evaluation for development. Owen defines an entity as being "in need" if there is a difference between the actual situation in which it exists and the desired or ideal situation at that time. Therefore, needs assessment is concerned with establishing: (a) the desired or ideal state of affairs; (b) the actual state of affairs; (c) the discrepancy

between the desired and actual state of affairs; (d) the reasons for the discrepancies or needs; and (e) what needs should be given priority for action. Need is viewed as a nonunitary concept which can have different meanings which are developed through discrepancy analysis (p. 158).

Research synthesis.

This approach involves conducting a review of research relevant to a particular area of policy or program development and simply acknowledges that pure and applied research results should be taken into account in the development of programs.

The most obvious method of analysing information in this approach is the literature review . . . Once relevant articles have been assembled it is up to the evaluator to examine the material and present it in ways which are logical to decision makers. (Owen, 1993, p. 164)

Review of exemplary practice.

This approach involves the identification of “good practice” and the documentation of practice principles as an input to the development of general policy.

The key is to locate practitioners with advanced talents and a dedicated approach to their work. General understanding is strengthened by comparing different case examples. Inductive methods of analysis are used to draw out the underlying assumptions and principles from the cases. This approach recognizes that good practice in the workplace should be disseminated and used more widely. Procedures must be employed to capture and transfer this knowledge to other users. (Owen, 1993, p. 165)

Technical Approaches

As has been previously stated, the design and implementation of evaluation research is dependent upon the specific purpose for the evaluation, the types of questions being asked, the stage a program is in, whether it is a new or established program, the type

of decision the evaluation is intended to inform and whether the evaluation is to be of a formative or summative nature (Chambers, 1994; Rossi and Freeman, 1989; Herman, Morris and Fitz-Gibbon, 1987; Owen, 1993).

Technical approaches are often dichotomized into the two general categories of quantitative and qualitative approaches. Historically, quantitative approaches have been most prevalent, particularly in evaluation studies intended to measure program effects (Herman, Morris and Fitz-Gibbon, 1987, p. 19).

Quantitative approaches are concerned primarily with measuring a finite number of prespecified outcomes, with judging effects, with attributing cause by comparing the results of such measurements in various programs of interest, and with generalizing the results of the measurements and the results of any comparisons to the population as a whole. The emphasis is on measuring, summarizing, aggregating and comparing measurements, and on deriving meaning from quantitative analyses. (Herman, Morris and Fitz-Gibbon, 1987, pp. 19, 20)

Quantitative approaches often utilize experimental or quazi-experimental designs and control groups, and are particularly important when the primary evaluation issue is determining program effectiveness (Herman, Morris and Fitz-Gibbon, 1987, p. 20).

When using a qualitative approach, the researcher does not begin the study with a preexisting set of expectations or a prespecified classification system for measuring outcomes or processes. The evaluator's role is to try to understand the meaning of a program and its outcomes from the participants' perspectives. The emphasis is on detailed description and in-depth understanding of the program or particular aspects of the program as a whole. Qualitative techniques may rely on more naturalistic methods of gathering data which emerge from direct experience with the program and its participants

and include methods such as observation, interviews, case studies, and other means of field work (Herman, Morris and Fitz-Gibbon, 1987, p. 21). Simply stated, qualitative approaches are those that are intended to determine or elaborate on the kinds of program interventions and activities being utilized whereas quantitative approaches are those that are intended to numerically quantify program interventions and activities (G. Reid, personal communication).

Rossi and Freeman (1989) state that qualitative approaches have important roles to play in certain types of evaluations particularly in the monitoring of ongoing programs (p. 265) but these authors favour quantitative approaches when conducting impact assessments. As noted by Rossi and Freeman (1989), assessing impact in ways that are scientifically plausible and that yield estimates of net effects requires the use of data that are quantifiable and systematically and uniformly collected (p. 265).

CHAPTER II**THE CHILD WELFARE SYSTEM****Overview of the Canadian Child Welfare System**

The Federal-Provincial Working Group on Child and Family Services Information (1994) published a report detailing the role of provincial and territorial authorities in cases of child abuse. The report contains an overview of the various child welfare services including descriptions of service delivery, definitions of abuse and neglect, reporting requirements, investigation procedures, and intervention options with respect to children deemed to be in need of protection.

The definitions of “a child in need of protection” provide the legal basis for government intervention where a child’s well-being is at risk (p. 6). Across Canada, definitions of a child in need of protection identify child abuse and neglect as reasons for intervention by child welfare authorities (p. 6). The goals and philosophies of Canadian child welfare legislation vary somewhat across jurisdictions but all reflect the notion that families are the basic unit of society and should be preserved (p. 7).

Families are responsible for the care, nurturing, supervision and protection of their children. However, the various pieces of legislation recognize that children have certain basic rights, including the right to be protected from abuse and neglect, and governments have the responsibility to protect children from harm. (Federal-Provincial Working Group on Child and Family Services Information, 1994, p. 6)

The role of protecting children is carried out by child welfare authorities across Canada whose primary responsibilities are to investigate alleged or suspected child abuse or neglect and, where appropriate, to provide relevant services to ensure the well being and safety of the child.

If a family is unable, despite the provision of support services, to adequately protect a child, the authorities may temporarily or permanently assume responsibility for the child; this involves court action and is referred to as taking the child into care. All jurisdictions recognize that the best interests of the child must be a primary consideration in all aspects of child and family services, and that the least intrusive form of intervention should be adopted. (Federal-Provincial Working Group on Child and Family Services Information, 1994, p. 6)

Overview of the Manitoba Child Welfare System

Manitoba's child welfare legislation is The Child and Family Services Act (1986).

Legislation relevant to child protection services is contained in Part III of The Act (1986).

A child in need of protection is defined as "a child whose life, health, or emotional well-being is endangered by the act or omission of a person" (Child and Family Service Act, 1986, Section 17, (1), p. 21).

Illustrations of a child in need of protection are provided in Part III of The Child and Family Services Act (1986), Section 17 (2), p. 21. The Act states that a child is in need of protection where the child is subject to the following conditions:

- (a) is without adequate care, supervision or control;
- (b) is in the care, custody, control or charge of a person
 - (i) who is unable or unwilling to provide adequate care, supervision or control of the child, or
 - (ii) whose conduct endangers or might endanger the life, health or emotional well-being of the child, or
 - (iii) who neglects or refuses to provide or obtain proper medical or other remedial care or treatment necessary for

the health or well-being of the child or who refuses to permit such care or treatment to be provided to the child when the care or treatment is recommended by a duly qualified medical practitioner;

- (c) is abused or in danger of being abused;**
- (d) is beyond the control of a person who has the care, custody, control or charge of the child;**
- (e) is likely to suffer harm or injury due to the behaviour, condition, or domestic environment or associations of the child or of a person having care, custody, control or charge of the child;**
- (f) is subjected to aggression or sexual harassment that endangers the life, health or emotional well-being of the child;**
- (g) being under the age of 12 years, is left unattended and without reasonable provision being made for the supervision and safety of the child;**
- (h) is the subject, or is about to become the subject, of an unlawful adoption under Section 63 or of an unlawful sale under Section 84 of The Act.**

Abuse is defined under The Child and Family Services Act (1986), Section I, p. 2,

as follows:

An act or omission of a person where the act or omission results in

- (a) physical injury to the child,**
- (b) emotional disability of a permanent nature in the child or is likely to result in such a disability, or**
- (c) sexual exploitation of the child with or without the child's consent.**

Under the Child and Family Services Act (1986), responsibility for child protection rests with the Director of Child and Family Services (Child and Family Services Act, Section 4 (1), p. 6). This responsibility is delegated to provincial child and family services agencies and other agencies incorporated under Sections 4 (3), 5, and 6 (1) of The Act (1986). Responsibility for planning a coordinated service system, policy and legislation, establishing service standards and the funding of services rests with The Child Welfare and Family Support Branch as does program responsibility for child protection services,

adoption, residential care and family support services (Federal-Provincial Working Group on Child and Family Services Information, 1994, p. 100).

Child protection services in Manitoba are delivered through a service delivery structure which consists of five mandated non-native child and family service agencies, five departmental regional offices, and eight mandated native agencies. Additional treatment, residential and prevention services are delivered by 24 group homes, four child care institutions which include 20 group homes, six Big Brother/Big Sister Organizations and eight other external non-mandated agencies. In total, these mandated and non-mandated services are supported by approximately 60 departmental staff, 370 group home staff, 420 child and family services agency staff and in excess of 450 private agency staff which include homemakers, parent aides, and child care workers (Orientation to the Manitoba Child and Family Services, Participants Manual, 1996, pp. 3, 19.)

Accountability Mechanisms

Accountability with respect to service delivery in Manitoba is in its developmental stages and includes a number of systemic checks and balances. These accountability mechanisms are intended to ensure that child welfare services are provided in accordance with the legislation and existing provincial policies, procedures, standards and protocols. In some cases, for example, the Office of the Chief Medical Examiner, authority is granted to review and report on agencies' handling of specific cases and to make recommendations for future improvements with respect to child protection services.

Program standards manual.

The Program Standards Manual was released in 1988 by the Director of Child and Family Services to all regions and agencies involved in the provision of mandated child and family services in Manitoba. The standards established the baseline for child welfare services throughout the province (Orientation to the Manitoba Child and Family Services Manual, January 1996, p. 77). The standards cover all programs and services under The Act (1986) and are accompanied by procedures which are either recommended or required depending on legal and administrative considerations (Manitoba Community Services, Program Standards Manual, Child and Family Services, Section 10, p. 1).

Quality assurance program.

The Quality Assurance Program within the Child Welfare and Family Support Branch is designed to ensure compliance with program and service standards. The program utilizes file reviews, data collection and verification, data analysis, provision of service reports and recommendations for corrective action where required. The Quality Assurance Program is available to the agencies and regions charged with provision responsibilities of child and family services.

The Quality Assurance Program is implemented in regions, mandated child and family service agencies or group homes and institutions at the request of the Executive Director of an agency, region or facility, or, as deemed necessary by the Director of Child and Family Services. Implementation can include a comprehensive review of the entire service delivery system or a targeted review of a specific unit or area (Orientation to the Manitoba Child and Family Services Manual, January 1996, pp. 77, 78).

Office of the Children's Advocate.

The Office of the Children's Advocate was established via Bill 64 in the Spring Session of 1992. The specified duties, responsibilities and powers of the Children's Advocate are detailed in the Child and Family Services Act (1986), Part I.I, Section B.

The Federal - Provincial Working Group on Child and Family Service Information (1994) describes the role of the Children's Advocate as including both case and systemic advocacy.

Duties include advising the Minister, investigating complaints and representing children other than as legal counsel. The Advocate will ensure that children known to or in the care of Manitoba's child and family service system are protected and well treated and that their rights, interests and preferences are respected when decisions affecting them are made. (p. 100)

Office of the Chief Medical Examiner.

Under the Fatalities Inquiries Act, the Chief Medical Examiner is required to investigate and review all suspicious child deaths in the Province of Manitoba, as well as the death of any child who was in the care of a child welfare agency at the time of death, or, whose family had received child welfare services within two years prior to the death. The final report is forwarded to the Ministry of Child and Family Services and includes, where appropriate, findings and recommendations for implementation by the specified agencies or departments (Federal-Provincial Working Group on Child and Family Services, 1994, p. 103).

The Chief Medical Examiner is assisted by an interdisciplinary Child Death Review Committee which consists of the Chief Medical Examiner, investigators from the Office of

the Medical Examiner, child welfare professionals, pediatric pathologists, pediatricians specializing in child abuse, law enforcement officers, a representative of the Assembly of Manitoba Chiefs and a representative from the Department of Justice. In addition to assessing the agency's intervention, the Chief Medical Examiner has the option of calling an inquest into the death of a child (Christianson-Wood, 1995, p. 43, 44).

Mandatory Reporting

Section 18 (1) of The Act (1986) states that where a person has information that leads the person reasonably to believe that a child is, or might be, in need of protection, that person must report the information to an agency or to a parent or guardian. This requirement is applicable even when the information was obtained through a professional or confidential relationship with the sole exception being information secured through a solicitor-client relationship.

The Act (1986), Section 18 (1.1), p. 22 outlines the conditions under which a person is required to report specifically to an agency:

Where the person

- (a) does not know the identity of the parent or guardian of the child;
- (b) has information that leads the person reasonably to believe that the parent or guardian
 - (i) is responsible for causing the child to be in need of protection; or,
 - (ii) is unable or unwilling to provide adequate protection to the child in the circumstances; or,
- (c) has information that leads the person reasonably to believe the child is or might be suffering abuse.

Investigation of an Allegation of Child Abuse or Neglect

The Act (1986) requires an agency to investigate all reports that a child might be abused or neglected to determine the need for further intervention (p. 12). Each agency provides 24 hour response capabilities with all referrals to be responded to by the end of the following working day. Where the risk to the child is considered to be serious or where there is insufficient information to determine whether the child is at risk, the response is to be immediate (Manitoba Community Services, Program Standards Manual, Child and Family Services, Section 311, p. 1).

Where an allegation of abuse has been reported in conjunction with serious physical injury or sexual abuse, the police are notified and a medical examination is arranged immediately (The Federal-Provincial Working Group on Child and Family Services Information, 1994). Agencies and involved professionals share all relevant information. In the case of suspected or severe emotional abuse, medical corroboration may be required to establish a serious and persistent pattern of abuse to cause emotional disability of a permanent nature (Federal-Provincial Working Group on Child and Family Services, 1994, p. 102).

The task for the worker during the investigation is to assess the case by applying the legislated definitions of a child in need of protection. An agency has the authority to apprehend and take a child deemed to be in need of protection to a place of safety and

may request police assistance to enter any premises and assist in the apprehension of a child (Federal-Provincial Working Group on Child and Family Services, 1994, pp. 8, 102).

Child Abuse Committees

Under Section 19 (1) of The Act (1986), all agencies are required to establish child abuse committees to review cases of alleged child abuse. Membership on the committees includes a child abuse coordinator, a medical practitioner, a representative of the local police, a teacher or other representative of the school division operating within the agency boundaries and an agency-based member or staff member other than the child abuse coordinator. The committee's involvement continues throughout the investigation to review, monitor, facilitate involvement of other disciplines and provide recommendations to agencies (Federal-Provincial Working Group on Child and Family Services, 1994, p. 102).

Categories of Service

Voluntary services.

Part II of The Act (1986) and of the Program Standards Manual identify services provided on a voluntary basis with such services ranging from those of a preventive nature through to crisis intervention activities. A parent or guardian may enter into a Family Support Service Agreement with an agency regarding the placement of a homemaker or parent aide, where the parent or guardian is temporarily unable to care for a child or where a parent or guardian requires training in homemaking and child care. Family Support Service Agreements are valid for six months but may be extended for an additional six

month period (Federal-Provincial Working Group on Child and Family Services, 1994, p. 103).

Voluntary placement agreements.

A child may be placed into agency care without a transfer of guardianship in circumstances where a parent, guardian, or other person who has care and control of the child is temporarily unable to make adequate provision for the child. Section 14 (1) of The Act (1986) outlines the conditions under which the use of a Voluntary Placement Agreement is appropriate:

Where that person is unable to make adequate provision for the care of that child

(a) because of illness, misfortune, or other circumstances likely to be of a temporary duration; or,
(b) because the child

(i) is mentally retarded, or

(ii) is suffering from a chronic medical disability requiring treatment which cannot be provided if the child remains at home, or

(iii) is 14 years of age or older and beyond the control of the person entering into the agreement. (Child and Family Services Act, 1986, Section 14 (1), p. 17)

The Federal-Provincial Working Group on Child and Family Services (1994)

Report notes that Voluntary Placement Agreements may be used for both child abuse and neglect cases (p. 103). However, Voluntary Placement Agreements are not intended as an alternative to protection services required under Part III of The Act (Reid, G., Hill, E., Sigurdson, E., Swift, K., & Onysko, R., 1987).

Court ordered protection.

In situations where a child is believed to be in need of protection under Part III of The Act (1986), the child is placed under apprehension and an application for court ordered protection is made to the Family Court.

The court may order that (a) the child be returned to the parents or guardian under the supervision of an agency and subject to the conditions and for a period the judge considers necessary (Order of Supervision), (b) the child be placed with another person the judge considers best able to care for the child with or without a transfer of guardianship and subject to the conditions and for a period the judge considers necessary (Third Party Placement Order), (c) the agency be appointed guardian for up to a maximum of six to twenty four months depending on the age of the child (Temporary Order of Guardianship), or (d) the agency be appointed the permanent guardian of the child (Order of Permanent Guardianship). (Federal-Provincial Working Group on Child and Family Services, 1994, pp. 103, 104)

Relevant Federal and Provincial Statutes

Federal statutes relevant to child welfare legislation in Manitoba include The Criminal Code, The Young Offenders Act, and The Divorce Act.

Relevant provincial statutes include The Social Services Administration Act, The Family Maintenance Act, The Community Child Day Care Standards Act, The Employment Standards Act, The Manitoba Evidence Act, The Fatality Inquiries Act, The Freedom of Information Act, The Health Care Directives Act, The Human Rights Code, The Mental Health Act, The Public Health Act, The School Attendance Act, and The Social Allowances Act.

Supervisory Practice Standards - Manitoba and other Canadian Jurisdictions**Manitoba Supervisory Standards**

Supervisory standards of practice exist in Manitoba as part of the Manitoba Program Standards Manual which was released in 1988. The Program Standards Manual provides the baseline for child welfare services throughout the Province and provides minimum standards for all child welfare programs and services. Protection services are viewed as a highly specialized and intense area of agency services which requires consistent access to supervision. A recent review of Part III - Child Protection of the Manitoba Program Standards Manual, by this author, found specific reference to the supervisory role in the following standards.

1. **Standard 312.1** **Access to Consultation**

Standard 312.1 is stated as follows: "All workers providing child protection intake investigations have access to a supervisor, abuse coordinator or designated senior worker 24 hours per day" (Program Standards Manual, Child and Family Services - Part III, Child Protection - Intake Assessment, Section 312, p. 1).

2. **Standard 312.3** **Review by Supervisor**

Standard 312.3 is stated as follows: "All intakes concerning child protection are reviewed by the supervisor to ensure the appropriateness of opening or closing the intake" (Program Standards Manual, Child and Family Services - Part III, Child Protection - Intake Assessment, Section 312, p. 1).

3. **Standard 320.2** **Case Recording**

Standard 320.2 is stated as follows: “All case recording regarding child protection cases is initialled and dated by the worker, and is read, initialled and dated by the supervisor” (Program Standards Manual, Child and Family Services - Part III, Child Protection - Assessment, Planning and Implementation, Section 320, p. 1).

4. **Standard 322.2** **Quarterly Reviews**

Standard 322.2 is stated as follows: “A service plan is reviewed, revised and changed as needed to meet the case circumstances, but minimally every three months the worker and supervisor will review the service plan and record the results of the review in the file” (Program Standards Manual, Child and Family Services - Part III, Child Protection - Service Planning, Section 322, p. 1).

5. **Standard 325.1** **Transfers within Agency**

Standard 325.1 is stated as follows: “The transfer plan is developed in consultation with the supervisor and is effected through a full case review involving the other worker and the supervisor” (Program Standards Manual, Child and Family Services, Part III, Child Protection - Transfers, Section 325, p. 1).

6. **Standard 326.6** **Case Terminations**

Standard 326.6 is stated as follows: “All cases to be considered for closing are reviewed between the worker and supervisor to ensure termination is appropriate” (Program Standards Manual, Child and Family Services, Part III- Child Protection - Terminations, Section 325, p. 1).

7. **Standard 340.1** **Consultation with Supervisor**

Standard 340.1 is stated as follows: “With all apprehensions, except in emergency situations, the worker consults with a supervisor prior to apprehension. In emergency situations, the worker advises the supervisor of the apprehension as soon as possible” (Program Standards Manual, Child and Family Services, Part III, Child Protection - Apprehensions, Section 340, p. 1).

8. **Standard 340.5** **Apprehension Withdrawal**

Standard 340.5 is stated as follows: “The worker always consults with a supervisor prior to withdrawing an apprehension to ensure that an appropriate alternative plan is in place” (Program Standards Manual, Child and Family Services, Part III, Child Protection - Apprehensions, Section 340, p. 1).

Other Canadian Jurisdictions

In preparation for the current study, this author communicated in writing with the other nine provincial and territorial child welfare jurisdictions to ascertain the existence of social work standards for supervisors involved in the child protection field. Responses were received from Health and Social Services, Northwest Territories; the Department of Community Services, Nova Scotia; Family and Children's Services, Alberta; the Department of Social Services, Newfoundland and Labrador; and the Ministry of Community and Social Services, Ontario.

Information received from the Department of Social Services, Newfoundland and Labrador indicated that supervisors in this jurisdiction must have a minimum of a Bachelor of Social Work and be a registered social worker with the Newfoundland and Labrador Association of Social Work. In addition, it is expected that supervisors who do not possess a graduate degree at the time of hiring complete same within a five year period from the date of hiring. Newfoundland and Labrador do not utilize explicit standards of practice but do utilize the concept of supervisory competencies, adapted from those developed by the Child Welfare League and the Institute for Human Services, to form the basis for supervisory training (E. Crawford, personal communication, January 6, 1997). These competencies are program specific (e.g. competencies for supervision of foster care, adoption and protection services) and are concentrated on identifying areas of knowledge required for supervisory practice within specific programs as opposed to identifying minimum expected standards for practice.

Information received from Alberta Family and Social Services (AFSS) indicated this jurisdiction is presently implementing a child welfare supervisory practice initiative focussed on describing the child welfare supervisory function and accountability. The basis for the role of the child welfare supervisor in Alberta is the three functions of coaching, team work and evaluation. Each of the functions consist of a number of accountabilities for casework and staff development. Within the coaching function, the accountabilities are defined as ensuring thorough, accurate and ongoing supervisory support is provided for all cases to achieve outcome goals, and ensuring that social workers' learning and development needs are met. Within the teamwork function, the accountabilities are stated as ensuring that staff work collaboratively with children, families, their communities, colleagues and collaterals to achieve child welfare outcomes, and develop and maintain effective work teams. Within the evaluating function, the accountabilities are stated as ensuring thorough, accurate and timely evaluation of all cases. The initiative is two-fold comprising the development and implementation of standards for accountability, and, supporting the child welfare supervisor as a means of ensuring successful implementation. Of particular interest is the selection of the first focus for the initiative which is supporting the supervisors, looking at their workloads and eliminating the barriers. The child welfare supervisors are reported to have been very active in the process (S. Heron, personal communication, January 3, 1997).

Communication received from Health and Social Services, Northwest Territories indicated that while supervisory responsibilities on various issues are included in the Family and Children's Services Program Manual, they are not set out as a specific and

structured set of standards for supervisors. A review of the Family and Children's Services Program Manual (1993), by this writer, found the following reference to the supervisory role:

Child Welfare Workers regularly review their cases with the Supervisor, as required by the needs of the CWW, and the facts of the case. Specifically, this supervision must happen:

- **throughout the intake and investigation process and the entire case management process**
- **when a child is at "high risk," i.e., suicidal, or a danger to self or others**
- **in the development of case plans**
- **in preparation for case conferences**
- **when considering the removal of the child from the home, his/her transfer to another placement, or returning the child to the parents**
- **when considering involving the police**
- **in preparation for court attendance**
- **when considering transfer or termination of a case**
- **when there are significant changes in the child/family's case plan**
- **when there are major or significant changes within the family/placement**
- **when a child is A.W.O.L./runaway**
- **when a CWW leaves his/her caseload.**

(Northwest Territories, Family and Children's Services Program Manual, 1993, Section 1.0, p. 3)

Additional responsibilities of supervisors in the Northwest Territories include conducting regular performance appraisals; ensuring that child welfare workers understand the legislation, policies, standards, procedures and documentation requirements; providing individual supervision on at least a twice monthly basis and face-to-face supervision four times annually to review case plans; reviewing file documents regularly; assisting with key decisions on a 24 hour, on-call basis; and ensuring that all file materials are current, accurate and complete (Northwest Territories, Family and Children's Services Program Manual, Section 1.0, p. 3).

Communication received from the Department of Community Services in Nova Scotia indicated this jurisdiction has developed a Child Protection Services Standards Manual which includes a Risk Management System. The key components of the Nova Scotia Risk Management System are that it ensures a formalized process, establishes decision-making authority, and establishes accountability for decision making. Social workers in Nova Scotia must either consult with their supervisors, or, in the event that consultation with the supervisor is not possible, convene a Risk Management Conference which includes a supervisor and an objective party regarding nine key decision points that may arise throughout the duration of a case. The involvement of supervisors at these decision points is considered a critical part of child protection social work supervision (G. Savoury, personal communication, January 6, 1997). A review, by this writer, of Nova Scotia's Risk Management System identified the following decision points subsequent to receiving an allegation of abuse or neglect (pp. 1, 2).

- 1. Decision Point # 1: Decision relating to whether to investigate an allegation of abuse or neglect.**
- 2. Decision Point # 2: Decision relating to prioritization of the response.**
- 3. Decision Point #3 : Decision relating to whether to substantiate the initial allegation of abuse or neglect.**
- 4. Decision Point # 4: Decision relating to whether to open the case for child protection services.**
- 5. Decision Point # 5: Decision relating to determining the case plan.**
- 6. Decision Point # 6: Decision relating to court application.**

7. **Decision Point # 7: Decision relating to removal of the child.**
8. **Decision Point # 8: Decision relating to return of the child.**
9. **Decision Point # 9: Decision relating to closure of the case.**

The decision to terminate the investigation and close the case can be made at any of the decision points identified in the Risk Management System. In addition to the above-noted requirements relating to supervisory involvement, supervisors are required to meet personally with social workers for a minimum of 2 hours per month to review their caseload and discuss any administrative or clinical issues arising from the caseload, evaluate all child protection caseloads every 60 days to review the list of cases, status and workload involved; and provide consultation and direction in the event of emergency, crisis situations (G. Savoury, personal communication, January 6, 1997).

The Revised Standards for Investigation and Management of Child Abuse Cases (1992) were received from the Ontario Ministry of Community and Social Services. The Revised Standards include a specific standard relating to the supervision of child abuse cases. This specific standard is quoted below:

All child abuse investigations, open protection cases and children in care cases where the allegation of abuse is verified and abuse remains a concern, must be reviewed regularly by the worker and the worker's supervisor.

The supervisor must be involved at the following points:

- a) **at initial referral or allegation of abuse;**
- b) **during the investigation stage;**
- c) **on completion of the investigation (decision or disposition);**
- d) **when reporting to the Child Abuse Register;**
- e) **when considering removal of the child;**
- f) **when return of the child to the child's home is considered;**
- g) **when termination of the case is considered;**

h) when police notification and consultation is required according to the local protocol;

i) prior to any court involvement;

j) when the case is to be transferred;

k) during any major changes in the plan of service.

All case reviews shall be recorded and filed in the case file. (Ontario Ministry of Community and Social Services, Revised Standards for Investigation and Management of Child Abuse Cases, 1992, Standard 18, p. 31)

In addition to Standard 18, supervisory involvement is mandated under Standards 3, 10, 16, 19, 25, 26, 27, 29, and 30. Standard 3 requires supervisory involvement to delay seeing a child alleged to have been abused beyond 12 hours from the time the referral is received (p. 13). Standard 10 requires supervisory involvement in the verification of an allegation of child abuse (p. 23). Standard 16 requires supervisory involvement in the case assessment process and the development of the service plan for the child and other members of the child's family (p. 27). Standard 19 requires supervisory involvement in developing a specific plan of intervention in cases where a supervisory order or agreement for voluntary services exists (p. 32). Standard 25 requires supervisory involvement where a child is missing and abuse has been verified, or, is under investigation (p. 37). Standard 26 requires supervisory involvement in cases where a family is missing and abuse has been verified, or, is under investigation (p. 37). Standard 27 requires supervisory involvement prior to making a decision to reclassify a case of child abuse. Reclassification means that the treatment and prevention of abuse is no longer the primary purpose for providing services (p. 38). Standard 29 requires supervisory involvement when a child receiving service from a Children's Aid Society has died as a

result of abuse (p. 40). Standard 30 requires that supervisors read, approve, sign and date all case recordings (p. 41).

Summary of Supervisory Standards - Manitoba and other Canadian Jurisdictions

Specific standards for supervisory practice exist in the jurisdictions of Manitoba, Nova Scotia, Ontario, and the Northwest Territories. As there was no response received from the remaining Canadian jurisdictions, it is unclear whether supervisory practice standards are utilized in British Columbia, Quebec, Saskatchewan or Prince Edward Island.

Of the four jurisdictions where supervisory practice standards are known to exist, all four require that social workers have access to supervisory consultation; that supervisory staff review child protection intakes with respect to the appropriateness of opening or closing a case; that supervisory staff review service plans to identify appropriate revisions to the plans; that supervisory staff is involved in the decision to remove a child from his or her home (apprehension); and that supervisory staff is involved in the decision to return a child to his or her home.

Manitoba, the Northwest Territories, and Ontario include standards requiring supervisory review of case recording and supervisory involvement in procedures relating to the transfer of cases. It is unclear whether parallel standards exist in Nova Scotia.

With respect to mandated supervisory involvement in prioritizing the response to an abuse allegation and determining the case plan, standards exist in Nova Scotia, the Northwest Territories, and Ontario. The Province of Manitoba does not specifically

articulate a parallel standard with respect to these issues, but does require supervisory involvement at these points through a defined procedure associated with the intake process (Program Standards Manual, Child and Family Services, 1988, Section 311, p. 2).

Finally, with respect to the decision to initiate a court application, standards requiring supervisory involvement are in place in Manitoba, Nova Scotia, the Northwest Territories and Ontario. With respect to the latter three jurisdictions, practice standards explicitly state the requirement of supervisory involvement when making the decision to initiate an application to the courts. With respect to Manitoba standards, this requirement is implicit in the standards requiring supervisory involvement in the decision to apprehend a child (Standard 340.1) or to withdraw the apprehension of a child (Standard 340.5) in that it is the decision to apprehend which initiates the legal process. In Manitoba, where a child has been placed under apprehension, unless the apprehension is withdrawn and the child returned to his or her home within four judicial days, the agency is required, by law, to initiate an application for court ordered protection.

The above-mentioned standards for supervisory practice in Manitoba and other Canadian jurisdictions appear to support the view of protection services being a highly specialized and intense area of agency services (Manitoba Program Standards Manual, Child and Family Services, Part III, p. 2). Clearly, the role of the child protection supervisor is to provide guidance and oversee the actions and decision making of child protection social workers particularly in the assessment of risk and subsequent decision making. While all of the jurisdictions reviewed for this study define a number of decision points in the case management process where supervisory involvement is required, it is

this writer's opinion, that Ontario has developed the most comprehensive system for identifying key decision points where supervisory involvement can be expected to assist in making an accurate assessment of risk with respect to the likelihood of the occurrence of abuse or neglect.

CHAPTER III

SUPERVISION IN SOCIAL WORK

Historical Overview

Social work supervision, as we know it today, originated in the nineteenth century Charity Organization movement and the gradual replacement of volunteer visitors with paid agents (Kadushin, 1976, 1985, 1992; Munson, 1983; Middleman and Rhodes, 1985).

Kadushin (1976, 1985, 1992) provides a detailed discussion of the supervisory functions performed by the paid agents in relation to the volunteer visitors. These early volunteer workers were generally assigned a limited number of families which, combined with high turnover of volunteers, meant that the agencies were constantly faced with the problem of recruiting, training, and providing direction for volunteers. These tasks were primarily the responsibility of the limited number of paid agents, who were given responsibility for a sizable number of volunteer visitors. Initially, the paid agents shared supervision responsibility for the volunteer visitors with the district committees. Over time, the committees became more policy oriented and the agent-supervisor was given responsibility for case decisions, as well as overseeing the implementation of these decisions by the volunteer visitors. Gradually, the volunteer visitors were replaced with paid workers who discussed their cases with the agent-supervisor.

Kadushin (1992) suggests that the supervisory functions of the paid agents included many principles of supervision that are still acceptable and desirable including placing an emphasis on the paid agent's responsibilities to provide administrative, educational and supportive supervision in the context of a positive relationship.

Approaches to Supervision

The three aspects of administrative, educational and supportive supervision continue to be viewed as the primary functions of supervisory practice to the present date. Over the years, the balance between these three aspects has fluctuated with the balance most often being tipped in favour of either the educational or administrative aspects of supervision. While the emphasis was on the supervisor's role as teacher during the earlier years, the development and diversification of large-scale public welfare programs during the 1950s and 1960s brought an increasing emphasis on the administrative functions. The intensified concern with social action on the part of social workers in the 1960s and early 1970s, and an accompanying concern with respect to the rights of all oppressed subordinate groups, carried over to the social worker and resulted in a reaction against supervision in general (Kadushin, 1985, 1992). Freedom from supervisory control, a greater emphasis on participatory democracy and mutuality in the supervisory relationship were given greater emphasis (Mandell, 1973 in Kadushin, 1985, 1992).

The 1970s brought a growing concern with accountability resulting in the balance swinging again to the administrative aspects. At the same time, the discovery and growing interest of the supervisory role in preventing "burnout" resulted in a greater emphasis on the supportive aspects of supervision (Kadushin, 1985, 1992).

The current opinion as to the balance required for appropriate supervision is dependent on the nature of the service provided and the orientation of the individual writer. For example, Munson (1983); Shulman (1982, 1993); and Pettes (1979) are primarily concerned with the clinical-educational function (Kadushin, 1992). Austin (1981) is primarily concerned with the administrative function (Kadushin, 1992). Middleman and Rhodes (1985) focus on the teaching/educational function but do not limit this function to issues related to clinical or practice education (pp. 28 - 30). Kadushin (1976, 1985, 1992) emphasizes the importance of all three aspects and, in contrast to the writers mentioned above, speaks clearly to the need for supervisors to recognize and accept the authoritative aspects of the supervisory role.

The position of this writer with respect to appropriate supervisory approaches within a mandated child welfare setting is that competent supervisory practice cannot be provided in the absence of any of the three functions of supervision. Although all three are important in their own right, the hierarchical structure of mandated child welfare organizations results in an emphasis being placed on the supervisor's responsibility to ensure that workers are operating within the parameters of legislation and in accordance with agency policies and procedures. The accountability of supervisors for the work of social workers combined with the concepts of vicarious liability and imputed negligence operate against the selection of a supervisory approach which concentrates primarily on educational or supportive supervision. As acknowledged by Patti (1983), authority is inherent to the administrative and management process. "The manager does indeed direct and control and there is nothing to be gained by clouding the reality" (cited in Kadushin,

1985, p. 98). At the same time, a supervision approach that concentrates primarily on the administrative function will fail to provide the worker with the knowledge and instrumental skills required for effective practice and will deprive the worker of a resource to assist in dealing with a variety of job-related stresses. Failure to incorporate the administrative, educational and supportive functions of supervision will limit the agency's ability to offer effective and efficient client services.

Supervision - A Comprehensive Approach

Kadushin developed a definition of supervision in 1976 which is utilized in his more recent writing as well as the writing of others (Kadushin, 1985, 1992; Middleman and Rhodes, 1985; Scott and Farrow, 1993; Shulman, 1993). Kadushin (1976) noted the need to discuss a number of considerations which, in aggregate, contribute to a comprehensive definition of supervision. Kadushin's (1976) definition includes the functions of supervision, the objectives of supervision, the hierarchical position of supervisors, the indirect service aspects of supervision, and the interactional process of supervision.

Kadushin (1976, 1985, 1992) acknowledges the early definitions of the supervisory role which included the administration and education functions and expands his definition to include the expressive-supportive function. He argues the three aspects are distinguished in terms of their corresponding problems and goals. Kadushin (1985, 1992) views the primary problem in administrative supervision as being concerned with the correct, effective, and appropriate implementation of agency policies and procedures; the primary goal is ensuring adherence to policies and procedures. He views the primary

problem in educational supervision as the workers' lack of knowledge or ineptitude in relation to knowledge, attitude and skill required to do the job; the primary goal is to impart knowledge and upgrade skill. The primary problem in supportive supervision is viewed as being worker morale and job satisfaction; the primary goal is to improve morale and job satisfaction. Kadushin (1985, 1992) views the administrative, educational and supportive aspects as being the major functions of supervision, all of which are complementary and necessary to achieve the ultimate objective of supervision.

Short range objectives are identified for each of the functions of supervision. The short range objective of educational supervision is to improve the worker's capacity to do his or her job more effectively; the short range objective of administrative supervision is to provide the worker with a work context that permits him or her to do the job more effectively; the short range objective of supportive supervision is to assist the worker in feeling good about his or her job. These short-range objectives are the means for achieving the long-range objective of providing effective and efficient service to clients. In working toward this ultimate objective, the supervisor administratively integrates and coordinates the supervisees' work with the work of others, educates the worker to provide a more skilful performance in their tasks and supports and sustains the workers in motivated performance of these tasks (Kadushin, 1985, 1992).

Kadushin (1985, 1992) views the supervisor as occupying a middle management position where the supervisor is responsible for the performance of the direct service workers and is accountable to administrative directors. Supervision is focussed on internal operations specifically related to program management and implementation. The

supervisor's position in the agency organizational structure is viewed as one which provides an indirect service whereby the supervisor is in contact with the client through the worker. Specifically, the supervisor's role is to assist the worker to assist the client. The supervisor and supervisees' establish a small interlocking social system that, at its best, is democratic, cooperative, participatory, mutual, respectful, and open.

Kadushin's (1976) definition of the social work supervisor is as follows:

A social work supervisor is an agency administrative staff member to whom authority is delegated to direct, coordinate, enhance, and evaluate on-the-job performance of the supervisees' for whose work he [or she] is held accountable. In implementing this responsibility the supervisor performs administrative, educational, and supportive functions in interaction with the supervisees in the context of a positive relationship. The supervisor's ultimate objective is to deliver to agency clients the best possible service, both quantitative and qualitatively, in accordance with agency policies and procedures. (p. 21)

Administrative supervision.

Administration is a process which implements organizational objectives. In organizations that are characterized by a highly differentiated hierarchical structure, front-line supervisors are directly responsible for, and in contact with, the direct service workers. Front-line supervisors also carry responsibility for agency management with specific responsibility for administrative-managerial functions (Kadushin, 1985, 1992).

Specific tasks associated with discharging administrative responsibilities are identified by Kadushin (1985, 1992) and include recruiting and selecting staff; inducting and placing the new worker physically, socially, and organizationally into the agency;

work planning to ensure that agency policies and objectives are translated into tasks to be performed by direct service workers; and assigning work and cases to ensure that deadlines can be met and workers can complete mandated tasks without undue stress. Other administrative tasks include delegating which deals with the level of autonomy delegated to the individual worker; monitoring, reviewing and evaluating the work to ensure minimally acceptable levels of performance; coordinating the work of different workers toward the achievement of agency objectives by maximizing cooperation and minimizing conflict between workers and work units; and communication functions which include acting as an administrative control center for gathering, processing, and disseminating information from above and below in the hierarchical chain of command. Additional administrative tasks include acting as an advocate for staff with administration, other agency units and with the community of agencies through vertical and horizontal communications to ensure active representation of workers' interests and viewpoints; acting as an administrative buffer with agency clients to handle problems and complaints relating to dissatisfaction with worker decisions or other aspects of service to protect the worker, and the client, from possible arbitrary or incorrect decisions; acting as a buffer between the agency and worker where needed (e.g. protect the worker from imposition of unreasonable workload standards); and acting as an organizational change agent and community liaison to assist the agency in balancing the contradictory needs of accepting change while maintaining stability.

The supervisor is ultimately responsible for ensuring that these functions are effectively and efficiently implemented and, therefore, must be granted the authority and

power to enact these tasks. “The manager who consistently shrinks from using the authority of the office when there is disagreement with subordinates ultimately loses the ability to coordinate activities toward the achievement of organizational objectives” (Patti, 1983, pp. 217-218 cited in Kadushin, 1985, p. 93).

At the same time that it is recognized that supervisors must be granted, and must exercise, some measure of authority and power, it is also recognized that the most effective use of authority is minimal use - where it is clear that the situation demands it to achieve organizational goals and objectives (Kadushin, 1992, p. 97).

The exercise of authority should be predictable to ensure that staff can see the consequences of certain action which provides some measure of control; should be depersonalized; should be impartially exercised to ensure similar treatment of people across similar situations unless there is an acceptable reason for differential treatment; and should be limited and job-related (Kadushin, 1992). Administration must be clear with both supervisors and staff as to the nature of the authority delegated to the supervisor, the limits of that authority, and the conditions under which it can be legitimately exercised. When these conditions are met, the appropriate use of authority is not in conflict with the objectives of administrative, educational or supportive supervision; it is simply a tool to be used, when necessary, to ensure the provision of the best possible service to clients.

Educational supervision.

Kadushin (1985, 1992) views educational supervision as the second principal responsibility of supervision. “It is concerned with teaching the knowledge, skills, and

attitudes necessary for the performance of clinical social work tasks through detailed analysis of the worker's interaction with the client" (Kadushin, 1992, p. 135).

Kadushin (1985, 1992) views educational supervision as distinct from staff development and in-service training. Staff development refers to all of the procedures an agency might employ to enhance the job-related knowledge, skills, and attitudes of its total staff, and includes educational supervision which is directed toward the needs of a particular worker carrying a particular caseload, encountering particular problems and needing an individualized program of education.

In-service training is viewed as a more specific form of staff development. It refers to planned, formal training provided to a limited group of agency personnel who have the same job classification or the same job responsibilities, and provides a generic teaching content applicable to all members of the group. Educational supervision supplements in-service training by assisting the worker to implement and apply the more general learning provided through in-service training (Kadushin, 1985, 1992).

The supervisor's role in educational supervision includes providing assistance with the implementation and application of general learning. Specific tasks may include requesting specialized training as a consequence of having assessed the worker's training needs, arranging for the training, acting as a training broker by monitoring the availability of training opportunities, bringing training opportunities to the attention of workers and arranging for financial support and necessary coverage of the caseload, and planning

training programs with in-service training or staff development personnel (Kadushin, 1992).

Educational supervision and administrative supervision reinforce each other and share the same ultimate objective of providing the best possible service to clients. While administrative supervision provides the organizational structure to achieve the objective, educational supervision provides the training that enables workers to achieve the objective (Kadushin, 1992).

Supportive supervision.

While administrative and educational supervision are concerned with instrumental needs, supportive supervision is concerned with expressive needs. The focus is on assisting the worker to deal with job-related stress and to develop attitudes and feelings that are conducive to peak job performance.

Kadushin (1985, 1992) views the main sources of stress for workers as being the performance and compliance demands of administrative supervision, the learning demands of educational supervision, the clients, the nature and organizational context of social work tasks, and the relationship with the supervisor.

As is the case with administrative and educational supervision, the objective of supportive supervision is to achieve effective and efficient client service. In implementing supportive supervision, the supervisor seeks to prevent the development of stressful situations, to remove the worker from stress, to reduce the stress levels of the worker, and to assist the worker in adjusting to stress. Specifically, the supervisor should be available and approachable, communicate confidence in the worker, provide perspective, excuse

failure when appropriate, sanction and share responsibility for decisions, provide opportunities for independent functioning and probable success in task achievement, and provide reassurance, encouragement, and recognition of achievement (Kadushin, 1985, 1992).

While Kadushin (1992) stresses the importance of supportive supervision, he also points to the limitations and states:

It needs to be recognized . . . that even the best supervisory relationship is not potent enough to resolve some dissatisfactions and job-related conflicts that derive from the nature of the work itself and the conditions under which it frequently has to be performed. Some dissatisfactions are inherent in agency structure, the social work task, the state of available professional technology, and the position of the social work profession in modern society It would be asking far more of supervision than it is capable of achieving if a good supervisory relationship is expected to eliminate worker dissatisfaction, worker disenchantment, and worker turnover. This is part of the vocabulary of realism for supervisors. (pp. 273, 274)

Research on Supervision

Research on supervision specific to social work is very limited. Kadushin (1985) points out that much of the research available on supervision in the human services lies outside social work in related disciplines such as psychiatry, psychology, counselling, rehabilitation, speech and hearing therapy and pastoral counselling (p. 492). While there is abundant literature available on social work supervision, most of it is anecdotal, idiosyncratic, nonquantifiable and speculative focussed on what should be done by supervisors in supervision (Kadushin, 1985, p. 493). A review of the literature resulted in identifying a number of studies dealing with specific aspects of supervision.

Shulman, Robinson and Luckyj (1981) conducted a study on supervision in various social work agencies including child welfare, hospitals and residential treatment centers. This study surveyed 109 supervisors and 671 front line workers in relation to the structure and context of supervision. One area of investigation was the frequency of supervision and general availability of supervisors. The finding of this study was that supervisors set aside time for regularly scheduled individual supervision from “a little of the time” to “sometimes” and, on average, these sessions were held only once per month (Shulman, 1993, p. 25).

Another area of investigation of the Shulman et al (1981) study was the percentage of time supervisors allotted to various tasks. The findings on this variable were that supervisors spent approximately 40% of their time on administrative tasks (20% on management, 18% on coordinating, 11% on personnel matters). About 40% of supervisors' time was spent on supervision - consultation which can be interpreted to mean educational supervision (Shulman, 1982, p. 22 cited in Kadushin, 1985, p. 26).

Poertner and Rapp (1983) conducted a task analysis of supervision in a public child welfare agency involving 120 supervisors and 227 direct service workers. A listing of 35 tasks identified through interviews with selected supervisors was sent to the participants of this study. Supervisors reported performing 80% of the tasks associated with administrative supervision: (a) evaluating case plans for compliance with policy, (b) examining case plans with social workers, (c) projecting placements and service needs, (d) reviewing forms for accuracy and completion, (e) monitoring team goal attainment, (f) responding to instructions or requests from central office, (g) reviewing and approving

forms, (h) meeting with community agencies to discuss service plans, (i) participating with community groups to identify and define new service priorities, and (j) meeting with community groups to gain cooperation in meeting departmental goals. Tasks concerned with educational and supportive supervision comprised the remaining 20% (cited in Kadushin, 1985, p. 26).

Pilcher (1984) conducted a study with members of the Australian Association of Social Workers with respect to members' attitudes and experiences of supervision. The findings of this study were that the majority of participants viewed supervision as a valued sounding board for reflecting on practice and viewed supervision as a lifelong requirement for the career of social work (cited in Scott and Farrow, 1993, p. 35).

Shulman (1991) conducted a study in a provincial child welfare agency in British Columbia which reported on the percentage of time allocated by area executive directors (n = 5), managers (n = 10) and front-line supervisors (n = 68) to each of their different functions. In this study, supervisors reported 52% of their time being allocated to administrative tasks and 40% of their time being allocated to the consultation function (cited in Shulman, 1993, p. 23).

Scott and Farrow (1993) studied the extent to which supervisory practices conformed to key recommended standards in the fields of child welfare and hospital social work. Using the 1988 Recommended Standards for Social Work Supervision developed by the Australian Association of Social Workers and Kadushin's (1976) definition of social work supervision, the authors of this study surveyed 94 social workers and supervisors at the Community Services Victoria statutory child welfare department and

139 social workers and supervisors in nine teaching hospitals in Melbourne. This study explored the degree to which three specific standards were operationalized in the two settings, one of which is relevant to the present study: "Supervision should meet the needs of supervisees within the organization for administrative, educational and supportive supervision" (Scott and Farrow, 1993, p. 33).

The methodology and analysis of this study involved the development of a six point Likert scale and a comparison of mean scores for each of the two sets of respondents, supervisors and social workers, within each of the two settings. It should be noted that although the scales were designed at the ordinal level of measurement, a mean score was derived from the ordinal scales. In addition, as the authors note, the mean score is easily distorted by extreme scores and caution must be used in making any comparisons between the two settings. With respect to this study's findings relating to the child welfare setting, supervisors reported an equal emphasis on administrative and supportive supervision (mean scores 5.0 and 5.0) and a slightly lesser emphasis on educational supervision (mean score 4.0).

Rushton and Nathan (1996) explored supervision being provided by 12 team leaders in London's inner city using the focus group method. This study identified supervision as a crucial element in identifying children at risk and imparting knowledge, understanding and skill to front line workers. The members of the focus group in this study described the context in which they worked as follows:

Inner city decline and financial retrenchment in over-burdened social services departments Child protection responsibilities dominated their work, imbued as they will always be with worrying responsibilities and high professional anxiety. They confirmed the evidence of a contemporary report (DOH/SSI, 1990) that inexperienced workers on their teams were holding child protection cases and that staff shortages and absence increased the work pressure. (p. 361)

Among the findings of the Rushton and Nathan (1996) study was the expressed difficulty of protecting supervision time. The participants noted their intent was to provide formal, individual supervision one and a half hours every two weeks; however, due to more immediate pressures, this goal was not achieved (p.361). Good time management skills and organizational competence were viewed as essential to ensuring the most productive use of limited supervision time. Planning regular supervision well in advance, keeping a log of all cases along with the accompanying child protection plan, and accurate records of when the child was last seen were identified as specific tools to making supervision more systematic (p. 362).

CHAPTER IV**RESEARCH DESIGN AND METHODOLOGY****The Research Hypotheses**

The research hypotheses for this study are:

1. Supervisors and social workers, at Winnipeg Child and Family Services - Central Area, will perceive differences as to the usefulness of planned and unplanned supervision with respect to enhancing their ability to effectively carry out their respective responsibilities.
2. Supervisory direction, or consultation, at critical decision points in the management of abuse and neglect cases, protection cases, and children in care cases is essential to achieving the objective of ensuring that a child's right to protection supersedes any secondary goals or objectives. Supervisory direction, or consultation, at critical decision points in the specified case types is only partially achieved at Winnipeg Child and Family Services - Central Area.
3. There are three major elements that comprise effective supervision: administrative supervision, educational supervision and supportive supervision. At Winnipeg Child and Family Services - Central Area, administrative supervision is provided to a greater extent than is educational or supportive supervision.

The Research Objectives

The objectives of this study are:

1. To complete a formative program evaluation at Winnipeg Child and Family Services - Central Area focussed on assessing the perceived usefulness of planned and unplanned supervision from the perspectives of the supervisors and the social workers; the extent to which administrative, educational and supportive supervision is implemented; and the extent to which supervisory personnel are involved in the management of abuse and neglect cases, open protection cases, and children in care cases at Winnipeg Child and Family Services - Central Area.
2. To identify differences between the extent to which supervisory personnel at Winnipeg Child and Family Services - Central Area are involved in the management of abuse and neglect cases, protection cases, and children in care cases and the extent to which supervisory involvement is mandated through practice standards which currently exist in Canadian jurisdictions including the Province of Manitoba.
3. To provide a report for the program managers at Winnipeg Child and Family Services - Central Area that will provide descriptive information as outlined above and provide recommendations for a process to improve the Central Area's supervision programs.

The Research Design

The intent of this study is to provide exploratory and descriptive information relating specifically to the supervision program currently in place within the child

protection service units at Winnipeg Child and Family Services - Central Area. As the primary focus is on identifying the frequency and nature of supervision; identifying the extent to which the functions of administrative, educational, and supportive supervision are carried out; identifying the extent to which supervisory involvement occurs at critical points in the decision making and management of abuse and neglect cases, protection cases, and children in care cases; and providing recommendations to improve the programming in these areas, a quantitative paradigm has been chosen.

Within the quantitative paradigm chosen, the research design used is the cross sectional, or survey, design. The cross sectional design was selected, primarily, as it is an effective design where the intent of the research is to provide exploratory or descriptive data. It is a relatively simple, all-purpose design that can generate sound, systematic data in relation to the reactions of people to the program. It is a strong design where the intent is to determine how clients, workers, or administrators have experienced the program, what they think about different parts of the program and what they think are the effects of the program. It can frequently generate enough data to allow for the examination of relationships between the characteristics of the program participants, the type of intervention they received or provided, and their perceptions of the program and its possible effects (Smith, 1990, p. 72). While there are many strengths to the cross-sectional design, there are also a number of limitations. Specifically, because the design gathers data at only one point in time, it is subject to the usual threats to internal validity including the effects of history and maturation (Atherton and Klemmack, 1982). The

result is that, while this design is useful for exploratory and descriptive purposes, it should not be used in studies seeking causal explanations.

Research Variables

The main variables in this study are the usefulness of planned and unplanned supervision as perceived by supervisors and social workers; the extent of supervisory involvement at critical decision points in the case management of abuse and neglect cases, protection cases, and children in care cases; the extent to which administrative supervision is implemented; the extent to which educational supervision is implemented; and the extent to which supportive supervision is implemented. Additional variables which will be used for descriptive purposes include the level of education of supervisors and child protection social workers, and the level of experience of supervisors and child protection social workers.

The Data Collection Instrument - Design and Levels of Measurement

The data collection instrument is a four-part questionnaire developed for this study. Part I of the questionnaire provides demographic information and consists of four items which measure total experience in child protection services at the respondents' current position classification (ordinal measure), years of experience in child protection services at Winnipeg Child and Family Services - Central Area at the respondents' current classification (ordinal measure), years of experience in present position, and highest level of education attained (ordinal measure) for both supervisors and social workers. It is recognized that measures of time such as years experience are appropriately measured at the interval level; however, due to the small size of the study sample (eight supervisors

and fifty two social workers), the decision was made to measure the time variables at the ordinal measure to safeguard anonymity and confidentiality.

Part II of the questionnaire provides information relating to the frequency and nature of supervision as it is currently provided in the Central area. Part II consists of eleven items which measure the frequency of formal, individual supervision (interval measure), the length of supervision sessions (ordinal measure), the frequency of informal, as-needed supervision (ordinal measure), the reasons for informal, as-needed supervision (nominal measure), the frequency of planned supervision (ordinal measure), the frequency of interruptions of supervision (ordinal measure), the frequency of supervision being rescheduled (ordinal measure), the general level of satisfaction with the quality of supervision received or provided (ordinal measure), and the general level of satisfaction with the quantity of supervision provided or received (ordinal measure). The last two items in Part II of the survey have been eliminated from the study's description of results, discussion of results and conclusions. Although these questions were felt to be appropriate at the time of the survey's design and development, further review in preparation for the data presentation and analysis stage led to the conclusion that these questions were not related to the stated study hypotheses, and further, that unnecessary reporting of information, however interesting, would constitute a violation of participants' privacy (Atherton and Klemmack, 1982, p. 302).

Part III of the questionnaire consists of eight items intended to measure the extent to which supervisors are involved at critical points in the decision making and management of abuse and neglect cases, open protection cases, and children in care cases. The eight

items measured in Part III of the questionnaire are identical in both the supervisor and social worker questionnaires and are all measured at the ordinal level of measurement.

Part IV of the questionnaire consists of 24 items relating to the frequency of administrative, educational and supportive supervision occurring in the current supervision structure at Central Area. Each of the three dimensions of supervision is measured by eight items on a five-point scale (ordinal measure) which is intended to provide a composite measure for administrative, educational and supportive supervision. The development of these questionnaire items followed the procedure utilized in a study by Scott and Farrow (1993) which examined the extent to which specific social work supervision standards were met in an Australian child welfare and hospital setting. Of the 24 items in Part IV, nine of the questions were adapted from the 1993 study by Scott and Farrow (questions 24, 26, 27, 30, 37, 40, 41, 42 and 43). The remaining 13 questions were developed to fit the specific supervisory context of the current study.

Formal and Operational Definitions

1. Planned Supervision

Planned supervision refers to a meeting between the supervisor and social worker that is intended to occur for the purpose of providing administrative, educational and supportive supervision.

Operational Definition

Planned supervision is operationally defined as the frequency and length of formal, individual supervision sessions that occur as intended between the

supervisor and the social worker (Questions # 5 & 6, Supervision Questionnaire).

2. Unplanned Supervision

Unplanned supervision refers to the provision of administrative, educational or supportive supervision by a supervisor at a time when it was not intended to occur.

Operational Definition

Unplanned supervision is operationally defined as the frequency with which administrative, educational or supportive supervision is provided by a supervisor on an as-needed or emergency basis (Question # 7, Supervision Questionnaire).

3. Usefulness of Planned Supervision

Usefulness of planned supervision refers to the extent to which planned supervision is perceived by supervisors and social workers to have utility or practical worth with respect to enhancing their ability to effectively carry out the responsibilities of their respective roles.

Operational Definition

Usefulness of planned supervision is operationally defined as the extent to which planned supervision is reported by supervisors and social workers to have utility or practical worth with respect to enhancing their ability to effectively carry out the responsibilities of their respective roles (Question # 12, Supervision Questionnaire).

4. Usefulness of Unplanned Supervision

Usefulness of unplanned supervision refers to the extent to which unplanned supervision is perceived by supervisors and social workers to have utility or practical worth with respect to enhancing their ability to effectively carry out the responsibilities of their respective roles.

Operational Definition

Usefulness of unplanned supervision is operationally defined as the extent to which unplanned supervision is reported by supervisors and social workers to have practical worth with respect to enhancing their ability to effectively carry out the responsibilities of their respective roles (Question #13, Supervision Questionnaire).

5. Administrative Supervision

Administrative supervision is the process by which supervisors work toward achieving the organizational goal of ensuring that child protection social workers operate within the parameters set by legislation, agency policies and procedures, and existing standards of practice (Kadushin, 1992).

Operational Definition

Administrative supervision is broken down into four specifications, each of which is quantitatively measured by scoring responses for two items on a scale developed for this study. Measurement of the four specifications is intended to result in a composite measure of administrative supervision.

The four specifications are the clarification of roles, the planning and assigning of work, the review and assessment of performance, and accountability and responsibility (Scott and Farrow, 1993, p. 37).

Clarification of roles measurement.

- (i) The extent to which supervision includes clarifying the tasks of the social worker's role in child protection services (Question # 27, Supervision Questionnaire).
- (ii) The extent to which supervision includes identifying the areas of responsibility associated with the social worker's role in child protection services (Question # 39, Supervision Questionnaire).

Planning and assigning work measurement.

- (i) The extent to which supervision includes providing assistance with prioritizing tasks to be completed (Question # 29, Supervision Questionnaire).
- (ii) The extent to which supervision includes planning and assigning of specific tasks to be completed by social workers (Question # 43, Supervision Questionnaire).

Reviewing and assessing performance measurement.

- (i) The extent to which supervision includes reviewing the social worker's assessment of problems to be solved in specific cases (Question # 28, Supervision Questionnaire).

- (ii) The extent to which supervision includes reviewing the progress being made in completing the social worker's responsibilities in relation to the specific case plans (Question # 34, Supervision Questionnaire).

Accountability and responsibility measurement.

- (i) The extent to which supervision includes reviewing the frequency of the social worker's contacts with clients (Question # 35, Supervision Questionnaire).
- (ii) The extent to which supervision includes the setting of deadlines to fulfill the responsibilities associated with the child protection role (Question # 47, Supervision Questionnaire).

6. Educational Supervision

Educational supervision is the process by which supervisors work toward achieving the organizational goal of providing child protection social workers with the knowledge and skills required to perform the child protection function (Kadushin, 1992).

Operational Definition

Educational supervision is broken down into four specifications each of which is quantitatively measured by scoring two items on a scale developed for this study. Measurement of the four specifications is intended to result in a composite measure of educational supervision. The four specifications

are the development of self-awareness, the building of a professional knowledge base, the development of practice theory, and working relationships (Scott and Farrow, 1993, p. 37).

Development of self-awareness measurement.

- (i) The extent to which supervision includes identifying how the social workers' personal values could affect their practice (Question # 31, Supervision Questionnaire).
- (ii) The extent to which supervision encourages the social workers to reflect on whether personal experiences may be impacting on their practice (Question # 40, Supervision Questionnaire).

Development of knowledge base measurement.

- (i) The extent to which supervision includes identifying the underlying theoretical bases of the social workers' actions (Question # 24, Supervision Questionnaire).
- (ii) The extent to which supervision results in an increased interest on the part of social workers relating to different theories of practice (Question # 37, Supervision Questionnaire).

Development of practice theory measurement.

- (i) The extent to which supervision includes identifying various intervention options in relation to specific cases (Question # 25, Supervision Questionnaire).
- (ii) The extent to which supervision includes identifying areas where advanced training would increase the range of practice skills and techniques available to the social worker (Question # 36, Supervision Questionnaire).

Working relationships measurement.

- (i) The extent to which supervision includes planning strategies to reduce conflict between social workers and colleagues in their own or other units of the Agency (Question # 42, Supervision Questionnaire).
- (ii) The extent to which supervision includes planning strategies to enhance working relationships with colleagues employed in collateral organizations (Question # 46, Supervision Questionnaire).

7. Supportive Supervision

Supportive supervision is the process by which supervisors work toward achieving the organizational goal of improving worker morale and job satisfaction (Kadushin, 1992).

Operational Definition

Supportive supervision is broken down into four specifications each of which is quantitatively measured by two items on a scale developed for this study. Measurement of the four specifications is intended to result in a composite measure of supportive supervision. The four specifications are sustaining worker morale, developing a sense of professional worth, developing a sense of belonging in the Agency, and developing a sense of security in performance (Scott and Farrow, 1993, p. 37).

Sustaining worker morale measurement.

- (i) The extent to which supervision includes identifying strategies to reduce job-related stress (Question # 32, Supervision Questionnaire).
- (ii) The extent to which supervision identifies strategies to minimize the development of stressful situations (Question # 33, Supervision Questionnaire).

Developing a sense of professional worth measurement.

- (i) The extent to which supervision contributes to the social workers' sense of professionalism (Question # 30, Supervision Questionnaire).
- (ii) The extent to which supervision reinforces the social workers' belief in the child protection role (Question # 44, Supervision Questionnaire).

Developing a sense of belonging measurement.

- (i) The extent to which supervision contributes to the social workers' sense of belonging in the Agency (Question # 41, Supervision Questionnaire).
- (ii) The extent to which supervision identifies how the social workers' successful performance contributes to the achievement of the Agency's objectives (Question # 45, Supervision Questionnaire).

Developing a sense of security in performance measurement.

- (i) The extent to which supervision decreases the social workers' anxiety about his or her handling of a case (Question # 26, Supervision Questionnaire).
- (ii) The extent to which supervision includes discussion relating to the social workers' past successes in handling difficult situations (Question # 38, Supervision Questionnaire).

8. Child Protection Services

Child protection services are those services provided by mandated child welfare agencies where the objective is to prevent the endangerment of a child's life, health, or emotional well-being as the result of an act or omission by a person (Adapted from The Child & Family Services Act, 1986, Section 17 (1)).

9. **Child Protection Social Workers**

Social workers whose primary role is to provide child protection services to children and families receiving services under the Child and Family Services Act (1986).

10. **Child Protection Supervisors**

Child protection supervisors are agency administrative staff members to whom authority is delegated to direct, coordinate, enhance, and evaluate on-the-job performance of child protection social workers for whose work they are held accountable (Kadushin, 1985, 1992).

11. **Total Supervision Services**

Administrative, educational and supportive supervision provided for child protection social workers by child protection supervisors. Total supervision services includes all direction and consultation received on an as-needed emergency basis as well as direction and consultation received through the provision of formal supervisory conferences.

12. **Direction**

Instructions provided to child protection social workers by child protection supervisors. Direction includes the expectation that instructions will be followed.

13. **Consultation**

Information or advice provided to child protection social workers by child protection supervisors. Consultation is qualitatively different from

direction in that it may, or may not, be followed at the social worker's discretion.

14. Critical Decision Points

Critical decision points are those points in the case management process at which an assessment of risk for the likelihood of abuse and neglect is required to ensure the child's right to protection supersedes any secondary goals or objectives.

Operational Definition

Critical decision points have been extracted from The Revised Standards for the Investigation and Management of Child Abuse Cases (Ontario Ministry of Community and Social Services, 1992, p. 31) and are defined as:

- (i) the point of initial referral or allegation of abuse or neglect;
- (ii) the period of time during which the investigation is being carried out;
- (iii) the point of completion of an investigation of abuse or neglect;
- (iv) the point at which consideration is given to the apprehension of a child;
- (v) the point at which consideration is given to returning a child to the person from whom he or she was apprehended;
- (vi) the point at which the development of a case plan occurs;
- (vii) the point at which major changes to an established case plan are being considered; and
- (viii) the point at which consideration is given to terminating services.

It should be noted that five of the eight decision points loosely correspond to standards referenced in Manitoba's Program Standards Manual in relation to the supervisory role. Specifically, the five Manitoba standards are Standard 312.3 - Review by Supervisor, which requires supervisory review on all intakes dealing with child

protection to ensure the appropriateness of opening or closing the intake (Section 312, p. 1); Standard 322.2 - Quarterly Reviews, which requires that service plans be reviewed by the supervisor at least quarterly, but includes a statement requiring that service plans be reviewed, revised and changed to meet the circumstances of the case (Section 322, p. 1); Standard 326.6 - Case Terminations, which requires supervisory review of all cases prior to closing (Section 326, p. 1); Standard 340.1 - Consultation with Supervisor, which states that all apprehensions, except in emergency situations, are to be discussed with the supervisor prior to apprehension and, in emergency situations, the worker is to advise the supervisor of the apprehension as soon as possible (Section 340, p. 1); and Standard 340.5 - Apprehension Withdrawal, which requires supervisory consultation prior to withdrawing an apprehension (Section 350, p. 1).

15. Abuse

Abuse is defined as:

An act or omission of a person where the act or omission results in

- (a) physical injury to the child,
- (b) emotional disability of a permanent nature in the child or is likely to result in such a disability, or
- (c) sexual exploitation of the child with or without the child's consent. (Federal Provincial Working Group on Child and Family Services Information, 1994, p. 100)

16. Neglect

Neglect is defined as follows:

An omission of care due to the failure of an adult charged with the responsibility for a child to protect that child from avoidable present and future suffering. This includes a failure to provide appropriate care, affection, control or stimulation for the child. This includes, but is not limited to, the exposure of a child to frequent family violence and

inappropriate demands from a caregiver. (Christianson-Wood, 1995, p. 146)

17. Protection Cases

Protection cases refer to those family cases receiving child welfare services as the result of finding a child to be in need of protection as defined in Part III of The Child & Family Services Act, 1986, Part III, Section 17 (1).

18. Children in Care Cases

Children in care cases refers to those cases opened for children's services where the child is under apprehension, or, is legally under the temporary or permanent care of Winnipeg Child and Family Services - Central Area.

Sample

The study sample is the total staff population within the service units of Winnipeg Child and Family Services - Central Area holding direct responsibility for child protection services. In this study, the sample comprises the Intake Unit, four Family Service Units, the Family Reunification Unit and the Permanency Planning & Adoption Unit.

Numerically, this translates to eight supervisors (seven current supervisors and one supervisor currently on leave) and 52 direct service social workers.

Methodology

As previously stated, the data collection method selected is the questionnaire which consists of 47 structured, close-ended questions. Parallel questionnaires were developed for supervisors and social workers.

The questionnaire was pre-tested with a supervisor and service unit of another area of the Agency to answer the following questions (Atherton & Klemmack, 1982, p. 104):

- (1) Do the respondents interpret the meaning of the questions in the way they are intended?
- (2) How do the respondents feel about completing the questionnaire?
- (3) What problems can be identified in completing the questionnaire?
- (4) Are the instructions easily understood?
- (5) How long does it take to complete the questionnaire?

The pre-test group consisted of one supervisor and eight social workers. All participants indicated the instructions were easily understood.

Of the nine participants, two noted questions where they felt the meaning of the questions was unclear. One participant noted question 42 ("Supervision includes planning and discussing strategies to assist the social worker in reducing conflict with colleagues in their own or other units.") One other participant identified questions 24 ("Supervision includes identifying the underlying theoretical bases of the social workers actions."), question 33 ("Supervision includes identifying ways to assist the social worker in minimizing the development of stressful situations."), question 37 ("Supervision results in an increased interest on the part of social workers relating to different theories of practice."), and question 46 ("Supervision includes discussion and planning of strategies to assist the social workers in enhancing their working relationships with colleagues employed in collateral organizations."), as being unclear in their meanings. This latter participant suggested using examples to assist in illuminating the meaning of the survey

questions. The noted questions were reviewed by this writer, and after taking into consideration the majority of the pre-test group expressed no difficulty with understanding the meaning of these questions (n = 7), the decision was made to reject the suggestion of providing examples for the survey questions. The rationale for this decision was that incorporating examples would significantly increase the size of the survey and the time required to complete the survey. In light of the well-documented poor rate of return in survey research and the small minority expressing difficulty with the meaning of the survey questions, the decision was made to administer the survey in its original format.

With respect to the pre-test question which asked participants to identify any positive or negative feeling they may have in completing the survey, one participant expressed interest in seeing the results of the survey; one participant stated it made him or her aware of the possible range of responses based on the worker's experience, one participant stated his or her feelings were natural, and two participants indicated no feelings in completing the survey.

With respect to the pre-test question which asked participants if there were any problems that could be identified, five participants stated there were no problems, and one participant noted the following comment: "Just a few questions (above) where meaning wasn't clear. Examples are helpful in illuminating the meaning." One participant noted it appears comprehensive if you're a child protection worker.

With respect to the pre-test question which asked participants how long it took to complete the survey, one participant indicated 10 minutes, five participants indicated 15

minutes, one participant indicated 15 - 20 minutes, one participant indicated 20 minutes, and one participant indicated 30 minutes.

The surveys (Appendix A, Appendix B) were administered with the direct service workers (the people who receive the service) and the supervisors (the people who provide the service) within the specified units of the Central Area. The surveys, with a covering letter (Appendix C) outlining the purpose of the study, participant instructions, confidentiality procedures, and a self-addressed stamped return envelope, were distributed in individual packets to each of the supervisors and social workers using the inter-office mail system within the Central Area. Given that the researcher in this situation is an employee of the Central Area, and is in a supervisory position, arrangements were made to have the completed questionnaires returned to, and coded by, an independent researcher of Campbell and Heinrich (Manitoba). Subsequent to this writer identifying and providing instruction to Campbell and Heinrich (Manitoba) as to the appropriate statistical procedures to be completed, the actual procedures were completed by Campbell and Heinrich (Manitoba) to ensure respondent confidentiality and encourage maximum participation. Interpretation and data analysis were completed by this writer.

Additional safeguards designed to ensure confidentiality were developed and include the following measures: at no time, did this writer have access to the completed questionnaires; assurances were provided to respondents that data compiled from the questionnaires would be used solely to complete the evaluation; findings of the study would be reported on a group basis only; completed questionnaires would be destroyed by Campbell and Heinrich (Manitoba) subsequent to completion of the evaluation; and an

explanation as to the restricted usage of the one question on the questionnaire which required participants to identify their work teams was provided. Specifically, participants were assured that the identifying question would be used only to make a determination as to the adequacy of the sample (i.e. 50% response rate), and, that this determination would be made by Campbell and Heinrich (Manitoba). Confidentiality procedures were fully explained in the covering letter. Participants were also advised in the covering letter that return of the completed questionnaire would constitute consent.

Questionnaires and covering letters were distributed in two mailings with seven days between the distributions to encourage maximum participation. The second mailing was sent to all of the potential participants along with a personal memo thanking those who had already completed the survey and encouraging those who had not yet completed the survey to do so.

The Research Setting

Winnipeg Child and Family Services - Central Area

The Central Area is one of four geographically defined service areas of Winnipeg Child and Family Services. The Central Area has office locations at 831 Portage Avenue and 720 Broadway. The Central Area is defined by the following boundaries:

The area bounded on the south by the Assiniboine River between the Red River and St. James Street; on the east by the Red River between the Assiniboine River and the main Canadian Pacific Railway tracks; on the north by the main Canadian Pacific Railway tracks between the Red River and Keewatin Street; and on the west by Keewatin Street between the main Canadian Pacific Railway tracks and Notre Dame Avenue and St. James Street between Notre Dame and the Assiniboine River. (Unfried, 1994, p. 6)

The Client Profile

A recent practicum report by Mirwaldt (1995) outlined many of the community and client characteristics associated with the Central Area:

The core area of Winnipeg is a community defined both geographically and by its socioeconomic disadvantage (Postl, 1995, p. 107) . . . the Central area primarily serves the disadvantaged and the disenfranchised. The Central area 'experiences the lowest median income in Canada' . . . annual income levels in this area 'are 50-60% of those in other Winnipeg neighbourhoods' (Postl, 1995, p. 107) A significant proportion of the population of the Central Area are aboriginal (Postl, 1995). As reported by Postl (1995), in 1991 aboriginal people living in Winnipeg made up 7% of the total population yet 43% of [these] individuals lived in the inner city. Single parent families made up 8.5% of Winnipeg's aboriginal population yet 33.7% of inner city aboriginal families were single parent families. . . . Aboriginal heads of household tended to be younger than their counterparts; as indicated by Postl (1995) 'there were three times more aboriginal households under the age of 25 as compared to nonaboriginal' (p. 88). 'In the inner city 7 out of 10 aboriginal families lived in poverty' (Postl, 1995, p. 88).

A summary profile of the prospective agency clients would indicate that a high percentage of clients are young female single parents, living in poverty with three or more children. A majority of these individuals are of minority ancestry, most likely aboriginal, and under the age of 25. The client families are usually recipients of some form of income assistance, living in sub-standard housing, resulting in a high pattern of migrancy. The children in these families are at risk for chronic health issues resulting in a high use of medical professionals and facilities, poor school performance, and greater than average rate of involvement with youth correctional or child and family service helping professionals. (Mirwaldt, 1995, pp. 79, 80)

Postl (1995) identifies a number of specific disadvantages to children living in the core area of the city:

Poor housing, high unemployment and a high migrancy rate all contribute to the socioeconomic disadvantage of children living in the core area. . . . Core area children utilize hospital beds many times higher than non core children including treatment of infectious diseases, blood disorders, neoplasms, injuries, pregnancy, respiratory illness, digestive illness, and

skin disease. . . . These children have the highest need for health care interventions. In the core area one can also find high rates of crime perpetrated onto and by children. It is also an area of over representation of accidents and injuries, both at home and in the streets (p. 107).

The Role of the Supervisor in Central Area

Supervisors in the Central Area report to the Director of Services who, in turn, reports to the Area Director.

There are no existing position descriptions which detail the role of the supervisor in an easily measurable format. There is a Winnipeg Child and Family Services Position Summary Outline for Unit Supervisors which states the "major focus of the position is to ensure quality services directed at the protection of children and the preservation of families" (Winnipeg Child and Family Services, Position Summary Outline, 1992). The Position Outline identifies four main functions and identifies a number of activities associated with each of the four functions. The four main functions and activities of the supervisor are outlined as follows:

1. **Staffing:** Assures the recruitment, development, and maintenance of a qualified staffing complement within the Service Unit. Associated activities are:
 - 1.1 Participates in the selection of Unit staff.
 - 1.2 Arranges for orientation of Unit staff.
 - 1.3 Monitors staff adherence to social work process.
 - 1.4 Undertakes performance appraisals and review of Unit staff.
 - 1.5 Provides day-to-day supervision, recognition and discipline to Unit staff.
 - 1.6 Recommends training event attendance for Unit staff.

2. **Administrative:** Assures that all administrative activity within the Unit is maintained. Associated activities are:
 - 2.1 Provides direction to staff regarding client documentation and requirements.

- 2.2 **Monitors Unit staff compliance with client documentation requirements.**
- 2.3 **Assures storage, maintenance and retrieval of client files.**
- 2.4 **Undertakes a variety of statistical and service issue reports.**
- 2.5 **Authorizes Agency disbursements for petty cash, client special need expenditures, and staff expense accounts.**
- 2.6 **Ensures adherence to office management procedures, staff work schedules, physical support activities, vehicle utilization, etc.**
- 2.7 **Establishes relationships with both designated service and community agencies.**

3. **Area Management Team Participation**: Assures that Service Unit concerns are represented, participates in Area decision making process, and represents Area perspective by assuming special assignments on behalf of the Area. Associated activities are:

- 3.1 **Contributes to the development of Area Management Team Process.**
- 3.2 **Identifies service delivery, practice and Unit issues where policy development or revision is required.**
- 3.3 **Undertakes Area-wide program responsibility on assignment.**

4. **Self-Development and the Development of Others**: Actively seeks out knowledge of development and innovations in social work and supervisory practices.

- 4.1 **Sets personal learning and improvement objectives which include broad issues impacting on the delivery of quality child and family services.**
- 4.2 **Identifies and attends selected training opportunities.**
- 4.3 **Assists staff directly supervised in identifying training for professional and personal self-development needs.**
(Winnipeg Child and Family Services, Position Description)

A review of recent postings for supervisory positions within the Central Area indicates the primary responsibilities are to provide case supervision and consultation to social workers regarding day-to-day services, supervise a team of social workers with respect to case management and planning, complete formal performance reviews, compile service and program statistics, participate as a member of the Central Area Management Team, participate in recruitment and orientation of staff members, and provide after hours

supervisory coverage on a rotational basis. As has been previously stated, there are no agency-sanctioned models of supervision. The relevant practice standards of child protection supervision have been referred to earlier in this paper.

Service Delivery Structure - Child Protection Services

Central Area's service delivery structure for the provision of child protection services is diagrammed in the attached organizational chart (Appendix D) and consists of the following:

Intake unit.

The Intake Unit is physically located at 831 Portage Avenue and comprises one supervisor and ten social workers working in teams of two. The intake function in the Central Area is a centralized model with one unit providing services for all new intakes.

The Act (1986) makes no provision for placing numerical limits on the number of clients receiving services from mandated child welfare agencies. This results in a fluctuating workload in the Intake Unit that is entirely dependent on the number of referrals received. An MSW Practicum Report completed by J. Mirwaldt in 1995 revealed that the Central Area Intake Unit opened 2,162 cases between January 1994 and January 1995. Of the 2,162 cases opened during this one year period, 1,796 cases were closed at the Intake Unit.

More recently, statistical data relating to workload in the Intake Unit revealed that, at March 31, 1997, there were 84 family service and 25 children in care cases receiving services in this Unit reflecting an average caseload, on that date, of 10.9 cases per social worker (Manitoba Child and Family Services Information System).

A number of referral sources were identified by Mirwaldt (1995): self-referrals (17.25%); schools (13.25%); family members (10.50%); other Child and Family Services Agencies (10.50%); hospitals (10.0%); private citizens (9.50%); other specified referral sources (9.70%) which included Probation and Youth Correctional facilities, family court, private counselling agencies, private physicians, public health services, provincial social assistance, city social services, day cares, special education programs, child guidance clinic, child welfare residential centers and anonymous sources; other non-specified sources (7.75%); and sources not identified in the documents reviewed (3.75%).

As is the case with all direct service units providing child protection services in the Area, there are no existing formalized programmatic goals or objectives. Supervisors and social workers rely on the overall Agency mission statement or The Act (1986) to define programmatic areas. The goals as outlined in the mission statement do speak to services but do not outline how services should be delivered. Upon referral to the Intake Unit, cases are screened for eligibility. Eligibility is determined by the individual worker and, where eligibility is unclear, in consultation with the supervisor. Most decisions appear to be made on a case by case basis. Following the initial referral and eligibility assessment, there are four possible service directions (Mirwaldt, 1995, p. 65).

1. The service request does not fall under the Agency's mandate resulting in the case being closed at intake.
2. The service request requires that only information be provided resulting in the case being closed at intake.

3. **The service request can or should be fulfilled by another agency resulting in the case being closed at intake.**
4. **The service request falls within the Agency's mandate resulting in the opening of a file, investigation and further assessment, initial planning, and transfer to an ongoing service unit within the Central Area.**

The length of time for intake involvement and level of service varies with the nature of the service request and the outcome of investigation and assessment. Cases are typically transferred to the ongoing service units within 30 days of the initial opening which provides a limited ability to control the workload of the unit.

Family service units.

The Central Area has four Family Service Units, each of which are staffed by one supervisor and seven social workers. Cases are transferred from the Intake Unit to one of two Family Service Units housed in the main building at 831 Portage Avenue, or, one of two Family Service Units housed in a satellite office at 720 Broadway.

The Family Service Units provide a full range of protection services and case planning for children in care and families in the community where a child has been identified as being in need of protection, or, where the need for protection is identified as a likelihood in the future. The range of services includes developing and implementing plans for children in care who are expected to return to the family home; permanency planning and implementation of plans for children who are permanent wards and over the age of five; ongoing assessment; arranging, monitoring, and supervising visits between children in care and family members; completion of referrals and ongoing consultation with both

collateral agencies and internal departments involved in providing services for children and their families; attendance at all court appearances including docket court, pre-trial hearings, contested trials, access and guardianship hearings; preparation of documentation for court purposes including particulars and contested court summaries; investigation of all allegations of abuse and neglect where a child remains at home and is open on a social worker's caseload; physical removal of children from their families and placement in foster homes or other places of safety; investigation of allegations of abuse and neglect in foster homes; completion of risk assessments; completion of written family and child assessments and other recording requirements; and all other aspects of case management and service delivery including responding to requests for information from external agencies and organizations (e.g. Children's Advocate, Office of the Chief Medical Examiner, Child Welfare and Family Support Branch).

Currently, all major case planning decisions including decisions to apprehend or discharge a child are to be approved by the Unit Supervisor. The frequency, content and process of supervisory conferences appears to be varied across the Family Service Units.

Data relating to the number of case transfers from the Intake unit for the period of January 1994 to January 1995 indicate there were 408 transfers to one of three family service units (the fourth unit was not formed until October 1995). The average number of case transfers per unit for this one year period was 135, with each unit receiving an average of 11.3 cases per month (Mirwaldt, 1995). It should be noted that a case transferred from the Intake Unit is counted in transfer statistics as one case regardless of the number of children in care cases attached to the family service case.

Information relating to the workload of the Family Service Units was obtained from the Child and Family Services Information System (CFSIS). The CFSIS reports, specific to the Central Area, showed that at March 31, 1997, there were 421 open family service cases within the Central Area's four family service units. In addition to the family service cases, there were 559 children in care cases receiving services within the four family service units. The combination of family service and children in care cases reflects an average caseload of 35 for each of the 28 full time social work positions in these units. It should be noted that these numbers greatly exceed recommended caseloads in the literature on child welfare. The Child Welfare League of America (1989) recommends caseloads of 12 to 14 per social worker (cited in Pecora, Whittaker and Maluccio, 1992, p. 265). The National Association of Social Workers (1981) suggests a caseload of 20 to 25 if the caseload is comprised of family service cases (cited in Pecora, Whittaker and Maluccio, 1992, p. 265).

The Family reunification unit.

The Family Reunification Unit is located at 831 Portage Avenue and comprises one supervisor, seven social workers and one family support worker. Family reunification refers to the planned process of reconnecting children in out-of-home placements with their biological families. Families are referred to this unit either directly from the Intake Unit or the Family Service Units.

Services are provided in an intensive and time-limited manner for a period of four to six months. Services include both "soft" or counselling services and "hard" or concrete

services. Each social worker in this unit is intended to carry responsibility for a caseload of four to six family service cases.

This program is still in the developmental stages with respect to service delivery characteristics, and program goals and objectives. Subsequent to reunification of the family, the family file may be closed to the Area or transferred to a Family Service Unit for monitoring and further involvement. Where reunification is unsuccessful, the family and child files are transferred to a Family Service Unit for further services which, in the majority of situations, results in the initiation and completion of the legal process to terminate parental responsibilities. Responsibility for investigating allegations of abuse and neglect, as well as all other aspects of case management, rests with the reunification worker for the duration of the family's involvement within this unit.

Statistical data relating to average caseload in this unit was obtained from the Child and Family Services Information System. The CFSIS reports for this unit indicate that on March 31, 1997, there were 23 family service cases and 32 children in care cases receiving services in this unit. These statistics reflect an average caseload of 8.1 (families and children in care) per social worker.

Permanency planning and adoption unit.

This unit is located at 831 Portage Avenue and comprises one supervisor and five social workers. Responsibilities include facilitating adoption of children and other types of permanency planning where adoption is not possible. Children who are permanent wards and under the age of five, or, over the age of five and part of a sibling group where one child is under the age of five receive services in this unit.

Services in this unit include all services and planning relating to the care of children who are permanent wards including investigations of abuse and neglect. For the most part, these services do not include involvement with biological parents other than the facilitation of visits where continuing contact is viewed as being in the best interests of a child. Additional services provided by this unit include responding to requests for post-legal adoption services such as the provision of nonidentifying birth family information for adult adoptees and nonidentifying adoptive family information for birth parents, and the facilitation of private international adoptions.

Statistical data relating to average caseload in the Permanency Planning & Adoption Unit was obtained through the Child and Family Services Information System. The CFSIS reports for this unit show that on March 31, 1997, there were 168 children in care cases receiving service in this unit reflecting an average caseload of 33.6 per full time social worker. It should be noted these statistics do not reflect the number of cases open for post-legal adoption services.

Program Coordination and Consultation Services

These services are provided by a series of full-time coordinators in the areas of foster care, family support services and child abuse. The coordinators for foster care and family support services report to the Area Director. The Abuse Coordinator reports to the Director of Services.

Services provided by the program coordinators, all of whom are located at 831 Portage Avenue, include arranging for provision of resources such as foster home placements, in-house counselling services, homemaker and parent aide services;

supervision of the individuals providing these resources; and consultation services (e.g. case consultation in abuse cases). Generally speaking, these services do not include direct responsibility for ensuring child protection although there are some exceptions as in the role of the Abuse Coordinator which can include participation in interviews with children and families upon request.

Specialized Services

Services of this nature are based out of 831 Portage Avenue and focus on specific aspects of service delivery such as teaching homemakers, parent aides, child care workers, foster home support workers, counselling or treatment workers, and guardianship assessments in situations where the guardianship applicant is not a biological parent of a child in care. Services and caseloads in these areas are limited to a specified number depending on the service being provided. While receiving services in these units, responsibility for child protection and case management remains with the assigned child protection worker and supervisor of the referring Family Service Unit.

CHAPTER V

RESULTS OF THE RESEARCH

The presentation of the data in this chapter is organized into four sections reflecting the organization of the survey. Part I presents the demographic information. Part II presents the data relating to the frequency and nature of supervision provided. Part III presents the data intended to assess the extent of supervisory involvement at critical decision points in the management of abuse and neglect cases, open protection cases, and children in care cases. Part IV presents the data concerned with assessing the extent of administrative, educational and supportive supervision provided.

Part I - Demographics

The overall response rate for this study was 80.0 % (n = 48) comprising 8 supervisors and 40 social workers. Participation by supervisory staff was 100.0 % (n = 8), and by social work staff, participation was 77.0 % (n = 40).

The modal and median category in relation to total years experience at the current job classification in child protection services is “over 3 years” for the total sample, the supervisors and the social workers. The modal and median category for years experience in current job classification specifically at Winnipeg Child and Family Services, Central Area, is “over 3 years” for all participants. The modal category for years in present position is “between 1 and 2 years” for the total sample and the social workers; the modal

category for the supervisors reflected a bi-modal distribution with 3 supervisors (37.5 %) reporting “between 1 and 2 years”, or, “over 3 years”. The median category for the total sample and the social workers is “between 1 and 2 years”, while for the supervisors, the median category is “over 3 years”. The modal category for highest level of education attained for the total sample is the Bachelor of Social Work category (85.4 %, n = 41). For the supervisors, the modal category is the Bachelor of Social Work (87.5 %, n = 7) and, for the social workers, the modal category is also the Bachelor of Social Work (85.0 %, n = 35).

Part II - Frequency and Nature of Supervision

This section presents the results of Part II of the Supervision Study relating to the frequency and nature of supervision services at Winnipeg Child and Family Services, Central Area.

The results for each item in Part II are reported in tabular format reflecting the original results obtained. In addition, the results for each item are reported in tabular format including cross-tabulations by type of staff (supervisors and social workers) along with a brief, written description of each of the variables studied and the results obtained. With the exception of questions 6 and 8, dealing with the length of individual supervision sessions and the type of direction or consultation provided on an unplanned basis, the response categories have been collapsed into two categories to convert the data into a 2 x 2 tabular format for the second tabular presentation. The level of measurement remains at the ordinal level.

The rationale for collapsing response categories was to allow the researcher to compute the nonparametric test of significance, Fisher's Exact Test. Fisher's Exact Test is the recommended test for significance in situations where the sample is too small for the appropriate use of the Chi-square test (Rubbin and Babbie, 1989, p. 462).

Question 5 asked respondents to indicate how often they meet for formal, individual supervision. Table 1A and Table 1B present the results for this variable.

Table 1A Frequency of Planned Supervision

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Once per week	6	12.8			6	15.4
2 = Once every 2 nd week	28	59.6	7	87.5	21	53.8
3 = Once every 3 rd week	2	4.3			2	5.1
4 = Once every 4 th week	3	6.4	1	12.5	2	5.1
5 = Other	8	17.0			8	20.5
Total	47	100.0	8	100.0	39	100.0

* Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for the total sample, the supervisors, and the social workers is 2.0 indicating the frequency of planned supervision of "once every 2nd week" is the most commonly selected response category.

Table 1B presents the results for this variable after collapsing the responses into two categories reflecting the frequency of planned supervision being provided on what is the Central Area's informal expectation that supervision be provided at least bi-weekly.

Table 1B Frequency of Planned Supervision (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Once per week, once every 2 nd week	34	72.3	7	87.5	27	69.2
2 = Every 3 rd , 4 th week or other	13	27.7	1	12.5	12	30.8
Total	47	100.0	8	100.0	39	100.0

* Fisher's Exact Test (Two-Tailed) = .41333

** Note: Numbers may not add to 100.0 due to rounding.

The modal response category for all groups is 1.0 indicating that supervision is provided on at least a bi-weekly basis in the majority of cases. Cross tabulation by type of staff including a test of significance indicates there is no statistically significant difference between reports of supervisors and social workers ($p < .05$) on this variable.

Question 6 asked respondents to report the average length of their formal, individual supervision sessions. The results are reported in Table 2.

Table 2 Length of Formal, Individual Supervision Sessions

Reported Length	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Less than 1 hour	16	34.8	1	12.5	15	39.5
2 = 1 hour or more	30	65.2	7	87.5	23	60.5
Total	46	100.0	8	100.0	38	100.0

* Fishers' Exact Test (Two - Tailed) = .22994

** Note: Numbers may not add to 100.0 due to rounding.

The modal response category for all groups is 2.0 indicating supervision is provided for a period of "1 hour or more" for the majority of cases. Cross tabulation by type of staff including a test of significance indicates there is no statistically significant difference on this item between reported duration by type of staff ($p = <.05$).

Question 7 obtained data relating to how often supervision was provided on an unplanned or emergency basis. The results are presented in Tables 3A and 3B.

Table 3A Frequency of Unplanned Supervision

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Daily	11	23.4	5	62.5	6	15.4
2 = 2 or 3 times per week	10	21.3	1	12.5	9	23.1
3 = 3 or 4 times per week	16	34.0	2	25.0	14	35.9
4 = Once per week	9	19.1			9	23.1
5 = Other	1	2.1			1	2.6
Total	47	100.0	8	100.0	39	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample and the social workers is 3.0 indicating that unplanned supervision occurs “3 or 4 times per week”, while for the supervisors, the modal response category is 1.0 or “daily.”

Table 3B presents the results for this variable after collapsing the responses into two categories to allow for significance testing.

Table 3B Frequency of Unplanned Supervision (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
1 = Daily, or, 2 to 3 times per week	21	44.7	6	75.0	15	38.5
2 = 3 to 4 times per week, once per week, or other	26	55.3	2	25.0	24	61.5
Total	47	100.0	8	100.0	39	100.0

* Fisher's Exact Test (Two - Tailed) = .11524

** Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample and the social workers is 2.0 or “3 to 4 times per week, once per week, or other.” The modal response category for the

supervisors is 1.0 or “daily, or 2 to 3 times per week.” The difference reported by the supervisors and social workers is not significant at the .05 level indicating the most frequently selected response for this variable is “3 to 4 times per week, once per week, or other.”

Question 8 asked participants to identify, from a check list of 14 items, the type of supervision being provided on an unplanned or emergency basis. Participants were asked to check all items that applied. Table 4 presents the results.

Table 4 Type of Supervision on Unplanned Basis

Type of Supervision	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
Decision to Apprehend ($p = 1.00000$)	40	83.3	7	87.5	33	82.5
Procedures Clarification ($p = .17407$)	36	75.0	8	100.0	28	70.0
Abuse/neglect Investigation ($p = .17407$)	36	75.0	8	100.0	28	70.0
Developing Service Plan ($p = .41844$)	35	72.9	7	87.5	28	70.0
Decision to Return Child ($p = .08464$)	34	70.8	8	100.0	26	65.0
Policy Clarification ($p = .40564$)	33	68.8	8	100.0	25	62.5
Dealing with Other Dept. ($p = .40564$)	33	68.8	7	87.5	26	65.0
Assessing Risk ($p = .23953$)	32	66.7	7	87.5	25	62.5
Debriefing Stress ($p = .03940$)	32	66.7	8	100.0	24	60.0
Decision to Transfer ($p = 1.00000$)	29	60.4	5	62.5	24	60.0
Decision to Close Case ($p = 1.00000$)	29	60.4	5	62.5	24	60.0
Dealing with Hostile Clients ($p = .11591$)	28	58.3	7	87.5	21	52.5
Assessing Family Dynamics ($p = .11153$)	17	35.4	5	62.5	12	30.0
Other ($p = .53032$)	4	8.3	1	12.5	3	7.5

Cross tabulation and Fisher's Exact Test (Two - Tailed) were computed for each item by type of staff. The results show there are no statistically significant differences ($p = <.05$) between reported frequencies by type of staff for any of these variables which indicates the most frequently selected reason for supervision occurring on an unplanned basis is the "decision to apprehend" ($n= 40, 83.3\%$).

Question 9 asked participants to provide information as to how often planned supervision sessions were scheduled, in advance, for a specific day and time. Tables 5A and 5B presents the results.

Table 5A Frequency of Supervision Sessions Planned in Advance

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	33	70.2	7	87.5	26	66.7
2 = Frequently	8	17.0			8	20.5
3 = Infrequently						
4 = Rarely	2	4.3	1	12.5	1	2.6
5 = Never	4	8.5			4	10.3
Total	47	100.0	8	100.0	39	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal category and median response category for all groups is 1.0 or "always." It is interesting to note that one supervisor indicated advance planning for supervision sessions "rarely" occurs.

Table 5B presents the results for this item after the response categories are recoded to 1 = "always or frequently" and 2 = "infrequently, rarely or never."

Table 5B Frequency of Supervision Sessions Planned in Advance (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always or frequently	41	87.2	7	87.5	34	87.2
2 = Infrequently, rarely or never	6	12.8	1	12.5	5	12.8
Total	47	100.0	8	100.0	39	100.0

* Fisher's Exact Test (Two - Tailed) = 1.00000

** Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for all groups is 1.0 or "always or frequently." Cross tabulation by type of staff and Fisher's Exact Test shows there is no statistically significant difference ($p = <.05$) between the supervisors' and social workers' reports on this variable which indicates, in most cases, supervision is "always or frequently" planned in advance.

Question 10 asked participants to report how often individual supervision sessions were interrupted. The results are presented in Tables 6A and 6B.

Table 6A Frequency of Interruptions during Supervision

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Never	3	6.7	1	12.5	2	5.4
2 = Rarely	7	15.6	2	25.0	5	13.5
3 = Infrequently	15	33.3	2	25.0	13	35.1
4 = Frequently	18	40.0	3	37.5	15	40.5
5 = Always	2	4.4			2	5.4
Total	45	100.0	8	100.0	37	100.0

* Note: Numbers may not add to 100.0 due to rounding.

The modal response category for this variable is 4.0 or “frequently” for all groups.

The median category is 3.0 or “infrequently” for all groups.

Table 6B presents the results for this item after collapsing the responses into two categories to allow the researcher to conduct the test of significance.

Table 6B Frequency of Interruptions during Supervision (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Never, rarely, infrequently	25	55.6	5	62.5	20	54.0
2 = Frequently or always	20	44.4	3	37.5	17	46.0
Total	45	100.0	8	100.0	37	100.0

* Fisher’s Exact Test (Two-Tailed) = .34918

** Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for all groups is 1.0 or “never, rarely or infrequently.” It is interesting to note that almost half of the participants report interruptions on a “frequently or always” basis. The reported difference by the supervisors and the social workers, on this item, is not statistically significant ($p = <.05$).

Question 11 asked participants to report how often they had to reschedule their individual supervision sessions. The results are reported in Tables 7A and 7B.

Table 7A Frequency of Supervision Rescheduled

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Never	4	8.9			4	10.8
2 = Rarely	12	26.7	2	25.0	10	27.0
3 = Occasionally	20	44.4	5	62.5	15	40.5
4 = Often	8	17.8	1	12.5	7	18.9
5 = Very Often	1	2.2			1	2.7
Total	45	100.0	8	100.0	37	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for this item is 3.0 or “occasionally.”

Table 7B presents the results for question 11 after collapsing the categories to conduct the test of significance.

Table 7B Frequency of Supervision Rescheduled (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Never, rarely, occasionally	36	80.0	7	87.5	29	78.4
2 = Very often, often	9	20.0	1	12.5	8	21.6
Total	45	100.0	8	100.0	37	100.0

* Fisher’s Exact Test (Two-Tailed) = 1.00000

** Note: Numbers may not add to 100.0 due to rounding.

The modal response category for all groups is 1.0 indicating that supervision is rescheduled “never, rarely or occasionally.” The median response category is also 1.0.

There is no statistically significant difference ($p = <.05$) between the reported frequencies of supervisors and social workers.

Question 12 asked participants to rate the usefulness of planned supervision as it relates to their ability to effectively carry out their child protection responsibilities. Tables 8A and 8B present the results.

Table 8A Usefulness of Planned Supervision

Reported Usefulness	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Very useful	21	44.6	5	62.5	16	41.0
2 = Useful	19	40.4	2	25.0	17	43.5
3 = Somewhat useful	3	6.4			3	7.7
4 = Not very useful	3	6.4	1	12.5	2	5.1
5 = Useless	1	2.1			1	2.6
Total	47	100.0	8	100.0	39	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample and the supervisors is 1.0 or “very useful.” The modal response category for the social workers is 2.0 or “useful” indicating the majority of participants found planned supervision to be “useful or very useful.” The median response category for the total sample and the social is workers is 2.0 or “useful.” The median response category for the supervisors is 1.0 or “very useful.”

Table 8B presents the results for this variable after recoding the response categories to 1 = “very useful or useful” and 2 = “somewhat useful, not very useful or useless.”

Table 8B Usefulness of Planned Supervision (Collapsed)

Reported Usefulness	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Very useful, useful	40	85.1	7	87.5	33	84.6
2 = Somewhat useful, not very useful, useless	7	14.9	1	12.5	6	15.4
Total	47	100.0	8	100.0	39	100.0

* Fisher's Exact Test (Two-Tailed) = 1.00000

** Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for all groups is 1.0 or "very useful or useful." There are no statistically significant differences between the reported frequencies by supervisors and social workers ($p = <.05$) indicating the most frequently selected category with respect to the usefulness of planned supervision is "very useful or useful."

Question 13 asked participants to rate the usefulness of supervision occurring on an unplanned basis as it relates to their ability to effectively carry out their child protection responsibilities. Tables 9A and 9B present the results.

Table 9A Usefulness of Unplanned Supervision

Reported Usefulness	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Very useful	27	57.4	2	25.0	25	64.1
2 = useful	13	27.6	1	12.5	12	30.8
3 = Somewhat useful	7	14.9	5	62.5	2	5.1
4 = Not very useful						
5 = Useless						
Total	47	100.0	8	100.0	39	100.0

* Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category on this variable for the total sample and the social workers is 1.0 or “very useful.” For the supervisors, the modal and median response category is 3.0 or “somewhat useful.”

Table 9B presents the results for this variable after recoding to 1 = “very useful or useful” and 2 = “somewhat useful, not very useful, or useless” and conducting the test of significance.

Table 9B Usefulness of Unplanned Supervision (Collapsed)

Reported Usefulness	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Very useful, useful	40	85.1	3	37.5	37	94.9
2 = Somewhat useful not very useful, useless	7	14.9	5	62.5	2	5.1
Total	47	100.0	8	100.0	39	100.0

* Fisher’s Exact Test (Two-Tailed) = .00068

** Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for the total sample and the social workers is 1.0 or “very useful or useful.” The modal and median response category for the supervisors is 2.0 or “somewhat useful, not very useful, or useless.” The reported differences by supervisors and social workers are statistically significant at the .05 level indicating there is a difference in perception between supervisors and social workers as to the usefulness of unplanned supervision.

Summary of Results - Part II

The frequency and nature of supervision provided at the Central Area is explored through analysis of data on nine variables including the frequency of planned, individual supervision sessions; the length of formal, individual supervision sessions; the frequency of supervision being provided on an unplanned basis; the type of supervision being provided on an unplanned basis; how often supervision sessions are planned in advance for a specific day and time; the frequency of interruptions during supervision; how often supervision sessions are rescheduled; and the supervisors’ and social workers’ perceptions of the usefulness of planned and unplanned supervision as it relates to enhancing their ability to carry out the responsibilities associated with their respective roles.

The majority of participants report the frequency of planned supervision as “once per week or once every second week” (n=34, 72.3%), and the duration of planned supervision is reported as being “1 hour or more” (n = 30, 65.2%). The data show that unplanned supervision occurs often with the majority of participants reporting at least “3 or 4 times per week, once per week, or other” (n = 26, 55.3%). Unplanned supervision occurs for a variety of reasons with the most frequently selected reason being making the

“decision to apprehend” (n = 40, 83.3%) and the least frequently specified reason being with respect to “assessing family dynamics” (n = 17, 35.4%). The majority of participants report supervision being planned in advance “always or frequently” (n = 41, 87.2%). The results with respect to the frequency of interruptions indicate that interruptions are most frequently reported on the basis of “never, rarely, or infrequently” (n = 25, 55.6%). With respect to the frequency of supervision being rescheduled, the majority of participants report that rescheduling is necessary “never, rarely, or occasionally” (n = 36, 80%). The majority of participants report their perceptions of the usefulness of planned supervision as being “very useful or useful” (n = 40, 85.1%). With respect to participants’ perceptions as to the usefulness of unplanned supervision, the majority of supervisors report the usefulness as “somewhat useful, not very useful, or useless” (n = 5, 62.5%), while the majority of social workers report the usefulness of unplanned supervision as being “very useful or useful” (n = 37, 94.9%).

There are no statistically significant differences between the reports of supervisors and social workers on any of the above-mentioned variables with the exception of the item relating to the participants’ perceptions of the usefulness of unplanned supervision. For this one variable, the differences reported by supervisors and social workers are statistically significant at the .05 level.

Part III - Supervisory Involvement at Critical Decision Points

This section presents the results of Part III of the study. The data reported in this section reflects the results obtained in relation to the extent of supervisory involvement at the eight previously defined critical decision points in the management of

abuse and neglect cases, children in care cases and open protection cases. Frequency distributions for the total sample and the two subsets of supervisors and social workers are presented in Tables 10A, B, and C - Tables 17A, B, and C below. In addition to the frequency distributions presenting the data in its original state, the results are presented after collapsing the response categories to determine the extent to which supervisors are “always” involved at these decision points, and, the extent to which supervisors are “always or frequently” involved at the defined decision points. Cross tabulations by type of staff and Fisher’s Exact Test were computed for each of the decision points being examined. As previously stated, Fisher’s Exact Test is recommended for situations where a non-parametric test of significance is required and the sample size is too small for the appropriate use of chi-square (Rubin & Babbie, 1989, p. 42).

Tables 10A, 10B and 10C present the results of the item relating to the frequency of supervisory direction or consultation occurring at the initial point of referral of an abuse or neglect allegation (Question 16, Supervision Survey).

Table 10A Supervisory Involvement at Point of Initial Referral of Abuse or Neglect

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	13	27.1	2	25.0	11	27.5
2 = Frequently	24	50.0	5	62.5	19	47.5
3 = Infrequently	10	20.8	1	12.5	9	22.5
4 = Rarely	1	2.1			1	2.5
5 = Never						
Total	48	100.0	8	100.0	40	100.0

* Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for all groups is 2.0 or “frequently.”

Table 10B presents the results after recoding response categories to 1 = “always” and 2 = “frequently to never.”

Table 10B Supervisory Involvement at Point of Initial Abuse or Neglect Referral (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	13	27.1	2	25.0	11	27.5
2 = Frequently to never	35	72.9	6	75.0	29	72.5
Total	48	100.0	8	100.0	40	100.0

* Fisher’s Exact Test (Two-Tailed) = 1.00000

** Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for the total sample as well as the supervisor and social worker subsets is 2.0 or “frequently to never.” There are no statistically significant differences ($p < .05$) in relation to the reported frequencies by

supervisors and social workers indicating the most frequently selected category on this item is “frequently to never.”

Table 10C presents the results relating to frequency of supervisory involvement at the initial point of referral after collapsing the response categories to 1 = “always or frequently” and 2 = “infrequently to never.”

Table 10C Supervisory Involvement at Point of Initial Abuse or Neglect Referral (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	37	77.1	7	87.5	30	75.0
2 = Infrequently to never	11	22.9	1	12.5	10	25.0
Total	48	100.0	8	100.0	40	100.0

* Fisher’s Exact Test (Two-Tailed) = .66115

**Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for the total sample as well as the two subsets is 1.0 or “always or frequently.” There are no statistically significant differences ($p = <.05$) with respect to reported frequencies by supervisors and social workers.

Tables 11A, 11B and 11C present the results obtained for the item concerned with measuring the frequency of supervisory direction or consultation throughout the investigation stage (Question 17, Supervision Survey).

Table 11A Supervisory Involvement throughout the Investigation Stage

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	9	18.8	2	25.0	7	17.5
2 = Frequently	25	52.1	4	50.0	21	52.5
3 = Infrequently	12	25.0	2	25.0	10	25.0
4 = Rarely	2	4.2			2	5.0
5 = Never						
Total	48	100.0	8	100.0	40	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for all groups is 2.0 or “frequently.”

Table 11B presents the data after collapsing the response categories to 1 =

“always” and 2 = “frequently to never” to allow for significance testing.

Table 11B Supervisory Involvement throughout the Investigation Stage (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	9	18.8	2	25.0	7	17.5
2 = Frequently to never	39	81.2	6	75.0	33	82.5
Total	48	100.0	8	100.0	40	100.0

* Fisher’s Exact Test (Two- Tailed) = .63316

**Note: Numbers may not add to 100.0 due to rounding.

The modal response category for all groups is 2.0 or “frequently to never.” The median response category for all groups is also 2.0. There are no statistically significant

differences ($p = <.05$) with respect to frequencies reported by supervisors and social workers.

Table 11C presents the results relating to the frequency of supervisory direction or consultation throughout the investigation stage after collapsing the response categories to 1 = “always or frequently” and 2 = “infrequently to never.”

Table 11C Supervisory Involvement throughout the Investigation Stage (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	34	70.8	6	75.0	28	70.0
2 = Infrequently to never	14	29.2	2	25.0	12	30.0
Total	48	100.0	8	100.0	40	100.0

* Fisher’s Exact Test (Two- Tailed) = 1.00000

**Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample and the two subsets is 1.0 or “always or frequently.” The median response category for all groups is also 1.0. The differences in reported frequencies for this variable are not statistically significant at the .05 level.

Tables 12A, 12B and 12C present the data relating to the extent of supervisory direction or consultation occurring at the completion of the investigation stage (Question 18, Supervision Survey).

Table 12A Supervisory Involvement at Completion of the Investigation

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	19	39.6	4	50.0	15	37.5
2 = Frequently	21	43.8	3	37.5	18	45.0
3 = Infrequently	7	14.6	1	12.5	6	15.0
4 = Rarely	1	2.1			1	2.5
5 = Never						
Total	48	100.0	8	100.0	40	100.0

*Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample and the social workers is 2.0 or “frequently.” The modal response category for the supervisors is 1.0 or “always.” The median response category for the total sample and the social workers is also 2.0 or “frequently.” The median response category for the supervisors is 1.5.

Table 12 B presents the results of this data after recoding response categories to 1 = “always” and 2 = “frequently to never” to allow for significance testing.

Table 12B Supervisory Involvement at Completion of the Investigation (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	19	39.6	4	50.0	15	37.5
2 = Frequently to never	29	60.4	4	50.0	25	62.5
Total	48	100.0	8	100.0	40	100.0

* Fisher’s Exact Test (Two-Tailed) = 1.0000

**Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample and the social worker subset is 2.0 or “frequently to never.” The supervisor subset indicates a bi-modal distribution at categories 1.0 (“always”) and 2.0 (“frequently to never”). The median category for the total sample as well as the social worker subset is 2.0. The median response category for the supervisor subset is 1.5. There are no statistically significant differences between the reported frequencies in relation to type of staff ($p = < .05$).

Table 12C presents the data relating to the frequency of supervisory direction or consultation occurring at the completion of the investigation stage after collapsing the response categories to 1 = “always and frequently” and 2 = “infrequently to never”.

Table 12C Supervisory Involvement at Completion of the Investigation (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	40	83.3	7	87.5	33	82.5
2 = Infrequently to never	8	16.7	1	12.5	7	17.5
Total	48	100.0	8	100.0	40	100.0

* Fisher’s Exact Test (Two-Tailed) = 1.0000

**Note: Numbers may not add to 100.0 due to rounding.

The modal and median response categories for all groups is 1.0 or “always or frequently.” The differences reported by supervisors and social workers are not statistically significant at the .05 level.

Tables 13A, 13B and 13C present the results relating to the extent of supervisory direction or consultation occurring when considering removing a child from his or her home (Question 19, Supervision Survey).

Table 13A Supervisory Involvement when Considering Removal of a Child

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	28	58.3	4	50.0	24	60.0
2 = Frequently	19	39.6	4	50.0	15	37.5
3 = Infrequently						
4 = Rarely	1	2.1			1	2.5
5 = Never						
Total	48	100.0	8	100.0	40	100.0

*Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample and the social workers is 1.0 or “always.” The modal response category for the supervisors is bi-modal at 1.0 or “always” and 2.0 or “frequently.” The median response category for the total sample and the social workers is 1.0, while for the supervisors, it is 1.5.

Table 13B presents the data after recoding the responses to 1 = “always” and 2 = “frequently to never” to allow for significance testing.

Table 13B Supervisory Involvement when Considering Removal of Child (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	28	58.3	4	50.0	24	60.0
2 = Frequently to never	20	41.7	4	50.0	16	40.0
Total	48	100.0	8	100.0	40	100.0

* Fisher’s Exact Test (Two-Tailed) = .70309

** Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample and the social worker subset is 1.0 or “always.” The supervisor subset indicates a bi-modal distribution at 1.0 (“always”) and 2.0 (“frequently to never”). The median response category for the total sample and the social workers is 1.0 (“always”), while the median response category for the supervisors is 1.5. There are no statistically significant differences reported by supervisors and social workers at the .05 level indicating the most frequently selected response category is 1.0 or “always.”

Table 13C presents the data relating to the frequency of supervisory direction or consultation when considering removal of a child after collapsing the response categories to 1 = “always or frequently”, and 2 = “infrequently to never”.

Table 13C Supervisory Involvement when Considering Removal Child (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	47	97.9	8	100.0	39	97.5
2 = Infrequently to never	1	2.1			1	2.5
Total	48	100.0	8	100.0	40	100.0

* Fisher’s Exact Test (Two-Tailed) = 1.00000

**Note: Numbers may not add to 100.0 due to rounding.

The modal response category for all groups is 1.0 or “always or frequently.” The median response category for the total sample, the supervisors and the social workers is 1.0 (“always or frequently”). There are no statistically significant differences between reported frequencies by supervisors and social workers at the .05 level.

Tables 14A, 14B and 14C present the data relating to the frequency of direction or consultation occurring when considering returning a child to his or her home (Question 20, Supervision Survey).

Table 14A Supervisory Involvement when Considering Return of Child

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	33	68.8	6	75.0	27	67.5
2 = Frequently	13	27.1	2	25.0	11	27.5
3 = Infrequently	1	2.1			1	2.5
4 = Rarely	1	2.1			1	2.5
5 = Never						
Total	48	100.0	8	100.0	40	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for all groups is 1.0 or “always.”

Table 14B presents the data on this variable after recoding the responses to 1 = “always” and 2 = “frequently to never” in order to conduct the significance test.

Table 14B Supervisory Involvement when Considering Return of Child (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	33	68.8	6	75.0	27	67.5
2 = Frequently to never	15	31.3	2	25.0	13	32.5
Total	48	100.0	8	100.0	40	100.0

* Fisher’s Exact Test (Two-Tailed) = 1.0000

** Note: Percentages may not add to 100.0 due to rounding.

The modal response category for all groups is 1.0 or “always.” The median response category for all groups is also 1.0. The differences between reported frequencies by supervisors and social workers are not statistically significant at the .05 level.

Table 14C presents the data relating to the frequency of supervisory direction or consultation occurring when considering return of a child after collapsing the response categories to 1 = “always or frequently, and 2 = “infrequently to never.”

Table 14C Supervisory Involvement when Considering Return of Child (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	46	95.8	8	100.0	38	95.0
2 = Infrequently to never	2	4.2			2	5.0
Total	48	100.0	8	100.0	40	100.0

* Fisher’s Exact Test (Two-tailed) = 1.0000

**Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample, supervisors and social workers is 1.0 (“always or frequently”). The median response category for the total sample and the social worker subset is also 1.0. There are no statistically significant differences in the reported frequencies by supervisors and social workers ($p = <.05$) indicating the most frequent response on this variable is “always or frequently.”

Tables 15A, 15B and 15C present the results relating to the frequency of supervisory direction or consultation occurring when considering termination or closure of the case (Question 21, Supervision Survey).

Table 15A Supervisory Involvement when Considering Case Closure

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	33	68.8	6	75.0	27	67.5
2 = Frequently	11	22.9	2	25.0	9	22.5
3 = Infrequently	2	4.2			2	5.0
4 = Rarely	2	4.2			2	5.0
5 = Never						
Total	48	100.0	8	100.0	40	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for all groups is 1.0 or “always.”

Table 15B presents the results for this variable after recoding response categories to 1 = “always” and 2 = “frequently to never.”

Table 15B Supervisory Involvement when Considering Case Closure (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	33	68.8	6	75.0	27	67.5
2 = Frequently to never	15	31.3	2	25.0	13	32.5
Total	48	100.0	8	100.0	40	100.0

* Fisher's Exact Test (Two-Tailed) = 1.00000

**Note: Numbers may not add to 100.0 due to rounding.

The modal response category for all groups is 1.0 or “always.” The median response category for all groups is also 1.0. There are no statistically significant differences between the reported frequencies by supervisors and social workers ($p = <.05$) indicating the most frequent response is “always.”

Table 15C presents the data for frequency of supervisory direction or consultation occurring when considering case closure after the response categories are collapsed to 1 = “always or frequently,” and 2 = “infrequently to never.”

Table 15C Supervisory Involvement When Considering Case Closure (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	44	91.7	8	100.0	36	90.0
2 = Infrequently to never	4	8.3			4	10.0
Total	48	100.0	8	100.0	40	100.0

* Fisher’s Exact Test (Two-Tailed) = 1.0000

**Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample and the two subsets is 1.0 or “always or frequently.” The median response category for the total sample, supervisors and social workers is also 1.0. The differences in reported frequencies by supervisors and social workers are not statistically significant at the .05 level indicating the most frequently selected response for this item is “always or frequently.”

Tables 16A, 16B and 16C present the data relating to the frequency of supervisory direction or consultation occurring when developing the case plan (Question 22, Supervision Survey).

Table 16A Supervisory Involvement when Developing the Case Plan

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	13	27.1	2	25.0	11	27.5
2 = Frequently	26	54.2	6	75.0	20	50.0
3 = Infrequently	8	16.7			8	20.0
4 = Rarely	1	2.1			1	2.5
5 = Never						
Total	48	100.0	8	100.0	40	100.0

*Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for all groups is 2.0 or “frequently.”

Table 16B presents the data after recoding responses to 1 = “always” and 2 = “frequently to never” to allow for significance testing.

Table 16B Supervisory Involvement when Developing Case Plan (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	13	27.1	2	25.0	11	27.5
2 = Frequently to never	35	72.9	6	75.0	29	72.5
Total	48	100.0	8	100.0	40	100.0

• Fisher’s Exact Test (Two-Tailed) = 1.00000

**Note: Numbers may not add to 100.0 due to rounding.

The modal response category for all groups is 2.0 (“frequently to never”). The median response category for all groups is also 2.0. The differences in reported frequencies by supervisors and social workers are not statistically significant ($p = <.05$).

Table 16C presents the results relating to frequency of supervisory direction or

consultation when developing the case plan after collapsing the response categories to 1 = “always or frequently”, and 2 = “infrequently to never.”

Table 16C Supervisory Involvement when Developing Case Plan (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	39	81.2	8	100.0	31	77.5
2 = Infrequently to never	9	18.8			9	22.5
Total	48	100.0	8	100.0	40	100.0

* Fisher’s Exact Test (Two-Tailed) = .32189

**Note: Numbers may not add to 100.0 due to rounding.

The modal response category for all groups is 1.0 (“always or frequently”). The median response category for the total sample, supervisors and the social workers is also 1.0. There are no statistically significant differences between the reported frequencies of supervisors and social workers ($p = <.05$) indicating the most frequent response for this item is “always or frequently.”

Tables 17A, 17B and 17C present the data relating to the frequency of supervisory direction or consultation occurring when considering making major changes to the case plan (Question 23, Supervision Survey).

Table 17A Supervisory Involvement when Considering Major Changes to the Case Plan

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	29	60.4	4	50.0	25	62.5
2 = Frequently	16	33.3	4	50.0	12	30.0
3 = Infrequently	2	4.2			2	5.0
4 = Rarely	1	2.1			1	2.5
5 = Never						
Total	48	100.0	8	100.0	40	100.0

*Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for the total sample and the social workers is 1.0 or “always.” For the supervisors, the data shows a bi-modal category of 1.0 and 2.0 or “always” and “frequently.” The median response category for the supervisors is 1.5.

Table 17B presents the data on this variable after recoding the responses to 1 = “always” and 2 = “frequently to never” to allow for significance testing.

Table 17B Supervisory Involvement when Considering Major Changes to Case Plan (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	29	60.4	4	50.0	25	62.5
2 = Frequently to never	19	39.6	4	50.0	15	37.5
Total	48	100.0	8	100.0	40	100.0

* Fisher’s Exact Test (Two-Tailed) = .69505

**Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample and the social worker subset is 1.0 or “always.” The supervisor subset indicates a bi-modal distribution at 1.0 (“always”) and 2.0 (“frequently to never”). The median response category for all groups is 1.0 (“always”). The differences in reported frequencies by supervisors and social workers are not statistically significant at the .05 level indicating the most frequent response on this item is “always.”

Table 17C presents the data relating to the frequency of supervisory direction or consultation occurring prior to making major changes to the case plan after collapsing the response categories to 1 = “always or frequently”, and 2 = “infrequently to never.”

Table 17C Supervisory Involvement when Considering Major Changes to Case Plan (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	45	93.8	8	100.0	37	92.5
2 = Infrequently to never	3	6.3			3	7.5
Total	48	100.0	8	100.0	40	100.0

* Fisher’s Exact Test (Two-Tailed) = 1.00000

** Note: Percentages may not add to 100.0 due to rounding.

The modal response category for all groups is 1.0 (“always or frequently”). The median response category for the total sample, the supervisors and the social workers is also 1.0. There are no statistically significant differences between reported frequencies of supervisors and social workers ($p = <.05$) indicating the most frequently selected response for this item is “always or frequently.”

A summary of the results of the above variables on the basis of supervisors

“always” being involved at the eight critical decision points is provided in Table 18A below.

Table 18A Summary of Supervisory Involvement (Always)

<u>Decision Point</u>	<u>Rate of Achievement</u>
Considering Return of Child to the Home	68.8 % (n = 33)
Considering Termination or Case Closure	68.8 % (n = 33)
Considering Major Changes to Case Plan	60.4 % (n = 29)
Considering Removal of Child from the Home	58.3 % (n = 28)
Completion of Investigation	39.6 % (n = 19)
Initial Referral of Abuse or Neglect	27.1 % (n = 13)
Development of Case Plan	27.1 % (n = 13)
Throughout the Investigation Stage	18.8 % (n = 9)

A summary of Central Area’s rate of supervisory involvement at critical decision points on the basis of supervisors “always or frequently” being involved, is presented in Table 18B.

Table 18B Summary of Supervisory Involvement (Always or Frequently)

<u>Decision Point</u>	<u>Rate of Achievement</u>
Considering Removal of Child from the Home	97.9 % (n = 47)
Considering Return of Child to the Home	95.8 % (n = 46)
Considering Major Changes to Case Plan	93.8 % (n = 45)
Considering Termination or Case Closure	91.7 % (n = 44)
Completion of Investigation	83.3 % (n = 40)
Development of Case Plan	81.2 % (n = 39)
Initial Referral of Abuse or Neglect	77.1 % (n = 37)
Throughout the Investigation Stage	70.8 % (n = 34)

Summary of Results - Part III

As can be seen from Table 18A above, 100% of supervisory involvement is not achieved at any of the critical decision points in the case management process. The rate of supervisors “always” being involved at these decision points ranges from a high of 68.8% (n = 33) at the decision point of “considering return of child to the home” and “considering termination or case closure” to a low of 18.8% (n = 9) “throughout the investigation stage.”

As can be seen from Table 18B above, the rate of supervisory involvement at each of the eight decision points increases significantly when considered on the basis of “always or frequently.” Supervisory involvement, on this basis, ranges from a high of 97.9% (n = 47) when “considering removal of child from the home” to a low of 70.8% (n = 34) “throughout the investigation stage.”

Part IV - Administrative, Educational and Supportive Supervision

This section presents the results of Part IV of the study relating to the extent to which administrative, educational and supportive supervision is provided at Winnipeg Child & Family Services, Central Area.

Participants were asked to rate their level of agreement with 24 statements, each of which was intended to assess the extent to which their total supervision (planned and unplanned) included the variable specific to the statement provided. The 24 statements provide a composite measure comprising eight statements for each of administrative, educational and supportive supervision. Frequency distributions for the total sample and the two subsets of supervisors and social workers are presented in tabular format reflecting the complete data in its original state. In addition, the results are presented after collapsing the response categories to allow the researcher to compute cross tabulations by type of staff (supervisors and social workers) and the nonparametric test of significance, Fisher's Exact Test.

Question 24 asked participants to rate the extent to which their total supervision included identifying the underlying theoretical bases of social workers' actions. This question is intended as a measure of educational supervision relating to the development of the practitioner's knowledge base. The results are presented in Tables 19A and 19B below.

Table 19A Frequency of Supervision Identifying Theoretical Bases of Action

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	2	4.2			2	5.0
2 = Frequently	12	25.0	5	62.5	7	17.5
3 = Infrequently	18	37.5	2	25.0	16	40.0
4 = Rarely	15	31.3	1	12.5	14	35.0
5 = Never	1	2.1			1	2.5
Total	48	100.0	8	100.0	40	100.0

*Note: Numbers may not add to 100.0 due to rounding.

The modal and median response categories for the total sample and the social worker subset are 3.0 or “infrequently.” The modal and median response category for the supervisors is 2.0 or “frequently.”

Table 19B presents the results on this variable after collapsing the response categories to 1 = “always or frequently” and 2 = “infrequently, rarely or never.”

Table 19B Frequency of Supervision Identifying Theoretical Bases of Action (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	14	29.2	5	62.5	9	22.5
2 = Infrequently, rarely, never	34	70.8	3	37.5	31	77.5
Total	48	100.0	8	100.0	40	100.0

* Fisher’s Exact Test (Two-Tailed) = .03653

**Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample and the social workers' group is 2.0 or "infrequently, rarely or never." The modal response category for the supervisors' group is 1.0 or "always or frequently." The median response category for the total sample and the social workers' group is 2.0 ("infrequently, rarely, or never"), while for the supervisors' group, the median response category is 1.0 ("always or frequently"). The reported differences between the supervisors and the social workers are not statistically significant at the .05 level.

Question 25 asked participants to rate the extent to which their total supervision included identifying intervention options for a case. This question is intended as a measure of educational supervision relating to the development of practice theory dimension. The results are presented in Tables 20A and 20B.

Table 20A Frequency of Supervision Identifying Intervention Options

Reported Frequency	Total Sample		Supervisors		Total Sample	
	N	%	N	%	N	%
1 = Always	8	16.7	1	12.5	7	17.5
2 = Frequently	30	62.5	7	87.5	23	57.5
3 = Infrequently	9	18.8			9	22.5
4 = Rarely	1	2.1			1	2.5
5 = Never						
Total	48	100.0	8	100.0	40	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for all groups is 2.0 or "frequently."

Table 20B presents the data for this variable after collapsing the response categories to 1 = "always or frequently" and 2 = "infrequently, rarely or never."

Table 20B Frequency of Supervision Identifying Intervention Options (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	38	79.2	8	100.0	30	75.0
2 = Infrequently, rarely, never	10	20.8			10	25.0
Total	48	100.0	8	100.0	40	100.0

* Fisher's Exact Test (Two-Tailed) = .17671

**Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample, the supervisors and the social workers is 1.0 ("always or frequently"). The median response category for all groups is also 1.0. There are no statistically significant differences between the frequencies reported by supervisors and social workers ($p = <.05$).

Question 26 asked participants to report the extent to which their total supervision decreases the social workers' anxiety about their handling of a case. This question is intended as a measure of supportive supervision relating to the dimension of developing a sense of security in performance. The results are presented in Tables 21A and 21B.

Table 21A Frequency of Supervision Decreasing Social Workers' Anxiety

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	8	16.7			8	20.0
2 = Frequently	31	64.6	8	100.0	23	57.5
3 = Infrequently	8	16.7			8	20.0
4 = Rarely	1	2.1			1	2.5
5 = Never						
Total	48	100.0	8	100.0	40	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal response category for all groups is 2.0 or "frequently." The median response category for all groups is 2.0 or "frequently."

Table 21B presents the data on the variable after recoding response categories to 1 = "always or frequently" and 2 = "infrequently, rarely or never."

Table 21B Frequency of Supervision Decreasing Social Workers' Anxiety (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	39	81.3	8	100.0	31	77.5
2 = Infrequently, rarely, never	9	18.8			9	22.5
Total	48	100.0	8	100.0	40	100.0

* Fisher's Exact Test (Two-Tailed) = .32189

** Note: Percentages may not add to 100.0 due to rounding.

The modal response category for the total sample, the supervisors and the social workers is 1.0 ("always or frequently"). The median response category for all groups is

also 1.0. The differences in reported frequencies by supervisors and social workers are not statistically significant at the .05 level.

Question 27 asked participants to report on the frequency of their total supervision including clarifying the tasks of the child protection role. This question is intended as a measure of administrative supervision relating to the clarification of roles dimension. The results are presented in Tables 22A and 22B.

Table 22A Frequency of Supervision Clarifying Tasks of Child Protection Role

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	5	10.4	1	12.5	4	10.0
2 = Frequently	26	54.2	5	62.5	21	52.5
3 = Infrequently	16	33.3	2	25.0	14	35.0
4 = Rarely	1	2.1			1	2.5
5 = Never						
Total	48	100.0	8	100.0	40	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for all groups is 2.0 or “frequently.”

Table 22B presents the data for this item after recoding the response categories to 1 = “always or frequently” and 2 = “infrequently, rarely or never.”

Table 22B Frequency of Supervision Clarifying Tasks of Child Protection Role (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	31	64.6	6	75.0	25	62.5
2 = Infrequently, rarely, never	17	35.4	2	25.0	15	37.5
Total	48	100.0	8	100.0	40	100.0

* Fisher's Exact Test (Two-Tailed) = .69381

**Note: The numbers may not add to 100.0 due to rounding.

The modal and median response category for all groups is 1.0 ("always or frequently"). There are no statistically significant differences between the reported frequencies of supervisors and social workers ($p = <.05$).

Question 28 asked participants to report the extent to which their total supervision included the review of social workers' assessments. This question is intended as a measure of administrative supervision in relation to the review and assessment of performance dimension. The results are reported in Tables 23A and 23B below.

Table 23A Frequency of Supervision Reviewing Social Workers' Assessment of Problems

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	12	25.0	3	37.5	9	22.5
2 = Frequently	21	43.8	3	37.5	18	45.0
3 = Infrequently	12	25.0	1	12.5	11	27.5
4 = Rarely	3	6.3	1	12.5	2	5.0
5 = Never						
Total	48	100.0	8	100.0	40	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample and the social worker subset is 2.0 or "frequently." The supervisor responses show a bi-modal distribution at 1.0 ("always") and 2.0 ("frequently"). The median response category for all groups is 2.0 or "frequently."

Table 23B presents the data on this variable after recoding the responses to 1 = "always or frequently" and 2 = "infrequently, rarely or never."

Table 23B Frequency of Supervision Reviewing Social Workers' Assessment of Problems (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	33	68.8	6	75.0	27	67.5
2 = Infrequently, rarely, never	15	31.3	2	25.0	13	32.5
Total	48	100.0	8	100.0	40	100.0

* Fisher's Exact Test (Two-Tailed) = 1.00000

** Note: Percentages may not add to 100.0 due to rounding.

The modal and median response category for all groups is 1.0 or "always or frequently." There are no statistically significant differences between the reports of supervisors and social workers ($p = <.05$).

Question 29 asked participants to rate the extent to which supervision included providing assistance in the prioritization of tasks. This question is intended as a measure of administrative supervision relating to the planning and assigning work dimension. The results are reported in Tables 24A and 24B below.

Table 24A Frequency of Supervision Assisting in Priorizing Tasks

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	3	6.3	1	12.5	2	5.0
2 = Frequently	21	43.8	4	50.0	17	42.5
3 = Infrequently	15	31.3	3	37.5	12	30.0
4 = Rarely	7	14.6			7	17.5
5 = Never	2	4.2			2	5.0
Total	48	100.0	8	100.0	40	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal response category for all groups is 2.0 or “frequently.” The median response category for the total sample is 2.5; for the supervisors, the median category is 2.0 or frequently; and for the social workers, the median category is 3.0 or “infrequently.”

Table 24B presents the data on this variable after recoding the response categories to 1 = “always or frequently” and 2 = “infrequently, rarely or never.”

Table 24B Frequency of Supervision Assisting in Priorizing Tasks (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	24	50.0	5	62.5	19	47.5
2 = Infrequently, rarely, never	24	50.0	3	37.5	21	52.5
Total	48	100.0	8	100.0	40	100.0

* Fisher’s Exact Test (Two-Tailed) = .70078

**Note: Numbers may not add to 100.0 due to rounding.

The above table shows a bi-modal distribution for the total sample of 1.0 (“always or frequently”) and 2.0 (“infrequently, rarely or never”); a modal response category for the supervisors of 1.0 (“always or frequently”); and a modal response category for the social workers of 2.0 (“infrequently, rarely or never”). The median response category for the total sample is 1.5; the median response category for the supervisors is 1.0 and, for the social workers, the median response category is 2.0. The differences in reported frequencies by supervisors and social workers are not statistically significant ($p = <.05$).

Question 30 asked participants to report the extent to which their total supervision was perceived to contribute to the social workers’ sense of professionalism. This question

is intended as a measure of supportive supervision relating to the development of a sense of professional worth dimension. The results are presented in Tables 25A and 25B.

Table 25A Frequency of Supervision Contributing to Social Workers' Sense of Professionalism

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	6	12.5			6	15.0
2 = Frequently	24	50.0	3	37.5	21	52.5
3 = Infrequently	11	22.9	5	62.5	6	15.0
4 = Rarely	4	8.3			4	10.0
5 = Never	3	6.3			3	7.5
Total	48	100.0	8	100.0	40	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for the total sample and the social workers is 2.0 or "frequently." The modal and median response category for the supervisors is 3.0 or "infrequently."

Table 25B presents the results on this variable after recoding response categories to 1 = "always or frequently" and 2 = "infrequently, rarely or never."

Table 25B Frequency of Supervision Contributing to Sense of Professionalism (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	30	62.5	3	37.5	27	67.5
2 = Infrequently, rarely, never	18	37.5	5	62.5	13	32.5
Total	48	100.0	8	100.0	40	100.0

* Fisher's Exact Test (Two-Tailed) = .13174

**Note: Numbers may not add to 100.0 due to rounding

The modal response category for the total sample and the social worker subset is 1.0 ("always or frequently"). The modal response category for the supervisor subset is 2.0 ("infrequently, rarely or never"). The median response category for the total sample and the social worker subset is 1.0 ("always or frequently"), whereas the median response category for the supervisor subset is 2.0 ("infrequently, rarely or never"). The reported differences in frequencies by supervisors and social workers are not statistically significant ($p = <.05$).

Question 31 asked participants to report the frequency of their total supervision including identifying how personal values may possibly impact on practice. This question is intended as a measure of educational supervision relating to the development of self-awareness dimension. The results are presented in Tables 26A and 26B.

Table 26A Frequency of Supervision Identifying Impact of Personal Values

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	1	2.1			1	2.5
2 = Frequently	13	27.1	5	62.5	8	20.0
3 = Infrequently	18	37.5	1	12.5	17	42.5
4 = Rarely	13	27.1	2	25.0	11	27.5
5 = Never	3	6.3			3	7.5
Total	48	100.0	8	100.0	40	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for the total sample and the social workers is 3.0 or “infrequently.” The modal and median response category for the supervisors is 2.0 or “frequently.”

Table 26B presents the results of this variable after recoding response categories to 1 = “always or frequently” and 2 = “infrequently, rarely, or never.”

Table 26B Frequency of Supervision Identifying Impact of Personal Values (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	14	29.2	5	62.5	9	22.5
2 = Infrequently, rarely, never	34	70.8	3	37.5	31	77.5
Total	48	100.0	8	100.0	40	100.0

* Fisher's Exact Test (Two-Tailed) = .03653

**Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample and the social workers is 2.0 ("infrequently rarely, or never"), whereas the modal response category for the supervisors is 1.0 ("always or frequently"). The median response category for the combined sample and the social workers is 2.0 ("infrequently, rarely or never"), while for the supervisors, the median category is 1.0 ("always or frequently"). There are no statistically significant differences ($p < .05$) in relation to reported frequencies between supervisors and social workers.

Question 32 asked participants to report the frequency of their total supervision including identifying strategies to reduce the job-related stress of social workers. This question is intended as a measure of supportive supervision relating to the sustaining worker morale dimension. The results of question 32 are presented in Tables 27A and 27B.

Table 27A Frequency of Supervision Reducing Social Workers' Job-Related Stress

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	2	4.2			2	5.0
2 = Frequently	12	25.0	5	62.5	7	17.5
3 = Infrequently	21	43.8	3	37.5	18	45.0
4 = Rarely	8	16.7			8	20.0
5 = Never	5	10.4			5	12.5
Total	48	100.0	8	100.0	40	100.0

.Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for the total sample and the social workers is 3.0 or “infrequently.” The modal and median response category for the supervisors is 2.0 or “frequently.”

Table 27B presents the data after collapsing the response categories to 1 = “always or frequently” and 2 = “infrequently, rarely or never.”

Table 27B Frequency of Supervision Reducing Job-Related Stress (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	14	29.2	5	62.5	9	22.5
2 = Infrequently, rarely, never	34	70.8	3	37.5	31	77.5
Total	48	100.0	8	100.0	40	100.0

* Fisher's Exact Test (Two-Tailed) = .03653

The modal response category for the combined sample and the social workers' group is 2.0 (“infrequently, rarely or never”). The modal response category for the

supervisors' group is 1.0 ("always or frequently"). The median response category for the supervisors' group is 1.0 ("always or frequently"), whereas the median response category for the combined sample and the social workers' group is 2.0 ("infrequently, rarely or never"). There are no statistically significant differences ($p = <.05$) between the reported frequencies of supervisors and social workers.

Question 33 asked participants to report on how often their total supervision included identifying ways to minimize the development of stressful situations. This question is intended as a measure of supportive supervision relating to the sustaining worker morale dimension. The results are presented in Tables 28A and 28B.

Table 28A Frequency of Supervision Minimizing Development of Stressful Situations

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	2	4.2			2	5.0
2 = Frequently	8	16.7	1	12.5	7	17.5
3 = Infrequently	27	56.3	7	87.5	20	50.0
4 = Rarely	9	18.8			9	22.5
5 = Never	2	4.2			2	5.0
Total	48	100.0	8	100.0	40	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for all groups is 3.0 or "infrequently."

Table 28B presents the results after recoding the responses to 1 = "always or frequently" and 2 = "infrequently, rarely or never."

Table 28 Frequency of Supervision Minimizing Development of Stressful Situations (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	10	20.8	1	12.5	9	22.5
2 = Infrequently, rarely, never	38	79.2	7	87.5	31	77.5
Total	48	100.0	8	100.0	40	100.0

* Fisher's Exact Test (Two-Tailed) = 1.00000

**Note: Numbers may not add to 100.0 due to rounding.

The modal response category for all groups is 2.0 ("infrequently, rarely, or never"); the median category for all groups is also 2.0. There are no statistically significant differences at the .05 level between the reported frequencies of supervisors and social workers.

Question 34 asked participants to report on how often their total supervision included reviewing the progress being made on completing case plans. This question is intended as a measure of administrative supervision relating to the reviewing and assessing performance dimension. The results are reported in Tables 29A and 29B.

Table 29A Frequency of Supervision Reviewing Progress on Case Plans

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	8	16.7	4	50.0	4	10.0
2 = Frequently	19	39.6	2	25.0	17	42.5
3 = Infrequently	15	31.3	2	25.0	13	32.5
4 = Rarely	4	8.3			4	10.0
5 = Never	2	4.2			2	5.0
Total	48	100.0	8	100.0	40	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for the total sample and the social workers is 2.0 or “frequently.” The modal response category for the supervisors is 1.0 or “always.” The median response category for the supervisors is 1.5.

Table 29B presents the results of the data after recoding the responses to 1 = “always or frequently” and 2 = “infrequently, rarely or never.”

Table 29B Frequency of Supervision Reviewing Progress on Case Plans (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	27	56.3	6	75.0	21	52.5
2 = Infrequently, rarely, never	21	43.8	2	25.0	19	47.5
Total	48	100.0	8	100.0	40	100.0

* Fisher’s Exact Test (Two-Tailed) = .43711

* * Note: Percentages may not add to 100.0 due to rounding.

The modal response category for all groups is 1.0 (“always or frequently”). The median response category for all groups is also 1.0. There are no statistically significant differences between the reported frequencies of supervisors and social workers ($p = <.05$).

Question 35 requested information relating to the frequency of total supervision including reviewing frequency of client contact. This question is intended as a measure of administrative supervision relating to the accountability and responsibility dimension. The results are reported in Tables 30A and 30B below.

Table 30A Frequency of Supervision Reviewing Client Contact

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	1	2.1			1	2.5
2 = Frequently	21	43.8	4	50.0	17	42.5
3 = Infrequently	17	35.4	4	50.0	13	32.5
4 = Rarely	6	12.5			6	15.0
5 = Never	3	6.3			3	7.5
Total	48	100.0	8	100.0	40	100.0

**Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample and social workers is 2.0 or “frequently.” The supervisors show a bi-modal category at 2.0 or “frequently” and 3.0 or “infrequently”. The median response category for the total sample and social workers is 3.0 or “infrequently” and, for the supervisors, the median response category is 2.5.

Table 30B presents the data on this variable after recoding responses to 1 = “always or frequently” and 2 = “infrequently, rarely, or never.”

Table 30B Frequency of Supervision Reviewing Client Contact (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	22	45.8	4	50.0	18	45.0
2 = Infrequently, rarely, never	26	54.2	4	50.0	22	55.0
Total	48	100.0	8	100.0	40	100.0

* Fisher's Exact Test (Two-Tailed) = 1.00000

**Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample and the social workers' group is 2.0 ("infrequently, rarely or never"). The supervisors' group shows a bi-modal distribution of 1.0 ("always or frequently") and 2.0 ("infrequently, rarely or never"). The median response category for the total sample and the social workers' group is 2.0 ("infrequently, rarely or never"). The median response category for the supervisors' group is 1.5. The differences in reported frequencies for the supervisors and the social workers are not statistically significant at the .05 level.

Question 36 asked participants to report the frequency of supervision identifying areas where advanced training would increase the practice skills of social workers. This question is intended as a measure of educational supervision relating to the development of practice theory dimension. The reported results are presented in Tables 31A and 31B below.

Table 31A Frequency of Supervision Identifying Advanced Training Needs

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	1	2.1			1	2.5
2 = Frequently	14	29.2	2	25.0	12	30.0
3 = Infrequently	21	43.8	5	62.5	16	40.0
4 = Rarely	10	20.8	1	12.5	9	22.5
5 = Never	2	4.2			2	5.0
Total	48	100.0			40	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for all groups is 3.0 or “infrequently.”

Table 31B presents the results for this variable after recoding responses to 1 = “always or frequently” and 2 = “infrequently, rarely or never.”

Table 31B Frequency of Supervision Identifying Advanced Training Needs (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	15	31.3	2	25.0	13	32.5
2 = Infrequently, rarely, never	33	68.8	6	75.0	27	67.5
Total	48	100.0	8	100.0	40	100.0

* Fisher’s Exact Test (Two-Tailed) = 1.00000

** Note: Percentages may not add to 100.0 due to rounding.

The modal response category for the total sample, the supervisors and the social workers is 2.0 (“always, frequently or never”). The median response category for all

groups is also 2.0. The reported differences in frequencies by supervisors and social workers are not significant at the .05 level.

Question 37 asked participants to report the extent to which their total supervision resulted in an increased interest in different theories of practice. This question is intended as a measure of educational supervision relating to the development of the knowledge base dimension. The results are presented in Tables 32A and 32B.

Table 32A Frequency of Supervision Increasing Interest in Theories of Practice

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	1	2.1			1	2.5
2 = Frequently	9	18.8	2	25.0	7	17.5
3 = Infrequently	18	37.5	4	50.0	14	35.0
4 = Rarely	14	29.2	2	25.0	12	30.0
5 = Never	6	12.5			6	15.0
Total	48	100.0	8	100.0	40	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for all groups is 3.0 or “infrequently.”

Table 32B presents the data after recoding response categories to 1 = “always or frequently” and 2 = “infrequently, rarely or never.”

Table 32B Frequency of Supervision Increasing Interest in Theories of Practice (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	10	20.8	2	25.0	8	20.0
2 = Infrequently, rarely, never	38	79.2	6	75.0	32	80.0
Total	48	100.0	8	100.0	40	100.0

* Fisher's Exact Test (Two-Tailed) = .66555

**Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for all groups is 2.0 ("infrequently, rarely or never"). There are no statistically significant differences between the reported frequencies of supervisors and social workers ($p = <.05$).

Question 38 asked participants to report the frequency of their total supervision including the discussion of social workers' past successes. This variable is intended as a measure of supportive supervision relating to the dimension of developing a sense of security in performance. The results are reported in Table 33A and 33B.

Table 33A Frequency of Supervision Discussing Past Success

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	1	2.1			1	2.5
2 = Frequently	19	39.6	5	62.5	14	35.0
3 = Infrequently	14	29.2	1	12.5	13	32.5
4 = Rarely	12	25.0	2	25.0	10	25.0
5 = Never	2	4.2			2	5.0
Total	48	100.0	8	100.0	40	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal response category for all groups is 2.0 or “frequently.” The median response category for the total sample and the social workers is 3.0 or “infrequently” and, for the supervisors, the median response category is 2.0 or “frequently.”

Table 33B presents the data after recoding the responses to 1 = “always or frequently” and 2 = “infrequently, rarely or never.”

Table 33B Frequency of Supervision Discussing Past Successes (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	20	41.7	5	62.5	15	37.5
2 = Infrequently, rarely, never	28	58.3	3	37.5	25	62.5
Total	48	100.0	8	100.0	40	100.0

* Fisher’s Exact Test (Two-Tailed) = .25051

**Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample and the social workers’ group is 2.0 (“infrequently, rarely or never”). The modal category for the supervisors’ group is 1.0

(“always or frequently”). The median response category for the total sample and the social workers’ group is 2.0 (“infrequently, rarely or never”), whereas the median response category for the supervisors’ group is 1.0 (“always or frequently”). The reported differences in frequencies for the supervisors and the social workers are not statistically significant at the .05 significance level.

Question 39 asked participants to report the frequency of their total supervision including identifying the areas of responsibility associated with the child protection role. This question is intended to measure administrative supervision relating to the clarification of roles dimension. The results are reported in Table 34A and 34B.

Table 34A Frequency of Supervision Clarifying Areas of Responsibility

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	6	12.5	3	37.5	3	7.5
2 = Frequently	24	50.0	3	37.5	21	52.5
3 = Infrequently	15	31.3	2	25.0	13	32.5
4 = Rarely	3	6.3			3	7.5
5 = Never						
Total	48	100.0	8	100.0	40	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample and the social workers is 2.0 or “frequently.” The distribution for the supervisors is bi-modal at 1.0 and 2.0. The median response category for all groups is 2.0 or “frequently.”

Table 34B presents the results for this item after recoding the responses to 1 = “always or frequently” and 2 = “infrequently, rarely or never.”

Table 34B Frequency of Supervision Clarifying Areas of Responsibility (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	30	62.5	6	75.0	24	60.0
2 = Infrequently, rarely, never	18	37.5	2	25.0	16	40.0
Total	48	100.0	8	100.0	40	100.0

* Fisher’s Exact Test (Two-Tailed) = .69184

**Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for all groups is 1.0 (“always or frequently”). The reported frequencies of the supervisors and the social workers are not statistically significant at the .05 significance level.

Question 40 asked participants to report the frequency of their total supervision including encouraging social workers to give consideration to whether personal experiences may be impacting on practice. This question is intended as a measure of educational supervision relating to the development of self-awareness dimension. The results are presented in Tables 35A and 35B.

Table 35A Frequency of Supervision Identifying Impact of Personal Experiences

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always						
2 = Frequently	4	8.3	1	12.5	3	7.5
3 = Infrequently	17	35.4	5	62.5	12	30.0
4 = Rarely	16	33.3	2	25.0	14	35.0
5 = Never	11	22.9			11	27.5
Total	48	100.0	8	100.0	40	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample and supervisors is 3.0 or “infrequently.” The modal response category for the social workers is 4.0 or “rarely.” The median response category for the total sample is 4.0 or “rarely.” The median response category for the supervisors is 3.0 or “infrequently.” The median response category for the social workers is 4.0 or “rarely.”

Table 35B presents the results for this variable after recoding responses to 1 = “always or frequently” and 2 = “infrequently, rarely or never.”

Table 35B Frequency of Supervision Identifying Impact of Personal Experiences (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	4	8.3	1	12.5	3	7.5
2 = Infrequently, rarely, never	44	91.7	7	87.5	37	92.5
Total	48	100.0	8	100.0	40	100.0

* Fisher's Exact Test (Two-Tailed) = .53032

****Note: Numbers may not add to 100.0 due to rounding.**

The modal and median response category for all groups is 2.0 (“infrequently, rarely or never”). The reported differences in frequencies by the supervisors and the social workers are not statistically significant ($p = <.05$).

Question 41 asked participants to report the frequency of their total supervision contributing to social workers’ sense of belonging in the Agency. This variable is intended as a measure of supportive supervision relating to the developing a sense of belonging dimension. The results are reported in Tables 36A and 36B below.

Table 36A Frequency of Supervision Contributing to Sense of Belonging

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	2	4.2			2	5.0
2 = Frequently	16	33.3	4	50.0	12	30.0
3 = Infrequently	10	20.8	1	12.5	9	22.5
4 = Rarely	18	37.5	3	37.5	15	37.5
5 = Never	2	4.2			2	5.0
Total	48	100.0	8	100.0	40	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample and the social workers is 4.0 or “rarely.” The modal response category for the supervisors is 2.0 or “frequently.” The median response category for the total sample and the social workers is 3.0 or “infrequently.” The median response category for the supervisors is 2.0 or “frequently.”

Table 36B presents the data on this variable after recoding responses to 1 = “always or frequently” and 2 = “infrequently, rarely or never.”

Table 36B Frequency of Supervision Contributing to Sense of Belonging (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	18	37.5	4	50.0	14	35.0
2 = Infrequently, rarely, never	30	62.5	4	50.0	26	65.0
Total	48	100.0	8	100.0	40	100.0

* Fisher’s Exact Test (Two-Tailed) = .45109

**Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample and the social workers’ group is 2.0 (“infrequently, rarely or never”). The supervisors’ distribution is bi-modal at 1.0 (“always or frequently”) and 2.0 (“infrequently, rarely or never”). The median response category for the total sample and the social workers is 2.0 (“infrequently, rarely or never”), whereas the median response category for the supervisors is 1.5. The differences reported by supervisors and social workers are not statistically significant at the .05 significance level.

Question 42 asked participants to report the frequency of their total supervision including discussing and planning strategies to assist in reducing conflict with colleagues. This variable is intended as a measure of educational supervision relating to the working relationships dimension. The results are presented in Table 37A and 37B.

Table 37A Frequency of Supervision Reducing Conflicts with Colleagues

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	2	4.2			2	5.0
2 = Frequently	5	10.4	2	25.0	3	7.5
3 = Infrequently	21	43.8	5	62.5	16	40.0
4 = Rarely	12	25.0	1	12.5	11	27.5
5 = Never	8	16.7			8	20.0
Total	48	100.0	8	100.0	40	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for all groups is 3.0 or “infrequently.”

Table 37B presents the results for this variable after recoding responses to 1 =

“always or frequently” and 2 = “infrequently, rarely or never.”

Table 37B Frequency of Supervision Reducing Conflict with Colleagues (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	7	14.6	2	25.0	5	12.5
2 = Infrequently, rarely, never	41	85.4	6	75.0	35	87.5
Total	48	100.0	8	100.0	40	100.0

* Fisher’s Exact Test (Two-Tailed) = .32974

**Note: Numbers may not add to 100.0 due to rounding.

The modal response category for all groups is 2.0 (“infrequently, rarely or never”).

The median response category for all groups is also 2.0. The reported differences in

frequencies by supervisors and social workers are not statistically significant ($p = <.05$).

Question 43 asked participants to report the frequency of their total supervision including the planning and assigning of specific tasks to be completed. This question is intended as a measure of administrative supervision relating to the planning and assigning of work dimension. The results are reported in Tables 38A and 38B.

Table 38A Frequency of Supervision Planning and Assigning Tasks

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	8	16.7			8	20.0
2 = Frequently	25	52.1	6	75.0	19	47.5
3 = Infrequently	9	18.8	2	25.0	7	17.5
4 = Rarely	6	12.5			6	15.0
5 = Never						
Total	48	100.0	8	100.0	40	100.0

*Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for all groups is 2.0 or “frequently.”

Table 38 B presents the results for this variable after recoding the responses to 1 = “always or never” and 2 = “infrequently, rarely or never.”

Table 38B Frequency of Supervision Planning and Assigning Tasks (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	33	68.8	6	75.0	27	67.5
2 = Infrequently, rarely, never	15	31.3	2	25.0	13	32.5
Total	48	100.0	8	100.0	40	100.0

* Fisher's Exact Test (Two-Tailed) = 1.00000

** Note: Percentage may not add to 100.0 due to rounding.

The modal and median response category for all groups is 1.0 or "always or frequently." The difference in frequencies reported by supervisors and social workers is not statistically significant ($p = <.05$).

Question 44 asked participants to report how often their total supervision reinforces the social workers' belief in the value of child protection social work. This question is intended as a measure of supportive supervision relating to the dimension of developing a sense of professional worth. The results are presented in Table 39A and 39B.

Table 39A Frequency of Supervision Reinforcing Belief in Value of Child Protection

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	4	8.3			4	10.0
2 = Frequently	21	43.8	4	50.0	17	42.5
3 = Infrequently	16	33.3	3	37.5	13	32.5
4 = Rarely	6	12.5	1	12.5	5	12.5
5 = Never	1	2.1			1	2.5
Total	48	100.0	8	100.0	40	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal response category for all groups is 2.0 or “frequently.” The median response category for the total sample and the social workers is 2.0 or “frequently.” The median response category for the supervisors is 2.5.

Table 39B presents the data on this variable after recoding responses to 1 = “always or frequently” and 2 = “infrequently, rarely or never.”

Table 39B Frequency of Supervision Reinforcing Belief in Value of Child Protection (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	25	52.1	4	50.0	21	52.5
2 = Infrequently, rarely, never	23	47.9	4	50.0	19	47.5
Total	48	100.0	8	100.0	40	100.0

* Fisher’s Exact Test (Two-Tailed) = 1.00000

**Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample and the social workers is 1.0 (“always or frequently”). The distribution of supervisor responses indicates a bi-modal distribution at 1.0 (“always or frequently”) and 2.0 (“infrequently, rarely or never”). The median response category for the total sample and the social workers is 1.0 (“always or frequently”). The median response category for the supervisors is 1.5. The reported frequency differences of supervisors and social workers are not statistically significant ($p = <.05$).

Question 45 asked participants to report the frequency of their total supervision identifying the social workers’ contribution to the achievement of Agency goals and objectives. This question is intended as a measure of supportive supervision relating to the development of a sense of belonging dimension. The results are reported in Tables 40A and 40B below.

Table 40A Frequency of Supervision Identifying Social Workers’ Contribution to Agency Goals

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	3	6.3			3	7.5
2 = Frequently	17	35.4	4	50.0	13	32.5
3 = Infrequently	16	33.3	2	25.0	14	35.0
4 = Rarely	10	20.8	2	25.0	8	20.0
5 = Never	2	4.2			2	5.0
Total	48	100.0			40	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample and the supervisors is 2.0 or “frequently.” The modal response category for the social workers is 3.0 or “infrequently.” The median response category for the total sample and the social workers is 3.0 (“infrequently”). The median response category for the supervisors is 2.5.

Table 40B presents the data on this variable after recoding responses to 1 = “always or frequently” and 2 = “infrequently, rarely or never.”

Table 40B Frequency of Supervision Identifying Contribution to Agency Goals (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	20	41.7	4	50.0	16	40.0
2 = Infrequently, rarely, never	28	58.3	4	50.0	24	60.0
Total	48	100.0	8	100.0	40	100.0

* Fisher’s Exact Test (Two-Tailed) = .70309

**Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample and the social workers is 2.0 (“infrequently, rarely or never”). The distribution indicates a bi-modal distribution for the supervisors at 1.0 (“always or frequently”) and 2.0 (“infrequently, rarely or never”). The median response category for the total sample and the social workers is 2.0 (“infrequently, rarely or never”). The median response category for the supervisors is 1.5. The differences in reported frequencies by supervisors and social workers are not statistically significant ($p = <.05$).

Question 46 asked participants to report on how often supervision included discussing and planning strategies to assist in enhancing working relationships with

colleagues in collateral organizations. This question is intended as a measure of educational supervision reflecting the working relationships dimension. The results are reported below in Tables 41A and 41B below.

Table 41A Frequency of Supervision Enhancing Collateral Relationships

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always						
2 = Frequently	13	27.1	1	12.5	12	30.0
3 = Infrequently	22	45.8	6	75.0	16	40.0
4 = Rarely	10	20.8	1	12.5	9	22.5
5 = Never	3	6.3			3	7.5
Total	48	100.0	8	100.0	40	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for all groups is 3.0 or “infrequently.”

Table 41B presents the data after recoding responses to 1 = “always or frequently” and 2 = “infrequently, rarely or never.”

Table 41B Frequency of Supervision Enhancing Collateral Relationships (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	13	27.1	1	12.5	12	30.0
2 = Infrequently, rarely, never	35	72.9	7	87.5	28	70.0
Total	48	100.0	8	100.0	40	100.0

* Fisher's Exact Test (Two-Tailed) = .41844

**Note: Numbers may not add to 100.0 due to rounding.

The modal and median response category for all groups is 2.0 ("infrequently, rarely or never"). The reported differences are not statistically significant ($p = <.05$).

Question 47 asked participants to report the frequency of their total supervision including setting various deadlines. This question is intended as a measure of administrative supervision relating to the accountability and responsibility dimension. The results are presented in Table 42A and 42B.

Table 42A Frequency of Supervision Setting Deadlines

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always	5	10.4			5	12.5
2 = Frequently	18	37.5	6	75.0	12	30.0
3 = Infrequently	15	31.3	2	25.0	13	32.5
4 = Rarely	9	18.8			9	22.5
5 = Never	1	2.1			1	2.5
Total	48	100.0	8	100.0	40	100.0

Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample and the supervisors is 2.0 (“frequently”). The modal response category for the social workers is 3.0 (“infrequently”). The median response category for the total sample and the social workers is 3.0 (“infrequently”). The median response category for the supervisors is 2.0 (“frequently”).

Table 42B presents the results for this variable after recoding responses to 1 = “always or frequently” and 2 = “infrequently, rarely or never.”

Table 42B Frequency of Supervision Setting Deadlines (Collapsed)

Reported Frequency	Total Sample		Supervisors		Social Workers	
	N	%	N	%	N	%
1 = Always, frequently	23	47.9	6	75.0	17	42.5
2 = Infrequently, rarely, never	25	52.1	2	25.0	23	57.5
Total	48	100.0	8	100.0	40	100.0

* Fisher’s Exact Test (Two-Tailed) = .12966

**Note: Numbers may not add to 100.0 due to rounding.

The modal response category for the total sample and the social workers is 2.0 (“infrequently, rarely or never”). The modal category for the supervisors is 1.0 (“always or frequently”). The median category for the total sample and the social workers is 2.0 (“infrequently, rarely or never”), whereas, the median category for the supervisors is 1.0 (“always or frequently”). The reported differences in frequencies by supervisors and social workers are not statistically significant ($p = <.05$).

Summary

Tables 19 - 42 presented above, display the results for each of the variables intended to measure the elements of administrative, educational and supportive supervision. There were no significant differences with respect to the frequencies reported by supervisors and social workers at the .05 level of significance.

The variables intended to provide a composite measure of administrative supervision were presented in Tables 22, 23, 24, 29, 30, 34, 38, and 42.

The variables intended to provide a composite measure of educational supervision were presented in Tables 19, 20, 26, 31, 32, 35, 37, and 41.

The variables intended to provide a composite measure of supportive supervision were presented in Tables 21, 25, 27, 28, 33, 36, 39, and 40.

Median Scores - Administrative, Educational and Supportive Supervision

A comparison of median scores for the variables comprising administrative, educational and supportive supervision is provided in Table 43 below.

Table 43 Median Scores for Administrative, Educational & Supportive Supervision

Administrative Supervision		Educational Supervision		Supportive Supervision	
Variable No.	Median	Variable No.	Median	Variable No.	Median
Role 27	1.0	Value 31	2.0	Stress 32	2.0
Resp 39	1.0	Pers 40	2.0	Minstr 33	2.0
Priori 29	1.5	Theory 24	2.0	Profes 30	1.0
Tasks 43	1.0	Inter 37	2.0	Value 44	1.0
Assess 28	1.0	Option 25	1.0	Belong 41	2.0
Prog 34	1.0	Train 36	2.0	Contri 45	2.0
Contac 35	2.0	Confl 42	2.0	Anx 26	1.0
Role 47	2.0	Relat 46	2.0	Succes 38	2.0

* Note: 1 = Always or Frequently; 2 = Infrequently, Rarely or Never

The above table displays the median score for each of the variables comprising administrative, educational and supportive supervision. As there were no statistically significant differences in the median categories reported by supervisors and social workers, the above results are based on the median score for the total sample. A visual inspection of the above table suggests that administrative supervision is provided to a greater extent than is educational or supportive supervision.

Note: Variable Names - Administrative Supervision

Role 27 Frequency of supervision clarifying tasks of role

Resp 39	Frequency of supervision clarifying areas of responsibility
Priori 29	Frequency of supervision assisting in prioritization of tasks
Tasks 43	Frequency of supervision planning and assigning tasks
Assess 28	Frequency of supervision reviewing assessments
Prog 34	Frequency of supervision reviewing progress in case plans
Contac 35	Frequency of supervision reviewing client contact
Role 47	Frequency of supervision setting deadlines

Note: Variable Names - Educational Supervision

Value 31	Frequency of supervision identifying impact of personal values on practice
Pers 40	Frequency of supervision identifying impact of personal experiences on practice
Theory 24	Frequency of supervision identifying theoretical bases of practice
Inter 37	Frequency of supervision resulting in increased interest in practice theories
Option 25	Frequency of supervision identifying intervention options
Train 36	Frequency of supervision identifying advanced training needs
Confl 42	Frequency of supervision discussing and planning strategies to reduce conflict with colleagues
Relat 46	Frequency of supervision discussing and planning strategies to enhance working relationships with collaterals

Note: Variable Names - Supportive Supervision

Stress 32	Frequency of supervision reducing job-related stress
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Minstr 33	Frequency of supervision identifying ways to minimize development of stressful situations
Profes 30	Frequency of supervision contributing to sense of professionalism
Value 44	Frequency of supervision reinforcing belief in value of child protection role
Belong 41	Frequency of supervision contributing to sense of belonging
Contri 45	Frequency of supervision identifying social workers' contribution to Agency goal achievement
Anx 26	Frequency of supervision decreasing anxiety about case handling
Succes 38	Frequency of supervision discussing past successes

Correlation of Variables

The nonparametric test of association, Spearman's rho, was computed for the variables comprising each of administrative, educational and supportive supervision. Spearman's rho is used to describe relationships between ranks of variables measured at the ordinal level, and, is considered to be an appropriate correlation procedure for situations where the median is the appropriate measure of central tendency (Fink, 1995, p. 39). The intent of these tests is to explore the degree to which each of the variables correlates with the others within the three categories discussed. The rationale for testing the relationships between pairs of variables is that if the variables intended to measure administrative, educational and supportive supervision are valid measures of these concepts, it would be expected that the 28 pairs of variables within each of the categories would result in statistically significant correlations ($p = < .05$). The results are presented

in Tables 44 to 46 below. Correlations found at a significance level of greater than .05 have not been reported.

Table 44 Correlation of Administrative Supervision Variables

Variable Numbers	Variable Names	Spearman's rho	Sig.
Resp 39 - Role 27	Identifying areas of responsibility Clarifying tasks of role	.4542	.001
Priori 29 - Role 27	Assistance with prioritizing tasks Clarifying tasks of role	.4401	.002
Priori 29 - Resp 39	Assistance with prioritizing tasks Identifying areas of responsibility	.4090	.004
Tasks 43 - Role 27	Planning, assigning tasks Clarifying tasks of role	.3285	.023
Assess 28 - Role 27	Reviewing assessments Clarifying tasks of role	.6093	.000
Prog 34 - Resp 39	Reviewing progress in case plans Identifying areas of responsibility	.3915	.006
Prog 34 - Priori 29	Reviewing progress in case plan Assisting with prioritizing tasks	.4510	.001
Prog 34 - Assess 28	Reviewing progress in case plans Reviewing assessments	.4697	.001
Contac 35 - Priori 29	Reviewing client contact Assisting with prioritizing tasks	.3653	.011
Contac 35 - Prog 34	Reviewing client contact Reviewing progress in case plans	.3905	.006
Role 47 - Role 27	Setting of deadlines Clarifying tasks of role	.4428	.002
Role 47 - Priori 29	Setting of deadlines Assisting with prioritizing tasks	.5633	.000
Role 47 - Tasks 43	Setting of deadlines Planning, assigning tasks	.5383	.000

Variable Numbers	Variable Names	Spearman's rho	Sig.
Role 47 - Prog 34	Setting of deadlines Reviewing progress in case plans	.3532	.014

The above table shows correlations of moderate strength ($p < .05$) for 14 (50.0 %) of the possible 28 pairs of administrative supervision variables. Of the 14 associations between variables, 11 show an association of moderate strength at less than a .01 level of significance. The 14 pairs of variables that do not show a statistically significant association may be explained by the small sample size (Rubin and Babbie, 1989, p. 452). Alternatively, the variables that were not found to statistically associated at the .05 level may reflect systematic error with respect to the validity of the measures.

Table 45 Correlation of Educational Supervision Variables

Variable Numbers	Variable Names	Spearman's Rho	Sig.
Pers 40 - Value 31	Identifying impact of personal experience Identifying impact of personal values	.6494	.000
Theor 24 - Value 31	Identifying theoretical base of practice Identifying impact of personal values	.3334	.021
Theor 24 - Pers 40	Identifying theoretical base of practice Identifying impact of personal experience	.3401	.018
Inter 37 - Pers 40	Increasing interest in practice theory Identifying impact of personal experience	.4346	.002
Inter 37 - Theor 24	Increasing interest in practice theory Identifying theoretical base of practice	.4995	.000
Option 25 - Theor 24	Identifying intervention options Identifying theoretical base of practice	.4379	.002
Option 25 - Inter 37	Identifying intervention options Increasing interest in practice theory	.2978	.040
Train 36 - Value 31	Identifying training needs Identifying impact of personal values	.3891	.006
Train 36 - Pers 40	Identifying advanced training needs Identifying impact of personal experiences	.4473	.001

Variable Numbers	Variable Names	Spearman's Rho	Sig.
Train 36 - Inter 37	Identifying advanced training need needs Increasing interest in practice theory	.4272	.002
Confl 42 - Value 31	Reducing conflict with colleagues Identifying impact of personal values	.4056	.004
Confl 42 - Pers 40	Reducing conflict with colleagues Identifying impact of personal experiences	.4084	.004
Confl 42 - Inter 37	Reducing conflict with colleagues Increasing interest in practice theory	.3922	.006
Relat 46 - Pers 40	Enhancing collateral relationships Identifying impact of personal experience	.5156	.000
Relat 46 - Theor 24	Enhancing collateral relationships Identifying theoretical base of practice	.3455	.016
Relat 46 - Inter 37	Enhancing collateral relationships Increasing interest in practice theory	.4809	.001
Relat 46 - Train 36	Enhancing collateral relationships Identifying advanced training needs	.4758	.001
Relat 46 - Confl 42	Enhancing collateral relationships Reducing conflict with colleagues	.4352	.002

The above table shows associations of moderate strength for 17 (60.7 %) of the possible 28 pairs of educational supervision variables. Of the 17 associations, 14 are at less than a .01 level of significance. As was previously stated with respect to the administrative supervision variables, the remaining 11 variables pairs that were not found to be statistically associated at the .05 level may reflect the small size of the sample, or, alternatively, may reflect problems with respect to the validity of the measure.

Table 46 Correlation of Supportive Supervision Variables

Variable Numbers	Variable Names	Spearman's rho	Sig.
Minstr 33 - Stress 32	Identifying ways to minimize development of stress Reducing job-relating stress	.6717	.000
Profes 30 - Minstr 33	Contributing to sense of professionalism Identifying ways to minimize development of stress	.4468	.001
Belong 41 - Stress 32	Contributing to sense of belonging Reducing job-related stress	.3318	.021
Belong 41 - Minstr 33	Contributing to sense of belonging Identifying ways to minimize stress	.4422	.002
Anx 26 - Stress 32	Decreasing anxiety about handling of case Reducing job-related stress	.3647	.011
Value 44 - Profes 30	Reinforcing belief in value of child protection work Contributing to sense of professionalism	.4733	.001

Variable Numbers	Variable Names	Spearman's rho	Sig.
Belong 41 - Profes 30	Contributing to sense of belonging Contributing to sense of professionalism	.5295	.000
Belong 41 - Value 44	Contributing to sense of belonging Reinforcing belief in value of child protection work	.5487	.012
Contri 45 - Profes 30	Identifying contribution to Agency goals Contributing to sense of professionalism	.3965	.005
Contri 45 - Value 44	Identifying contribution to Agency goals Reinforcing belief in value of child protection work	.4859	.000
Anx 26 - Profes 30	Decreasing anxiety about handling of case Contributing to sense of professionalism	.3335	.021
Anx 26 - Belong 41	Decreasing anxiety about handling of case Contributing to sense of belonging	.3517	.014
Succes 38 - Value 44	Discussing past successes Reinforcing belief in value of child protection work	.3617	.012
Succes 38 - Contri 45	Discussing past successes Identifying contribution to Agency goals	.5541	.000

Of the possible 28 pairs of variables within the category of supportive supervision, there are moderate associations found for 14 (50.0 %) of the variable pairs. Of the 14 associations, 8 are moderately associated at less than a .01 significance level. As was the

case with the administrative and educational supervision variables, the 14 variable pairs in the supportive supervision measure that do not show statistically significant associations at the .05 level may reflect the small sample size, or, may reflect systematic error with respect to the validity of the measure.

CHAPTER VI

DISCUSSION OF THE RESULTS

Study Participants

The overall response rate in this study was very high with 80 % of the sample completing and returning the survey. The study participants consisted of eight supervisors and 40 direct service social work staff involved in providing child protection services at Winnipeg Child and Family Services - Central Area. Demographic data relating to years experience and highest level of education were reported in the previous chapter. There were no major differences between supervisors and social workers on the experience variable with respect to current position classification or the level of education variable. This is somewhat surprising in that it would seem reasonable to expect that supervisors would have attained a higher level of education than social workers; however, in this study, only one supervisor reported education at the MSW level.

The number of years experience was measured only in terms of the participants' years experience in their present position classification (i.e. supervisor or social worker). The modal response category for years experience for both supervisors and social workers was "over 3 years." The modal response category for years experience in the present position for social workers was "between 1 and 2 years." For supervisors, the distribution showed a bi-modal response category for level of experience in the present position at

“between 1 and 2 years” and “over 3 years.” These results may suggest there is a greater degree of movement by social workers between the Family Service Units, the Intake Unit, the Permanency Planning and Adoption Unit, and the Family Reunification Unit than there is among supervisors which may reflect differences in the availability of opportunity as well as different workload characteristics within the units. For example, while social workers in the Family Services Units have no ability to control the number of clients being served, there is some limited ability to control workload in the Intake Unit as cases are typically closed or transferred within 30 days. With respect to the Family Reunification Unit, there is a built-in ability to control the workload as a result of the “capped” caseloads. With respect to the Permanency Planning and Adoption Unit, there is no limit on the number of children receiving services in this unit. There is, however, very limited involvement with the biological families of permanent wards and the highly adversarial, time consuming court process involved in obtaining permanent wardship is, of course, completed prior to referral to this unit. This study did not include a test of significance on this variable and, as a result, it is not possible to determine whether the results on this item are due to chance. In addition, it would probably have been more illuminating to include a question asking for information about participants’ total number of years experience in child protection services regardless of present classification.

Frequency and Nature of Supervision

The results relating to the frequency and nature of planned and unplanned supervision were presented in Part II of the previous chapter. The study hypothesis relevant to the frequency and nature of supervision at Central Area was previously stated

in Chapter IV: Central Area supervisors and social workers will perceive differences as to the usefulness of planned and unplanned supervision with respect to enhancing the ability of supervisors and social workers to carry out their respective responsibilities.

The frequency of unplanned supervision at Winnipeg Child and Family Services, Central Area was presented in Tables 3A and 3B. Unplanned or emergency supervision appears to be provided to a significant extent in the Central Area. There were no statistically significant differences between the supervisors and social workers relating to this variable ($p = <.05$). The modal response category reported by the study participants was “3 or 4 times per week, once per week, or other” (55.3%, $n = 26$).

Information relating to the type of supervision being provided on an unplanned or emergency basis was presented in Table 4. There were no statistically significant differences ($p = <.05$) in the reports by supervisors and social workers. The most frequently selected item was “approval of decision to apprehend” (83.3%, $n = 40$), followed by consultation relating to the “planning of abuse or neglect allegations” (75.0%, $n = 36$), and “clarification of Agency or Area procedures” (75.0%, $n = 36$).

The results of the first two items reported as reasons for unplanned or emergency supervision are not surprising in that the circumstances which necessitate abuse or neglect investigations which may, subsequently, result in the need for apprehension are, typically, of an unexpected nature. The relatively high number of participants selecting “clarification of Agency or Area procedures” as a reason for unplanned or emergency supervision is surprising in that this type of consultation or direction would, in most cases, be expected to be related to non-emergency decision making. An alternative possibility may be that

this is a reflection of excessive workload demands on social work staff and an associated inability to keep abreast of the frequent changes common to child welfare practice.

Another possibility is that the frequent need to clarify procedures may be a reflection of problems in communicating changes in an effective and efficient manner. Research of an explanatory nature would be helpful in further exploring these issues particularly with respect to the impact on supervisory workload.

Assistance with “development of service plans” was selected by 72.9% (n = 35) of the participants; and “approval to return a child to his or her home” was selected by 70.8% (n = 34). Providing emergency consultation or direction for these two reasons would make sense only in situations where the immediate development of a service plan would allow for the safe return of a child who had very recently been brought into agency care. In cases where the child has been in agency care for some significant duration, the development of the service plan and the decision to return a child to his or her home should occur on a planned basis to ensure that the specifics of the service plan are sufficient to reduce the level of risk for further abuse or neglect. In addition, in situations where the circumstances of the case have previously been assessed as being severe enough to require that the child remain in agency care, the decision to return should not be made in the absence of a complete case review which includes confirming that the changes needed for a safe environment have, in fact, been achieved.

“Clarification of Agency or Area policies” and “assistance in dealing with other departments” were selected by 68.8% (n = 33) of the participants. As was previously

discussed in relation to providing supervision for clarifying agency or area procedures, these are surprising findings.

Unplanned supervision was reported by 66.7% (n = 32) in situations involving the “assessment of risk” and in “debriefing involvement in stressful situations.” These findings appear logical as it seems reasonable to expect that these situations, with the exception of risk assessment for a child already in care, would occur unexpectedly.

Supervisory involvement, on an emergency basis, was reported by 60.4% (n = 29) “when considering case transfer” and “when considering case closure.” For the same reasons discussed in relation to providing emergency supervision when developing a service plan or considering returning a child to his or her home, emergency supervision is probably best provided with respect to these issues on a very limited basis.

Supervisory assistance was reported, on an unplanned or emergency basis, by 58.3% (n = 28) “when dealing with hostile clients” which is, in this writer’s opinion, an appropriate use of emergency supervision.

Supervisory assistance was reported, on an unplanned or emergency basis, by 35.4% (n = 17) in the “assessment of family dynamics.” As was discussed in relation to providing emergency supervision when developing the service plan, considering return of a child to his or her home, and considering case transfer or closure, an inaccurate or incomplete assessment of family dynamics may result in a negative outcome for a child’s safety and, is probably best provided in a planned supervision session.

The category of “other” was selected by 8.3% (n = 4) of the participants.

In relation to participants' views as to the usefulness of providing supervision on an unplanned or emergency basis (Table 9B), statistically different perceptions were found in the reports of supervisors and social workers ($p < .05$). Supervisors and social workers were asked to rate the usefulness of unplanned or emergency supervision as it relates to their ability to effectively carry out the responsibilities associated with their respective roles. The modal response category for the social work staff was "useful or very useful" (94.9%, $n = 37$), whereas for the supervisors, the modal response category was "somewhat useful, not very useful, or useless" (62.5%, $n = 5$).

These findings are logical in view of the numerous disadvantages for supervisors in providing supervision on an emergency basis. In addition to the drawbacks discussed above with respect to providing emergency supervision on an indiscriminate basis, there are a number of additional dangers associated with emergency supervision. Due to the unplanned nature of this type of supervision, there is often no time for preparation with the danger being that judgments may be made without sufficient opportunity to carefully consider the substantiated facts and available alternatives (Kadushin, 1985, 1992). Another disadvantage of providing extensive supervision on an unplanned or emergency basis is that there is a danger that supervisors may conduct case reviews less frequently. Supervisors may believe they are aware of the important issues such as the main facts of the case. Supervisors may also believe that reported events have been substantiated, and that a thorough assessment of risk has occurred (Reid and Sigurdson, 1994) which could result in a false sense of security. A further disadvantage of the use of extensive emergency supervision is that with supervisors responding to the needs of a number of

social workers, each responsible for a number of cases, the supervisor may frequently be taken away from responsibilities which are not of an emergency nature which may, in turn, negatively impact on supervisors' ability to carry out these responsibilities. In addition, if supervisory direction is excessively provided in situations which do not actually constitute an emergency, it may have the unintended effect of increasing the workload of supervisors by informally moving the case management function toward the supervisory staff. It may be simpler for social workers to simply "ask the supervisor" to make the majority of decisions in the case management process. While it is certainly the role of the supervisor to provide consultation and, in some cases, direction, with respect to the case management process, it is neither effective nor efficient for the supervisor to attempt to manage the social workers' caseload. While it is not possible nor desirable to completely avoid emergency conferences due to the nature of social work in general, and child protection work in particular, "the supervisor must decide when an emergency is truly a crisis and when it is more an expression of the social worker's need" (Kadushin, 1985, p. 186).

Planned supervision was explored as to the frequency of individual sessions, the average length of time for each supervision session, the frequency of supervision being planned in advance for a specific day and time, the frequency of interruptions during supervision, and the frequency of participants having to reschedule their supervision. The results were presented in Tables 1A and 1B, 2, 5A and 5B, 6A and 6B, and 7A and 7B.

With respect to the frequency of planned individual sessions (Table 1B), study participants reported the modal response category as being "once every week or once every two weeks" (72.3%, n = 34). These results suggest that the majority of supervisors

at Winnipeg Child and Family Services - Central Area are successful in achieving the informal requirement of providing supervision on at least a bi-weekly basis for the majority of social workers. This would suggest that the informal expectation in the Central Area of providing supervision on a bi-weekly basis, occurs more often than not.

In relation to the average length of time of individual supervision sessions (Table 2), the modal response category was "1 hour or more" with 65.2% (n = 30) reporting this frequency.

Information relating to the frequency of supervision being scheduled in advance for a specific day and time was presented in Table 5B. The modal response category for this variable was "always or frequently" (87.2%, n = 41). These findings suggest that advance planning occurs in the majority of situations which could be interpreted as an expression of the perceived importance of supervision in the Central Area.

The results relating to the frequency of interruptions during supervision were presented in Table 6B. There were no statistically significant differences ($p = <.05$) reported by supervisors and social workers. The modal response category for this variable was "never, rarely or infrequently" (55.6%, n = 25). These findings suggest that interruptions during supervision do occur to some extent at the Central Area and there is room for improvement on this issue. Unnecessary interruptions are distracting and can devalue perceptions as to the importance of supervision. In the interests of providing the best possible service to agency clients, uninterrupted supervision time must be protected. Care should be given to ensuring that interruptions are kept to an absolute minimum and occur only in emergency situations.

The data obtained relating to the frequency of study participants having to reschedule their supervision was presented in Tables 7A and 7B. There were no statistically significant differences ($p = <.05$) in the reports by supervisors and social workers. The modal response category on this variable was “never, rarely or occasionally” (80.0 %, $n = 36$). These findings indicate that, while there is room for improvement, the need to reschedule supervision is not excessively problematic for the Central Area. These results are interesting in view of the popular notion that the crisis orientation of child welfare prevents the adoption of a planned, systematic approach to the work.

Tables 8A and 8B presented the results relating to participants’ perceptions as to the usefulness of planned supervision. There were no statistically significant differences ($p = <.05$) in the reports of supervisors and social workers. The modal category on this variable was “very useful or useful” with 85.1% of participants ($n = 40$) indicating that social workers and supervisors find planned supervision useful as it relates to their ability to effectively carry out the responsibilities of their respective roles.

The study hypothesis in relation to expected perceived differences between supervisors and social workers on the usefulness of planned and unplanned supervision is, in part, supported. The findings of this study found statistically significant differences between supervisors and social workers in relation to their perception of the usefulness of unplanned supervision ($p = <.05$). There were no statistically significant differences found, in this study, in the perceptions of supervisors and social workers in relation to the usefulness of planned supervision ($p = <.05$).

Supervisory Involvement at Critical Decision Points

Part III of the previous chapter presented the results concerned with assessing the extent of supervisory involvement in the case management process of abuse and neglect cases, open protection cases, and children in care cases. The study hypothesis in relation to the extent of supervisory involvement in the case types mentioned above was previously stated in Chapter IV: Supervisory direction, or consultation, at critical decision points in the management of abuse and neglect cases, protection cases, and children in care cases is essential to achieving the objective of ensuring that a child's right to protection supercedes any secondary goals or objectives. Supervisory direction or consultation, at critical decision points in the specified case types, is only partially achieved in the Central Area.

The extent of supervisory involvement was measured at eight critical decision points in the case management process which, in aggregate, are intended to provide a summary measure of this variable. As previously stated, the decision points were extracted from Standard # 18, Revised Standards for Investigation and Management of Child Abuse Cases (Ontario Ministry of Community and Social Services, 1992, p. 31). These decision points loosely correspond to five previously identified supervisory standards outlined in the Child Protection Section (Part III) of Manitoba's Program Standards Manual (1988), and are also noted in supervisory standards in effect in the Province of Nova Scotia, and the Northwest Territories.

Cross tabulations and the non-parametric test of independence, Fisher's Exact Test, were computed at each of the eight decision points to determine the probability of achieving the observed results if the variables, type of staff and extent of supervisory

involvement, were statistically independent. The results indicate there were no significant differences at the .05 level between the reported responses of the supervisors and the social workers at any of the decision points and, as a result, the analysis of the extent of supervisory involvement is based on the responses for the total sample.

Tables 10A, 10B and 10C presented the results at the first critical decision point defined as “the point of initial referral of an abuse or neglect allegation.” Tables 10A and 10B revealed supervisory involvement “always” occurred at the first decision point in only 27.1 % (n = 13) of the cases. Table 10C revealed supervisory involvement occurred “always or frequently” at this decision point in 77.1 % (n = 37) of the cases. Supervisory involvement at the time of initial referral is not explicitly required in Manitoba’s practice standards, the Nova Scotia Risk Management System or the Northwest Territories. It would appear to be an implicit requirement with respect to Nova Scotia’s Risk Management System at decision point #1 which states that either a supervisory consultation or a Risk Management Conference must occur in the decision relating to whether to investigate an allegation of abuse or neglect. Similarly, supervisory involvement at the point of initial referral would appear to be implicit in Manitoba’s previously referred to procedural requirement of supervisory involvement in prioritizing the response to an allegation of abuse or neglect.

Tables 11A, 11B and 11C reported the extent of supervisory involvement at the second critical decision point defined as “throughout the investigation stage.” Tables 11A and 11B revealed supervisory involvement “always” occurred at this decision point in only 18.8 % (n = 9) of the cases. Supervisory involvement occurred “always or frequently” in

70.8 % (n = 34) of the cases (Table 11C). Supervisory practice standards do not explicitly require that supervisory involvement occur throughout the investigation stage in Manitoba, however, supervisory involvement is an explicit requirement throughout the investigation in the Northwest Territories. With respect to Nova Scotia, the Risk Management System utilized in this jurisdiction appears to encompass the major points in the investigation process and, as a result, could be interpreted as explicitly requiring supervisory involvement throughout the investigation.

Tables 12A , 12B and 12C presented the results obtained at the third decision point defined as “the point at which the investigation stage is completed.” Tables 12A and 12B revealed supervisory involvement “always” occurred at this decision point in only 39.6 % of the cases (n = 19). Table 12C revealed supervisory involvement at this decision point occurred “always or frequently” in 83.3 % (n = 40) of the cases.

Supervisory involvement at this decision point is not explicitly required in Manitoba, the Northwest Territories, or Nova Scotia. It is noted, however, that all three jurisdictions require supervisory involvement in decisions which would normally occur at this point. For example, Manitoba, Nova Scotia and the Northwest Territories require supervisory involvement when deciding whether to open or close a case; when initiating case transfer to other departments or agencies; when making the decision to apprehend; when making the decision to return a child; and when making the decision to initiate a court application.

Tables 13A, 13B and 13C presented the data obtained for the fourth critical decision point defined as “the point at which consideration is given to removing a child from his or her home” (apprehension). Tables 13A and 13B revealed supervisory

involvement “always” occurred at this decision point in only 58.3% of the cases (n = 28). As is the case in Ontario, supervisory involvement at this decision point is required in Manitoba, Nova Scotia and the Northwest Territories making the findings on this variable particularly concerning. As shown in Table 13C, when supervisory involvement at this decision point was viewed on the basis of “always or frequently” occurring, the achievement rate rises significantly to 97.9% of the cases (n = 47).

Tables 14A, 14B and 14C presented the extent of supervisory involvement at the fifth critical decision point defined as “the point at which consideration is given to returning a child to his or her home.” Supervisory involvement is required at this decision point, either explicitly or implicitly, in all of the jurisdictions reviewed for this study. Tables 14A and 14B revealed supervisory involvement “always” occurred at this decision point in 68.8 % (n = 33) of the cases. Supervisory involvement, at this decision point, is required in all four of the jurisdictions reviewed for this study. As is shown in Table 14C, when supervisory involvement at this decision point is measured on the basis of “always or frequently” occurring, the achievement rate rises significantly to 95.8 % of the cases (n = 46).

Tables 15A, 15B and 15C presented the extent of supervisory involvement at the sixth critical decision point defined as “the point at which consideration is given to termination or closure of the case. The results of Tables 15A and 15B revealed supervisory involvement “always” occurred in 68.8 % (n = 33) of the cases. Supervisory involvement, at this decision point, is required in Manitoba as well as the other three jurisdictions reviewed for this study. Again, when supervisory involvement at this

decision point is measured on the basis of “always or frequently” occurring, the achievement rate rises significantly to 91.7 % (n = 44) of the cases (Table 15C).

Tables 16A, 16B and 16C presented the extent of supervisory involvement at the seventh critical decision point defined as “the point at which the development of the case plan occurs.” Supervisory involvement is explicitly required at this decision point in the Northwest Territories, Ontario and Nova Scotia. Currently, there is no explicit Standard in place in Manitoba requiring supervisory involvement at this decision point. There is, however, a procedural requirement (Manitoba Program Standards Manual, Child and Family Services, Section 311, p. 3) referred to earlier in this paper that supervisors be involved in the development of the case plan. Tables 16A and 16B revealed supervisory involvement “always” occurred at this decision point in 27.1 % (n = 13) of the cases. Table 16C revealed that supervisory involvement “always or frequently” occurred in 81.2% (n = 39) of the cases.

Tables 17A, 17B and 17C presented the extent of supervisory involvement at the eighth critical decision point defined as “the point at which consideration is given to making major changes to the case plan.” Tables 17A and 17B revealed supervisory involvement “always” occurred at this decision point in 60.4 % (n = 29) of the cases. Table 17C revealed supervisory involvement occurred “always or frequently” in 93.8 % (n

= 45) of the cases. Supervisory involvement, at this decision point, is explicitly required in Manitoba, the Northwest Territories and Ontario. It is not explicitly set out in Nova Scotia's Risk Management System.

Supervisory involvement in the management of abuse and neglect cases, protection cases and children in care cases is achieved to varying degrees at each of the eight critical decision points. As has been previously stated, five of Manitoba's current standards are encompassed in the eight decision points which further suggests that supervisory involvement in the Central Area does not currently achieve compliance with supervisory practice standards.

A comparison of Central Area's rate of supervisory involvement at each decision point, against the goal of 100 % achievement, was presented in Table 18A. The findings suggest that at the Central Area, many decisions involving an assessment of risk and subsequent decision making are made by social work staff in the absence of supervisory involvement. On average, supervisory involvement occurs at these decision points in only 46.1% of the cases. It should be noted that this study did not measure the extent to which supervisory sanction of actions taken at these points was obtained subsequent to the decision being made as is currently permitted with respect to emergency apprehensions under Manitoba Standard 340.1. The findings suggest there is a significant discrepancy between the desired state of full supervisory involvement and the level of supervisory involvement actually achieved. In view of supervisory accountability for the actions of social workers for whom they hold supervisory responsibility, and Agency accountability for the actions, or lack of action, by all staff of Winnipeg Child and Family Services, these

findings are cause for concern. It should be noted this study did not explore possible explanations for the levels of supervisory involvement, and certainly, this is an area where further exploration would be of great value. In a vein similar to that noted by Kadushin (1992) in relation to the lack of wisdom associated with supervisors providing case direction based on limited information; in the absence of full information, it is neither wise, nor possible, to provide explanations for the low level of supervisory involvement at the identified decision points.

A summary of supervisory involvement at the eight critical decision points when measured against the criteria of “always or frequently” occurring was presented in Table 18B. These findings would suggest that supervisory involvement occurs at the critical decision points, on the basis of “always or frequently” to a much greater degree. On average, the rate of supervisory involvement, at least frequently, is 86.5%, suggesting that supervisory involvement at these decision points in the case management process occurs far more often than not. While the concern raised earlier remains, these findings are encouraging from the point of view that it is not such a “great leap” to move from “frequently” to “always.” As was stated earlier, in the absence of data specifically exploring explanations, it is not possible to provide explanations. This would, however, be a valuable area for future research. As was stated earlier, agencies need “to know more, not just from reports on situations that have gone dramatically and tragically wrong, but from the day-to-day practice of child protection supervision.” (Rushton and Nathan, 1996, p. 359).

The above analysis suggests the stated hypothesis with respect to the extent of supervisory involvement at Winnipeg Child and Family Services - Central Area at critical decision points in the management of abuse and neglect cases, protection cases, and children in care cases is supported. The findings, in this study, suggest that supervisory involvement at the defined decision points is only partially achieved.

Administrative, Educational and Supportive Supervision

The results of the study in relation to the extent of administrative, educational and supportive supervision provided at Central Area were presented in Tables 19A and 19B - Tables 46A and 46B, Part IV of the previous chapter. The relevant hypothesis for this section of the study was previously stated in Chapter IV: There are three major elements that comprise effective supervision: administrative, educational and supportive supervision (Kadushin, 1976, 1985, 1992). Within the Central Area, administrative supervision is provided to a greater extent than is either educational or supportive supervision.

The study participants were asked to rate their level of agreement with 24 statements, each of which measured the extent to which their total supervision included the variable specific to the statement. The 24 statements provide a summary measure of each of the three major elements of supervision which were detailed and operationalized in Chapter IV. Cross tabulation by type of staff and an appropriate test of significance were computed for each of the variables. The results of the analysis showed there were no statistically significant differences ($p = <.05$) between the reported frequencies of supervisors and social workers on any of the 24 variables (Tables 19B - 42B).

Table 43 provided a comparison of median scores for each of the eight variables measuring administrative, educational and supportive supervision. The median response category relating to frequency of occurrence for five of the eight variables comprising administrative supervision was 1.0 defined as “always or frequently.” The median response category relating to frequency of occurrence for one of the administrative supervision variables was 1.5, and the median response category for the remaining two administrative supervision variables was 2.0, defined as “infrequently, rarely or never.”

The median response category relating to frequency of occurrence for only one of the eight variables comprising educational supervision was 1.0, defined as “always or frequently.” The median response category for the remaining seven educational supervision variables was 2.0, defined as “infrequently, rarely, or never.”

The median response category relating to frequency of occurrence for three of the eight supportive supervision variables was 1.0, defined as “always or frequently.” The median response category for the remaining five supportive supervision variables was 2.0, defined as “infrequently, rarely, or never.”

A visual inspection of Table 43 showing the data on these three variables shows that for the eight variables comprising administrative supervision, five (62.5 %) were reported as occurring “always or frequently.” Of the eight variables comprising the supportive supervision measure, three (37.5 %) were reported as occurring “always or frequently.” Of the eight variables comprising the educational supervision measure, only one (12.5 %) was reported as occurring “always or frequently.” These findings suggest that, to the extent that the 24 variables are valid measures of the concepts of

administrative, educational and supportive supervision, administrative supervision is provided to a greater extent than either educational or supportive supervision at Winnipeg Child and Family Services - Central Area.. These findings are consistent with the reported emphasis on administrative supervision which began in the 1970's when accountability issues became more prevalent in the social services (Kadushin, 1985, 1992). These findings may, further, reflect the climate of today's child protection services with respect to the focus on the actions of individuals and whether policy, procedures, and protocols were followed in the media reports and other reviews and inquiries conducted in cases where a child in the care of, or known to the child welfare system, has been seriously injured or killed. While it is certainly recognized by this writer that adherence to policy, procedure, and protocol is of the greatest importance, there is also some concern that following procedure in the absence of professional judgment may become the overriding concern of supervisors and other administrators. It is concerning to contemplate the possibility of supervisors' and other administrators' energies being directed at "self preservation" rather than the expressed reasons for which child welfare agencies exist.

Tables 44, 45 and 46 presented the correlation of supervision variables within each of the three supervision categories. Overall, to the extent that the 24 supervision variables are valid measures of administrative, educational and supportive supervision, the stated hypothesis for this part of the study is supported.

CHAPTER VII

CONCLUSIONS

Summary of the Results

In this study, there were no major differences found between supervisors and social workers in relation to highest level of education attained.

The findings of this study suggest that supervision is provided on both an unplanned, or emergency, basis and a planned basis at Winnipeg Child and Family Services - Central Area. The provision of unplanned supervision appears extensive.

On average, planned supervision occurs for a period of at least "one hour or more" on, at least, a bi-weekly basis for the majority of social workers. The majority of this study's participants reported supervision is planned in advance for a specific day and time. Interruptions during supervision occur to some extent but do not appear to be excessive. The need to reschedule supervision time does not appear to be particularly problematic.

Statistically significant differences were not found, in this study, with respect to differences in the perceptions of supervisors and social workers with respect to the usefulness of planned supervision as it relates to their ability to effectively carry out the responsibilities associated with their respective roles. Both supervisors and social workers found planned supervision helpful in this regard.

Statistically significant differences were found, in this study, in the perceptions of supervisors and social workers with respect to the usefulness of unplanned supervision as it relates to their ability to effectively carry out responsibilities associated with their roles. Supervisors were less likely to judge unplanned supervision as being helpful to them in effectively carrying out their responsibilities than were social workers.

In this study, supervisory involvement at critical decision points in the management of abuse and neglect cases, protection cases, and children in care cases is only partially achieved. It is noted, however, that when supervisory involvement at critical decision points in the management of abuse and neglect cases, open protection cases and children in care cases is measured on the basis of “always or frequently” occurring, supervisory involvement occurs far more often than not.

The three major elements of administrative supervision, educational and supportive supervision are incorporated into the supervision program at Winnipeg Child and Family Services - Central Area with administrative supervision being provided to a greater extent than either educational or supportive supervision. An additional finding of this study, was that both administrative and supportive supervision are provided to a greater extent than is educational supervision at the Central Area.

Limitations of the Study

The limitations of this study include those that are inherent to the research design. Specifically, cross-sectional designs are subject to many of the usual threats to internal and external validity. As a result, the findings of this study cannot be used to infer cause and effect relationships nor can the findings be generalized beyond the present study.

This study could have been enhanced by the addition of a qualitative component with respect to each of the three study hypotheses. The inclusion of interviews with supervisors and social workers may have added some depth to the issues explored in this study. However, due to the small sample size and the supervisory role of the researcher, anonymity would not have been possible and confidentiality would likely have been a concern for interview participants.

Recommendations

Recommendations for Future Research

The findings of this study suggest that future research into the notion of the “crisis-driven” culture of child protection services may be useful. In this study, the findings with respect to the frequency of planned supervision occurring, the frequency of interruptions during supervisory conferences, and the extent to which participants found it necessary to reschedule their supervision conferences appear somewhat contradictory to the popular notion which suggests that the nature of child protection services prevents the adoption of a planned, systematic approach to the work.

This study did not explore the issues of stress and workload manageability associated with the supervisory role. While it was not the stated purpose of the research, the study did find that social worker caseloads are far in excess of recommended standards. In light of supervisory accountability for the actions of social workers’ for whom they hold supervisory responsibility, it would seem reasonable to assume that excessive workloads for social workers translate into excessive workloads for supervisors. Future research might explore the level and sources of supervisory stress, determine what

constitutes reasonable supervisory workloads and explore what Agency supports may be effective in maximizing the productivity of supervisory staff. In the interests of assisting supervisors to ensure that clients receive the best possible service, both qualitatively and quantitatively (Kadushin, 1976, 1985, 1992), and in the Agency's own best interests with respect to broader accountability issues, it would be helpful for Agencies to know the extent to which policies such as supported education, caseload coverage for vacations and illnesses, manageable limits on workload, and attainable practice standards might impact positively on morale. It is well established in the literature that low morale and low productivity results in high turnover which, in turn, impacts negatively on client services (Kadushin, 1985, 1992; Maslach, 1982; White, 1986; Davies, 1989).

Further research is needed in the area of the day-to-day practice of child protection supervisors. Research focussed on the extent to which child protection supervisors are given the authority and resources to manage their time in a manner congruent with their primary role of ensuring effective client services, both qualitatively and quantitatively, would be valuable. Research focussed on identifying systemic barriers to effective supervision would be extremely valuable. Such research may have the unintended, but useful, effect of shedding light on the often invisible, but important, work of supervisory staff in child protection services.

Finally, research is needed focussed on determining realistic standards of practice for supervisory staff with respect to responsibility and accountability issues. Clearly, supervisors, as well as other employees of child and family services agencies must be held accountable with respect to performance issues. Establishing and enforcing accountability

through the use of practice standards is certainly appropriate, however, if such standards are to be meaningful and contribute to effective and efficient client services, the standards adopted must be clearly understood, realistic and achievable.

Recommendations for Practice

Agency and Area support is needed in the form of clearly articulated policies, procedures and a sanctioned model of supervision which is clearly understood and accepted by supervisors and social workers. While it is recognized that the support of the larger Agency, and in some cases, the Child Welfare and Family Support Branch is needed, the following recommendations are suggested for supervisory practice.

That the Central Area implement a supervision model which clearly articulates the scope and limitations of supervisory authority. There is a difference between direction and consultation with the latter implying the discretion to follow or not follow the direction given. With respect to decisions involving the assessment of risk, and subsequent decision making, supervisory authority to direct social workers' actions, where necessary, must be granted and clearly understood.

That the Central Area implement a supervision model which clearly requires supervisory involvement at critical decision points in the case management process of abuse and neglect cases, protection cases, and children in care cases. In the absence of the relevant supervisor, this function should be provided by a covering supervisor.

That the Central Area implement a supervision model which clearly requires that records of supervisory conferences be kept and that these records include a log

of all open cases in the unit, a record of the agreed upon child protection plan and a record as to the date on which the child and family were last seen. Implementation of this practice would greatly assist supervisors providing coverage in units other than their own where they are unfamiliar with the cases receiving services in these units and with the social workers for whom they are providing supervision.

That the Central Area implement a supervision model which extends practice of the Manitoba Standard 340.1 which requires social workers, who are unable to consult with a supervisor prior to apprehending a child to advise supervisors of emergency apprehensions as soon as possible after the action has been taken, to include advising supervisors of all emergency actions taken at any of the eight critical decision points. Implementation of this practice would ensure the existence of a formal process for decision making, establish decision making authority, and establish accountability for decision making. This recommendation would also provide a process for reviewing emergency case assessments and resulting actions, and further, would provide an opportunity for remedial action where necessary. This practice would be of benefit to supervisors who are held accountable for the actions of social workers for whom they hold supervisory responsibility.

That the Central Area implement a supervision model which, in addition to providing supervision on an emergency basis, includes the formal requirement of regularly scheduled individual supervisory conferences to be held at a minimum of every two weeks. Regularly scheduled individual supervisory conferences should be provided more frequently, where deemed necessary, at the discretion of the supervisor.

That the Central Area formally recognize the importance of including administrative, educational and supportive supervision in the supervisory service delivery structure and that the Central Area supervision model be based on this conceptual framework. A supervision approach that comprises the three major elements of supervision will enable the Central Area to meet the needs of social workers for whom effective supervision is critical to achieving the objective of providing Central Area clients with the best possible service, qualitatively and quantitatively (Kadushin, 1985, 1992).

That the Central Area take the lead in developing a position description which clearly sanctions the provision of casework direction and consultation as the primary role for supervisors holding direct child protection responsibilities.

Subsequent adoption and implementation of the position description would require that the Central Area obtain approval from the Agency's Executive Management and Board of Directors, for the formal implementation of the description as the recognized position description for supervisors in the Central Area.

That Winnipeg Child and Family Services, in partnership with the Child Welfare and Family Support Branch take the lead in allocating resources to research the issues of supervisory workloads, supervisory levels and sources of stress, identification of systemic barriers to effective supervision, and the development of a set of realistic and achievable standards for the practice of child protection supervision. The development and implementation of supervisory practice standards can be expected to impact positively on the Agency's and the Province's ability to

demonstrate accountability in child protection services and, further, can be expected to result in the added benefit of increasing, qualitatively and quantitatively, the delivery of effective and efficient client services.

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APPENDIX A**SUPERVISION QUESTIONNAIRE
(FOR SUPERVISORS)****PART: DEMOGRAPHIC PROFILE**

1. How many years have you worked as a supervisor in child protection services throughout your career?

Less than 1 year	<input type="checkbox"/>	Between 2 and 3 years	<input type="checkbox"/>
Between 1 and 2 years	<input type="checkbox"/>	Over 3 years	<input type="checkbox"/>

2. How many years have you worked as a supervisor in child protection services at Winnipeg Child and Family Services - Central Area?

Less than 1 year	<input type="checkbox"/>	Between 2 and 3 years	<input type="checkbox"/>
Between 1 and 2 years	<input type="checkbox"/>	Over 3 years	<input type="checkbox"/>

3. How many years have you worked in your present position?

Less than 1 year	<input type="checkbox"/>	Between 2 and 3 years	<input type="checkbox"/>
Between 1 and 2 years	<input type="checkbox"/>	Over 3 years	<input type="checkbox"/>

4. Please indicate the highest level of education you have attained.

Bachelor of Arts	<input type="checkbox"/>	Master of Social Work	<input type="checkbox"/>
Bachelor of Social Work	<input type="checkbox"/>	Other	<input type="checkbox"/>
If other, please specify	<input type="checkbox"/>	_____	

PART II: SUPERVISION

5. On average, how often do you meet with the social workers for formal, individual supervision sessions?

Once per week	<input type="checkbox"/>	Once every 2nd week	<input type="checkbox"/>
Once every 3rd week	<input type="checkbox"/>	Once every 4th week	<input type="checkbox"/>
Other	<input type="checkbox"/>		
If other, please specify _____			

6. On average, what is the length of your formal, individual supervision sessions?

Less than 1 hour	<input type="checkbox"/>	1 hour or more	<input type="checkbox"/>
------------------	--------------------------	----------------	--------------------------

7. On average, how often do the social workers ask you to provide informal, supervision on an as-needed or emergency basis?

Daily	<input type="checkbox"/>	3 or 4 times per week	<input type="checkbox"/>
2 or 3 times per week	<input type="checkbox"/>	Once per week	<input type="checkbox"/>
Other	<input type="checkbox"/>		
If other, please specify _____			

8. Please indicate the type of direction the social workers are seeking when consulting with you on an informal, as-needed or emergency basis. Please check all that apply.

- Clarification of Agency or Area policy	<input type="checkbox"/>
- Clarification of Agency or Area procedures	<input type="checkbox"/>
- Assistance in assessing risk	<input type="checkbox"/>
- Assistance in assessing family dynamics	<input type="checkbox"/>
- Assistance in developing service plans	<input type="checkbox"/>
- Assistance in dealing with hostile clients	<input type="checkbox"/>
- Assistance in dealing with other departments of the Agency or Area	<input type="checkbox"/>
- Approval of decision to apprehend	<input type="checkbox"/>
- Approval of decision to return child	<input type="checkbox"/>
- Approval of decision to terminate service	<input type="checkbox"/>
- Approval of decision to initiate transfer	<input type="checkbox"/>
- Consultation relating to planning of how to proceed with an abuse or neglect investigation	<input type="checkbox"/>
- Debriefing after involvement in stressful situation	<input type="checkbox"/>
- Other	<input type="checkbox"/>

If other, please specify _____

9. In general, are your formal, individual supervision sessions planned in advance for a specific day and time?

Always	<input type="checkbox"/>	Rarely	<input type="checkbox"/>
Frequently	<input type="checkbox"/>	Never	<input type="checkbox"/>
Infrequently	<input type="checkbox"/>		

10. In general, how often are your formal, individual supervision sessions interrupted (for example, by telephone calls)?

Always	<input type="checkbox"/>	Rarely	<input type="checkbox"/>
Frequently	<input type="checkbox"/>	Never	<input type="checkbox"/>
Infrequently	<input type="checkbox"/>		

11. How often do you have to reschedule your formal, individual supervision sessions?

Very Often	<input type="checkbox"/>	Rarely	<input type="checkbox"/>
Often	<input type="checkbox"/>	Never	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>		

12. As it relates to enhancing your ability to effectively carry out your supervisory responsibilities, how useful, in terms of practical worth, do you find providing supervision through the use of planned, individual supervision sessions?

Very Useful	<input type="checkbox"/>	Not Very Useful	<input type="checkbox"/>
Useful	<input type="checkbox"/>	Useless	<input type="checkbox"/>
Somewhat Useful	<input type="checkbox"/>		

13. As it relates to enhancing your ability to effectively carry out your supervisory responsibilities, how useful, in terms of practical worth, do you find providing supervision on an as-needed or emergency basis?

Very Useful	<input type="checkbox"/>	Not Very Useful	<input type="checkbox"/>
Useful	<input type="checkbox"/>	Useless	<input type="checkbox"/>
Somewhat Useful	<input type="checkbox"/>		

14. In general, how satisfied are you with the **quantity** of total supervision you provide?

- | | | | |
|--------------------|--------------------------|-------------------|--------------------------|
| Very Satisfied | <input type="checkbox"/> | Dissatisfied | <input type="checkbox"/> |
| Satisfied | <input type="checkbox"/> | Very Dissatisfied | <input type="checkbox"/> |
| Somewhat Satisfied | <input type="checkbox"/> | | |

15. In general, how satisfied are you with the **quality** of total supervision you provide?

- | | | | |
|--------------------|--------------------------|-------------------|--------------------------|
| Very Satisfied | <input type="checkbox"/> | Dissatisfied | <input type="checkbox"/> |
| Satisfied | <input type="checkbox"/> | Very Dissatisfied | <input type="checkbox"/> |
| Somewhat Satisfied | <input type="checkbox"/> | | |

PART III: SUPERVISION

This section is interested in assessing the extent of supervisory involvement in the planning and decision making process at various points in the management of abuse and neglect cases, open protection cases and children in care cases.

Please score each statement indicating your level of agreement, as it relates to the total supervision (planned and unplanned) you provide, using the five point scale shown below.

Please read all statements carefully. Please indicate your selection by scoring the appropriate number in the space provided beside each statement.

- | | | | | |
|---------------|-------------------|---------------------|---------------|--------------|
| 1 | 2 | 3 | 4 | 5 |
| Always | Frequently | Infrequently | Rarely | Never |

Score

16. Supervisory consultation or direction occurs at the point of initial referral or allegation of abuse or neglect. _____

17. Supervisory consultation or direction occurs throughout the investigation stage. _____

18. Supervisory consultation or direction occurs at the completion of the investigation stage. _____
19. Supervisory consultation or direction occurs when considering the removal of a child from the home. _____
20. Supervisory consultation or direction occurs when considering returning a child to the home. _____
21. Supervisory consultation or direction occurs when considering termination or closure of the case. _____
22. Supervisory consultation or direction occurs when developing the case plan. _____
23. Supervisory consultation or direction occurs prior to making major changes to the case plan (for example, return of child prior to completion of all elements of the case plan). _____

PART IV: SUPERVISION

Following is a list of statements relating to supervision. Please indicate your level of agreement with each statement, as it relates to the total supervision (planned and unplanned) you provide, using the five point scale shown below.

Please read all statements carefully. Please indicate your selection by scoring the appropriate number in the space provided beside each statement.

1	2	3	4	5
Always	Frequently	Infrequently	Rarely	Never

24. Supervision includes identifying the underlying theoretical bases of the social workers' actions. _____
25. Supervision includes identifying various intervention options in relation to specific cases. _____

- | | 1 | 2 | 3 | 4 | 5 |
|-----|--|-------------------|---------------------|---------------|--------------|
| | Always | Frequently | Infrequently | Rarely | Never |
| 26. | Supervision appears to decrease the social workers' anxiety about their handling of a case. | | | | _____ |
| 27. | Supervision includes clarifying the tasks of the social workers' role in child protective services. | | | | _____ |
| 28. | Supervision includes reviewing the social workers' assessments of problems to be solved in specific cases. | | | | _____ |
| 29. | Supervision includes providing assistance with prioritizing tasks the social workers need to complete. | | | | _____ |
| 30. | Supervision appears to contribute to the social workers' sense of professionalism. | | | | _____ |
| 31. | Supervision includes identifying how the social workers' personal values could affect their practice. | | | | _____ |
| 32. | Supervision includes identifying strategies to reduce the social workers' job-related stress. | | | | _____ |
| 33. | Supervision includes identifying ways to assist the social workers in minimizing the development of stressful situations. | | | | _____ |
| 34. | Supervision includes reviewing the progress being made by the social workers in completing case plans (for example, completion of referrals to treatment resources). | | | | _____ |
| 35. | Supervision includes reviewing the frequency of the social workers' contact with clients. | | | | _____ |
| 36. | Supervision includes identifying areas where advanced training would increase the range of practice skills available to the social workers. | | | | _____ |
| 37. | Supervision appears to result in an increased interest on the part of social workers relating to different theories of practice. | | | | _____ |

- | | 1 | 2 | 3 | 4 | 5 |
|-----|---|-------------------|---------------------|---------------|--------------|
| | Always | Frequently | Infrequently | Rarely | Never |
| 38. | Supervision includes discussion relating to past successes of the social workers in handling difficult situations. | | | | _____ |
| 39. | Supervision includes identifying the areas of responsibility associated with the social workers' role in child protection services. | | | | _____ |
| 40. | Supervision includes encouraging the social workers to consider whether personal experiences may be impacting on their practice. | | | | _____ |
| 41. | Supervision contributes to the social workers' sense of belonging in the Agency. | | | | _____ |
| 42. | Supervision includes discussing and planning strategies to assist the social workers in reducing conflict with colleagues in their own or other units. | | | | _____ |
| 43. | Supervision includes planning and assigning of specific tasks to be completed by the social workers. | | | | _____ |
| 44. | Supervision appears to reinforce the social workers' belief in the value of child protection social work. | | | | _____ |
| 45. | Supervision includes identifying how the social workers' successful performance contributes to the successful achievement of Agency goals and objectives. | | | | _____ |
| 46. | Supervision includes discussion and planning of strategies to assist the social workers in enhancing their working relationships with colleagues employed in collateral organizations. | | | | _____ |
| 47. | Supervision includes the setting of various deadlines to fulfill the social workers' responsibilities in the child protection role (for example, completion of written assessments). | | | | _____ |

Thank you for completing the questionnaire. Please return the questionnaire in the self-addressed, stamped envelope provided.

Date: _____

Campbell and Heinrich (Manitoba) Use Only:

I am currently employed in the _____ unit.

APPENDIX B**SUPERVISION QUESTIONNAIRE
(FOR SOCIAL WORKERS)****PART I: DEMOGRAPHIC PROFILE**

1. How many years have you worked as a social worker providing child protection services throughout your career?

Less than 1 year	<input type="checkbox"/>	Between 2 and 3 years	<input type="checkbox"/>
Between 1 and 2 years	<input type="checkbox"/>	Over 3 years	<input type="checkbox"/>

2. How many years have you worked as a social worker providing child protection services at Winnipeg Child and Family Services - Central Area?

Less than 1 year	<input type="checkbox"/>	Between 2 and 3 years	<input type="checkbox"/>
Between 1 and 2 years	<input type="checkbox"/>	Over 3 years	<input type="checkbox"/>

3. How many years have you worked in your present position?

Less than 1 year	<input type="checkbox"/>	Between 2 and 3 years	<input type="checkbox"/>
Between 1 and 2 years	<input type="checkbox"/>	Over 3 years	<input type="checkbox"/>

4. Please indicate the highest level of education you have attained.

Bachelor of Arts	<input type="checkbox"/>	Master of Social Work	<input type="checkbox"/>
Bachelor of Social Work	<input type="checkbox"/>	Other	<input type="checkbox"/>
If other, please specify			

PART II: SUPERVISION

5. On average, how often do you meet with your supervisor for formal, individual supervision sessions?

Once per week Once every 2nd week
 Once ever 3rd week Once every 4th week
 Other

If other, please specify _____

6. On average, what is the length of your formal, individual supervision sessions?

Less than 1 hour 1 hour or more

7. On average, how often do you ask your supervisor to provide informal, supervision on an as-needed or emergency basis?

Daily 3 or 4 times per week
 2 or 3 times per week Once per week
 Other

If other, please specify _____

8. Please indicate the type of direction you are seeking when consulting with your supervisor on an informal, as-needed or emergency basis. Please check all that apply.

- Clarification of Agency or Area policy
 - Clarification of Agency or Area procedures
 - Assistance in assessing risk
 - Assistance in assessing family dynamics
 - Assistance in developing service plans
 - Assistance in dealing with hostile clients
 - Assistance in dealing with other departments of the Agency or Area
 - Approval of decision to apprehend
 - Approval of decision to return child
 - Approval of decision to terminate service
 - Approval of decision to initiate transfer
 - Consultation relating to planning of how to proceed with an abuse or neglect investigation

- Debriefing after involvement in stressful situation

- Other

If other, please specify _____

9. In general, are your formal, individual supervision sessions planned in advance for a specific day and time?

Always	<input type="checkbox"/>	Rarely	<input type="checkbox"/>
Frequently	<input type="checkbox"/>	Never	<input type="checkbox"/>
Infrequently	<input type="checkbox"/>		

10. In general, how often are your formal, individual supervision sessions interrupted (for example, by telephone calls)?

Always	<input type="checkbox"/>	Rarely	<input type="checkbox"/>
Frequently	<input type="checkbox"/>	Never	<input type="checkbox"/>
Infrequently	<input type="checkbox"/>		

11. How often do you have to reschedule your formal, individual supervision sessions?

Very Often	<input type="checkbox"/>	Rarely	<input type="checkbox"/>
Often	<input type="checkbox"/>	Never	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>		

12. As it relates to enhancing your ability to effectively carry out your child protection responsibilities, how useful, in terms of practical worth, do you find receiving supervision through the use of planned, individual supervision sessions?

Very Useful	<input type="checkbox"/>	Not Very Useful	<input type="checkbox"/>
Useful	<input type="checkbox"/>	Useless	<input type="checkbox"/>
Somewhat Useful	<input type="checkbox"/>		

13. As it relates to enhancing your ability to effectively carry out your child protection responsibilities, how useful, in terms of practical worth, do you find receiving supervision on an as-needed or emergency basis?

Very Useful	<input type="checkbox"/>	Not Very Useful	<input type="checkbox"/>
Useful	<input type="checkbox"/>	Useless	<input type="checkbox"/>
Somewhat Useful	<input type="checkbox"/>		

14. In general, how satisfied are you with **quantity** of total supervision you receive?

- | | | | |
|--------------------|--------------------------|-------------------|--------------------------|
| Very Satisfied | <input type="checkbox"/> | Dissatisfied | <input type="checkbox"/> |
| Satisfied | <input type="checkbox"/> | Very Dissatisfied | <input type="checkbox"/> |
| Somewhat Satisfied | <input type="checkbox"/> | | |

15. In general, how satisfied are you with the **quality** of total supervision you receive?

- | | | | |
|--------------------|--------------------------|-------------------|--------------------------|
| Very Satisfied | <input type="checkbox"/> | Dissatisfied | <input type="checkbox"/> |
| Satisfied | <input type="checkbox"/> | Very Dissatisfied | <input type="checkbox"/> |
| Somewhat Satisfied | <input type="checkbox"/> | | |

PART III: SUPERVISION

This section is interested in assessing the extent of supervisory involvement in the planning and decision making process at various points in the management of abuse and neglect cases, open protection cases and children in care cases.

Please score each statement indicating your level of agreement, as it relates to the total supervision (**planned and unplanned**) you receive, using the five point scale shown below.

Please read all statements carefully. Please indicate your selection by scoring the appropriate number in the space provided beside each statement.

- | | | | | |
|---------------|-------------------|---------------------|---------------|--------------|
| 1 | 2 | 3 | 4 | 5 |
| Always | Frequently | Infrequently | Rarely | Never |

Score

16. Supervisory consultation or direction occurs at the point of initial referral or allegation of abuse or neglect.

	1	2	3	4	5
	Always	Frequently	Infrequently	Rarely	Never
17.	Supervisory consultation or direction occurs throughout the investigation stage.				_____
18.	Supervisory consultation or direction occurs at the completion of the investigation stage.				_____
19.	Supervisory consultation or direction occurs when considering the removal of a child from the home.				_____
20.	Supervisory consultation or direction occurs when considering returning a child to the home.				_____
21.	Supervisory consultation or direction occurs when considering termination or closure of the case.				_____
22.	Supervisory consultation or direction occurs when developing the case plan.				_____
23.	Supervisory consultation or direction occurs prior to making major changes to the case plan (for example, return of child prior to completion of all elements of the case plan).				_____

PART IV: SUPERVISION

Following is a list of statements relating to supervision. Please indicate your level of agreement with each statement, as it relates to the total supervision (planned and unplanned) you receive, using the five point scale shown below.

Please read all statements carefully. Please indicate your selection by scoring the appropriate number in the space provided beside each statement.

1	2	3	4	5
Always	Frequently	Infrequently	Rarely	Never

- | | 1 | 2 | 3 | 4 | 5 |
|-----|---|-------------------|---------------------|---------------|--------------|
| | Always | Frequently | Infrequently | Rarely | Never |
| 24. | Supervision includes identifying the underlying theoretical bases of my actions. | | | | _____ |
| 25. | Supervision includes identifying various intervention options in relation to specific cases. | | | | _____ |
| 26. | Supervision decreases my anxiety about my handling of a case. | | | | _____ |
| 27. | Supervision includes clarifying the tasks of my role in child protective services. | | | | _____ |
| 28. | Supervision includes reviewing my assessments of problems to be solved in specific cases. | | | | _____ |
| 29. | Supervision includes providing assistance with prioritizing tasks I need to complete. | | | | _____ |
| 30. | Supervision contributes to my sense of professionalism. | | | | _____ |
| 31. | Supervision includes identifying how my personal values could affect my practice. | | | | _____ |
| 32. | Supervision includes identifying strategies to reduce my job-related stress. | | | | _____ |
| 33. | Supervision includes identifying ways to assist me in minimizing the development of stressful situations. | | | | _____ |
| 34. | Supervision includes reviewing the progress I am making in completing case plans (for example, completion of referrals to treatment resources). | | | | _____ |
| 35. | Supervision includes reviewing the frequency of my contact with clients. | | | | _____ |
| 36. | Supervision includes the identifying areas where advanced training would increase the range of practice skills available to me. | | | | _____ |

- | | 1 | 2 | 3 | 4 | 5 |
|-----|---|-------------------|---------------------|---------------|--------------|
| | Always | Frequently | Infrequently | Rarely | Never |
| 37. | Supervision results in an increased interest on my part relating to different theories of practice. | | | | _____ |
| 38. | Supervision includes discussion relating to past successes I have had in handling difficult situations. | | | | _____ |
| 39. | Supervision includes identifying the areas of responsibility associated with my role in child protection services. | | | | _____ |
| 40. | Supervision includes encouraging me to consider whether personal experiences may be impacting on my practice. | | | | _____ |
| 41. | Supervision contributes to my sense of belonging in the Agency. | | | | _____ |
| 42. | Supervision includes discussing and planning strategies to assist me in reducing conflict with colleagues in my own or other units. | | | | _____ |
| 43. | Supervision includes planning and assigning of specific tasks I need to complete. | | | | _____ |
| 44. | Supervision reinforces my belief in the value of child protection social work. | | | | _____ |
| 45. | Supervision includes identifying how my successful performance contributes to the successful achievement of Agency goals and objectives. | | | | _____ |
| 46. | Supervision includes discussion and planning of strategies to assist me in enhancing my working relationships with colleagues employed in collateral organizations. | | | | _____ |
| 47. | Supervision includes the setting of various deadlines to fulfill the responsibilities of my child protection role (for example, completion of written assessments). | | | | _____ |

Thank you for completing the questionnaire. Please return the questionnaire in the self-addressed, stamped envelope provided.

Date: _____

Campbell and Heinrich (Manitoba) Use Only:

I am currently employed in the _____ unit.

APPENDIX C

May 12, 1997

Dear Colleague

As one component for completion of the MSW Program at the University of Manitoba, I have been given permission by the Area Director, Dave Schellenberg and the Area Director of Services, Darlene MacDonald, to conduct a formative evaluation in relation to the child protection supervision program offered by Winnipeg Child & Family Services, Central Area.

For the purposes of this study, supervision is defined as the process by which supervisors work toward achieving the objective of delivering to agency clients, the best possible service, both quantitatively and qualitatively, in accordance with legislation and agency policies and procedures (Kadushin, 1992).

The enclosed questionnaire is the primary method of data collection and is divided into four parts. Part I provides demographic information. Part II provides information relating to the frequency and nature of supervisory service delivery as it is currently implemented in the Central Area. Part III is intended to assess the extent of supervisory involvement at various points in the management of abuse and neglect cases, open protection cases, and children in care cases. Part IV deals with a number of different aspects concerning the delivery of supervision services. The entire questionnaire can be completed in approximately 30 minutes.

Your participation in this study is strictly voluntary and, if you decide to participate, you are free to complete the questionnaire in full, or in part. Although participation is voluntary, please give serious consideration to participating in the study. As a service provider, or receiver, your views are important regardless of their nature.

Please be assured that your responses will remain confidential. Your individual responses will not be identifiable to me at any time, in any way. There is no way for me to identify who returned any given questionnaire. In fact, at no time will I have access to the completed questionnaires. To ensure your confidentiality, arrangements have been made to have the questionnaires returned directly to an independent researcher, Ms. Linda Campbell of Campbell and Heinrich (Manitoba). Ms. Campbell has been contracted to code the

completed questionnaires. To ensure your confidentiality, arrangements have been made to have the questionnaires returned directly to an independent researcher, Ms. Linda Campbell of Campbell and Heinrich (Manitoba). Ms. Campbell has been contracted to code the questionnaires and perform specific statistical procedures to allow for the data analysis to occur. The final question on the questionnaire, which asks you to identify your unit, will be used solely by Campbell and Heinrich (Manitoba) to make a determination as to the adequacy of the sample. Data compiled from your responses will be used solely to complete the evaluation and the findings will be reported on a group basis only. Upon completion, a copy of the evaluation will be made available to the Central Area and all questionnaires will be destroyed by Campbell and Heinrich (Manitoba).

Return of the questionnaire will constitute consent. If you have any questions relating to the study, please feel free to call me at 944-4180 or 667-0076. If you decide to participate in the study, please return your questionnaire in the self-addressed, stamped envelope provided by May 19, 1997.

I would very much appreciate your help.

Sincerely,

Glenda Edwards

Enclosures

APPENDIX D

