

Summary of Supervisor Focus Groups
The University of Iowa School of Social Work
January – May 2004

The following summary is based on key findings from focus groups that we conducted with supervisors in each of the eight DHS service areas from January-May 2004. This activity is part of the federal grant on improving recruitment and retention in public child welfare.

Participants

- A total of 67 supervisors participated in the groups
- Groups ranged in size from 4 – 11 people

Strengths – what’s working well for DHS supervisors

- Peers provide an important source of support; supervisors would like more opportunities to meet with peers from other service areas
- Many areas have experienced, committed child welfare workers whose expertise is critical, and who serve as mentors for new workers
- There are many supervisors with years of experience; in most areas the voluntary turnover rate among supervisors has been low
- Many local offices have good support staff who help to keep offices running smoothly
- Re-organization has created new opportunities for autonomy to manage the work
- Workers’ access to supervisors is highly valued. Accessibility seems more manageable for supervisors who are located in the same office as their staff, but cell phones & email have helped maintain accessibility across distances
- Creative ways of rewarding and recognizing good performance and showing appreciation for workers have been developed
- DHS offers good pay and benefits not otherwise available (especially in rural areas) and this encourages retention

Challenges – what’s presenting barriers for DHS supervisors

- Across groups, workload was discussed as a major challenge. It has been hard for employees at all levels to feel that they’re doing their best work under the current workloads and increased pace of work
- High supervisor to staff ratios results in less time available to meet individually with staff and to provide clinical supervision. For those who supervise across larger geographic areas, managing time and being accessible to staff is a greater challenge. Clinical supervision is often crisis management.
- There is a down side to email—overload, receiving lots of messages and duplicate messages, many with unrealistic expectations for response times
- Communication issues between central office and the field, such as policy changes, inadequate coordination among various initiatives, decrease in technical support.
- Discrepancies in pay for supervisors at different levels who are performing similar functions

- Less involvement with other community agencies with current workloads, presents challenges in maintaining collaborative relationships
- Less access to training than before, harder to keep up with current knowledge in substance abuse, mental health, etc.
- Climate of reactivity—fear of being unfairly blamed when something goes wrong, fear of reprisals
- New supervisors receive no formal training in the supervisory role
- Supervising workers who are not functioning well in their jobs—this is very time consuming, takes time away from supervising other staff
- Training and supervising new workers is very demanding now, and the new worker training is not as intensive. Workers frequently have caseloads before they are ready.
- Keeping caseloads equitable among workers
- Constant change that the supervisor have to manage and communicate to workers
- Increase in consumer complaints that take time to research and require quick turnaround time
- Closing of the regional offices increased the administrative burdens on supervisors
- Workers don't have enough contact with children and families, and this makes supervision more difficult
- There are fewer opportunities for upward mobility in the Department than there used to be.

Training content that would be useful

- Providing good clinical supervision in a time-efficient manner
- Managing challenging employees and working constructively with underperforming staff
- Training in personnel policy including FMLA, discrimination, etc.
- Using the interview process to screen in/out for the best workforce
- Training in new research on substance abuse, mental health, permanency and attachment, conflict resolution.
- Managing work in a constantly changing environment
- Supervision skills for new supervisors
- Time management, including making efficient use of technology
- Training must be done by trainers who understand the DHS system and who can make training content applicable