STRENGTHENING SUPERVISION FOR THE SOCIAL SERVICE WORKFORCE

October 27, 2020
Webinar #38

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GLOBAL SOCIAL SERVICE WORKFORCE ALLIANCE
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JANE CALDER

Co-Chair, Supervision Interest Group, Global Social Service Workforce Alliance & Senior Child Protection Advisor, Asia and Pacific, Save the Children

Moderator

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WEBINAR AGENDA

Welcome, Introductions and Introducing the Guidance Manual on Strengthening Supervision for the Social Service Workforce - Jane Calder, Senior Child Protection Advisor, Asia, Pacific region, Save the Children

The Missing Link: An Integrated Model for Supervision - Kelly McBride, Mental Health and Psychosocial Support Technical Advisor, International Federation of the Red Cross and Red Crescent Societies Psychosocial Centre

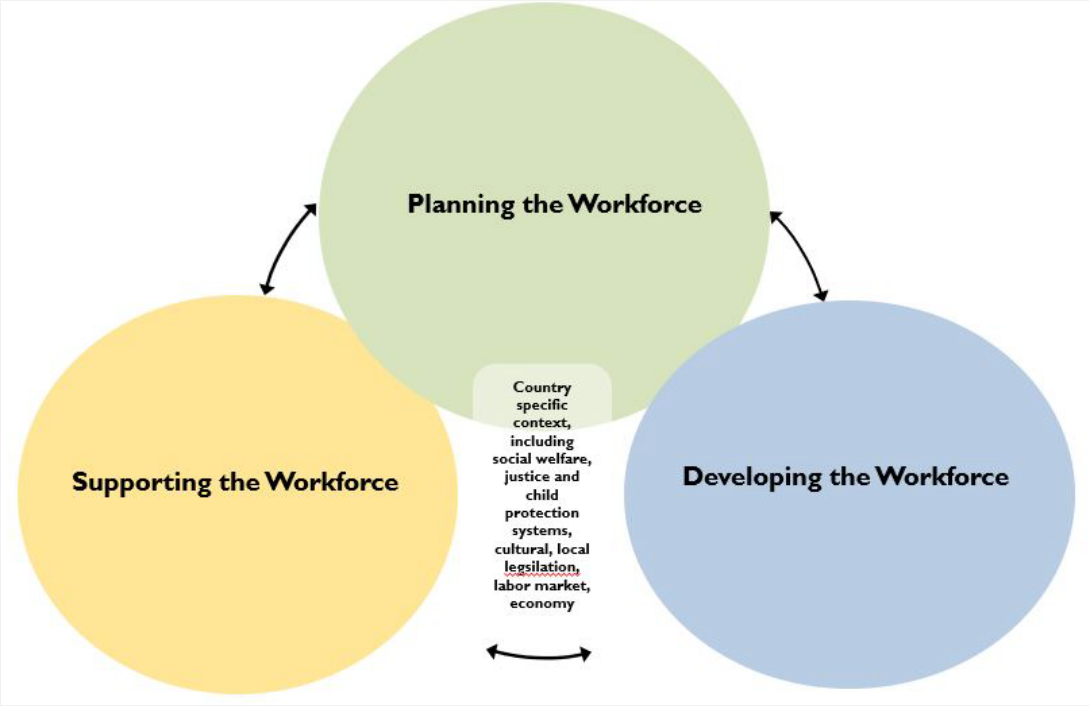
Using a Competency Based Approach for Social Service Workforce Strengthening in Myanmar - Sazan Baban, Child Protection Case Management Advisor, Save the Children Myanmar

Coaching and Mentorship of the Social Service Workforce for Improved OVC outcomes: A collaborative effort among CRS, Local Government and Local Implementing Partners - James Githui, MWENDO Program Manager-Nairobi Region, Kenya

Questions & Answers

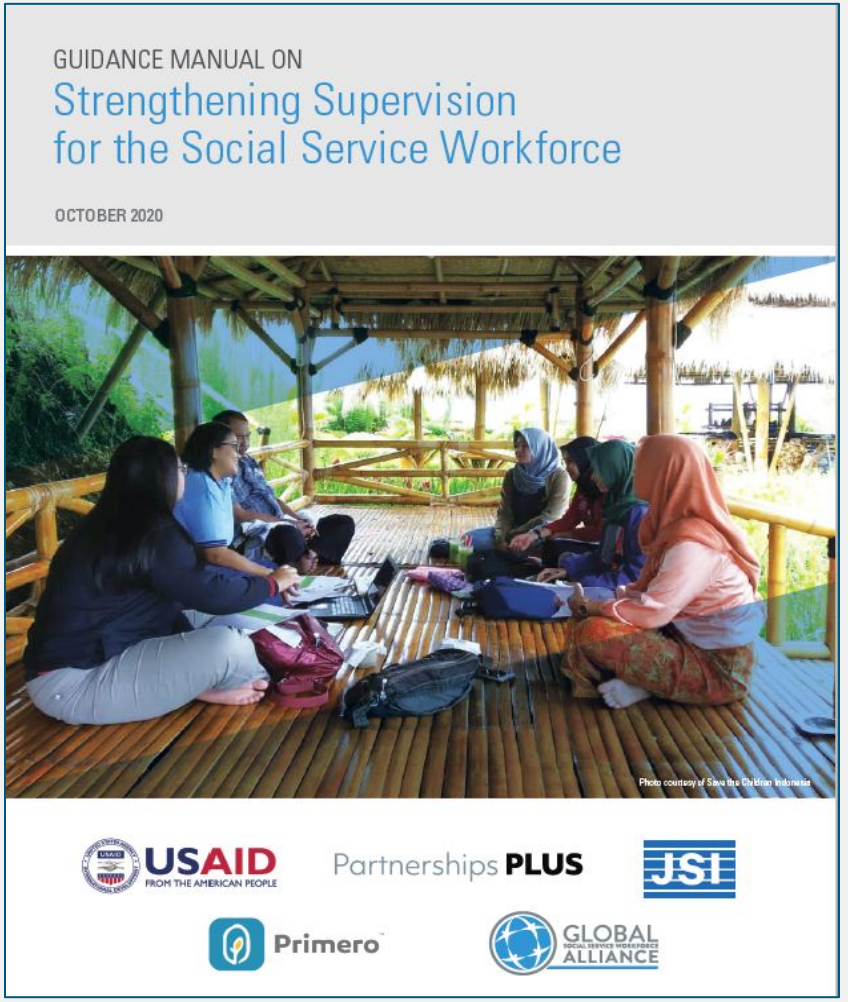
DEVELOPMENT OF THE GUIDANCE DOCUMENT

- Supervision Interest Group, established in March 2020
- 64 members in 33 countries across stakeholder groups
- 3 sub-groups, focusing on;
  - Planning for supervision
  - Developing supervision
  - Supporting supervision
- Writing group
- Consultation
- Finalization
- Share feedback



PURPOSE OF THE GUIDANCE

- Provide guidance on supervision for individuals working to provide, manage or coordinate social services.
- Define what is meant by supervision in social services,
- Outline the key elements of good practice in supervision
- Summarize the different forms it can take (1:1, group, peer-to-peer, peer group)
- Present general recommendations
  - specific case examples
  - draws from documented best practices
  - anticipated that this will enable greater awareness of the importance of supervision, what it entails and the significant positive benefits it can have
  - enabling improved supervision practice, should result in improved quality of service to beneficiaries



DEFINING SUPERVISION

Supervision in the social services is a supportive relationship. It is carried out in regular meetings, which focus on accountability, well-being and skill development. Through regular contacts, the supervisor provides coaching and encourages the supervisee to critically reflect on their practice. The ultimate aim of supervision is to improve the service to clients.

4 FUNCTIONS OF SUPERVISION

- **Managerial**
  - Reviewing workload, performance feedback, reflecting on strengths and weaknesses
  - Supporting supervisees to undertake work they find challenging
  - Helping supervisees understand responsibilities
  - Advocating for needed resources
- **Developmental**
  - Helping to develop and improve skills
  - Coaching and practice advice
  - Helping them to identify preferred learning methods & reflect on
  - Ensuring they know how to apply learning in practice
- **Supportive**
  - Providing safe environment
  - Helping supervisees reflect on biases & deepen their value base
  - Empathetic and emotional support
  - Supporting well-being and providing referrals for supports
- **Mediation**
  - Serving as a bridge between the supervisee, other staff members, and the larger organization
  - Advocating for organizational change
  - Assuring that staff needs are represented, and they are involved in decision-making; clear complaints procedures

KEY ELEMENTS OF THE GUIDANCE

- Ethics and supervision
- Advocacy messages – why supervision is vital
- The WHAT, WHO and WHEN of supervision
- Supervisor competencies and training
- Models of supportive supervision
  - Specific focus on remote supervision during COVID
- CPIMS+/Primero
- Supervision agreement template
- Additional resources links
- Supporting staff well-being

HOW TO USE THE GUIDANCE

- Download & SHARE!
- Use to strengthen supervision in your context
- Send feedback and results to us - contact@socialserviceworkforce.org
- Join the conversation on importance of supervision during Social Service Workforce Week (this week)

KELLY MCBRIDE

Mental Health And Psychosocial Support Technical Advisor, International Federation of the Red Cross And Red Crescent Societies Psychosocial Centre

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Psychosocial Centre

International Federation
of Red Cross and Red Crescent Societies

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Trinity College Dublin
Ollscoil Átha Cliath | The University of Dublin

Supervision: The Missing Link

TOWARDS CREATING AN INTEGRATED MODEL FOR SUPERVISION FOR MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

Integrated Model for Supervision

THE IMS WILL PROVIDE GUIDANCE FOR SUPERVISION OF STAFF AND VOLUNTEERS IMPLEMENTING MHPSS AND PROTECTION INTERVENTIONS IN EMERGENCIES AS WELL AS GUIDANCE ACROSS DIFFERENT AGENCIES. ULTIMATELY, THE AIM IS TO IMPROVE MHPSS SERVICE DELIVERY THROUGH STRENGTHENED SUPERVISION.

Phase 1: Version 1 of the IMS

INFORMED BY:

- ADVISORY GROUP
- DESK REVIEW
- KEY INFORMANT INTERVIEWS
- WORKSHOPS
- DELPHI CONSULTATION

Key learnings so far

- REGULAR SUPPORTIVE SUPERVISION THAT IS 1:1 AND SEPARATE FROM LINE MANAGEMENT IS IDEAL
- SUPERVISORS SHOULD BE EXPERIENCED, APPROACHABLE, AND FAMILIAR WITH SOCIAL AND CULTURAL CONTEXT
- SUPERVISOR SHOULD BE AWARE OF POWER DYNAMICS
- SUPERVISION IS KEY TO PROMOTE WELLBEING
- NEED FOR GUIDANCE, TOOLS, DEFINITIONS, AND TRAININGS
- ACCESS TO SUPERVISION AT ALL LEVELS

Want to be involved?

THERE IS STILL TIME TO ENGAGE IN CONSULTATION WITH US TO INFORM VERSION 1 OF THE IMS

CONTACT AINE TRAVERS AT AITRAVER@TCD.IE

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Trinity College Dublin
Ollscoil Átha Cliath | The University of Dublin

Next steps for the IMS in 2021

Phase 2

Psychosocial Centre

International Federation
of Red Cross and Red Crescent Societies

PHASE 2

FOR MORE INFORMATION PLEASE
CONTACT KEMCB@RODEKORS.DK

SAZAN BABAN

Child Protection Case Management Advisor, Save the Children Myanmar

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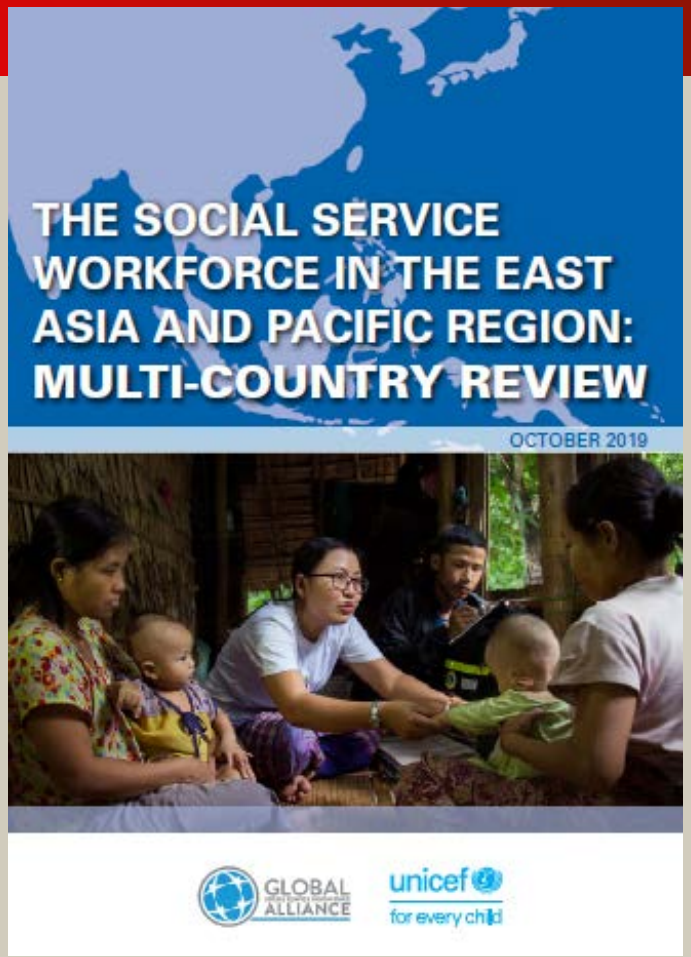
Competency Based Approach to Strengthen the Social Service Workforce
Myanmar

Save the Children

Myanmar Context

- Significant protection issues faced by children across Myanmar
- Myanmar Social Protection Strategic Plan endorsed in 2014
- The Department of Social Welfare deployed 231 Case Managers
- NGOs/CSOs supporting government by training and deploying caseworkers



Competency based approach in MMR

- A practical and systematic framework
- Defined set of competencies for all three positions
- Training based on job roles and tasks
- Increasing training and coaching quality
- Assessment (with built-in verification and supervision)
- Accreditation - based on actual post-training performance

Road Map to Competency Based Approach

Providing evidence against the competencies

Clear job roles → Development of Competencies → Training to meet Competencies (phased approach to training) → Supervision & support on the job → Ongoing Training to meet gaps → Completion – meeting the competencies

Accreditation

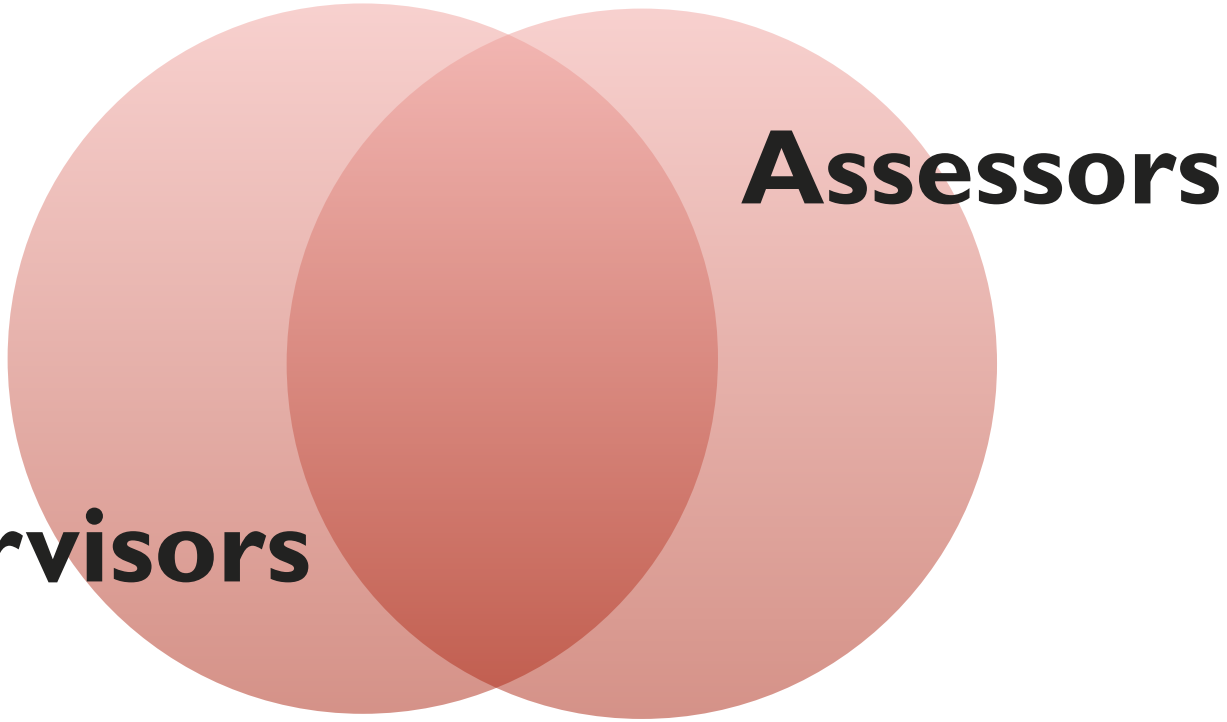
- Testing accreditation of the social service workforce as a potentially motivating factor
- Strong transparent indicator of achievement
- Concrete evidence of professional development
- Accreditation to be embedded in the government structure (or external assessment centre)
- Collaboration with Council for Awards in Care, Health and Education (CACHE) on accreditation and assessment

Opportunity for professional development…

Supervision and Assessors

How can we ensure they complement each other?

- Supervisors can also be assessors
- End result is different: Integrating assessment will allow us to recognize the workforce as being **competent** by helping them achieve their roles and responsibilities



Some challenges

- Operational challenges in humanitarian settings
- Setting up accreditation and assessment centers
- Literacy levels of social service workforce

Why competency-based approach might be the most appropriate in a context like Myanmar?

- Help define roles and responsibilities within the government and social service workforce
- Strategic and structured approach to capacity building with close supervision and support
- Coaching and supervision to be embedded in the process as one of the key outcomes to reach recognition

Allows for on the job training and assessment that can eventually be accredited and the individual to be recognized as competent within their role.

Thank You !

JAMES GITHUI

MWENDO Program Manager-Nairobi Region, Kenya

Catholic Relief Services

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Mentorship and Coaching of the Social Service Workforce for Improved OVC Outcomes: A collaborative effort among CRS, Local Government and Local Implementing Partners

Presented by James Githui, Program Manager, MWENDO OVC Project, CRS Kenya

Global Social Service Workforce Alliance Webinar: Strengthening Supervision for the Social Service Workforce; October 27, 2020

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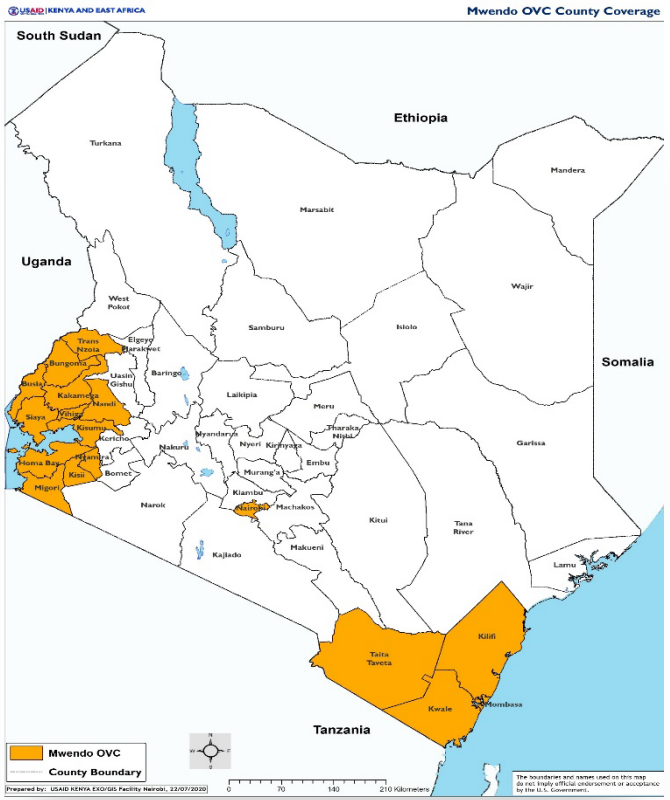
Mwendo

- Covering **17 Counties in Kenya**
- Supporting **432,780** orphans and vulnerable children (OVC) and **212,893** caregivers, including **51,115** children and adolescents living with HIV
- **8,803** Case Workers and **217** Case Managers
- Case Management Approach to service delivery, with ultimate aim of:
  - Increasing access to health and social services for OVC and their families
  - Strengthening capacity of households and communities to protect and care for OVC
  - Strengthening child welfare and protection structures and systems for effective responses



Observed Need for a Strengthened Coaching and Mentorship Approach

- Need for stronger supervision and mentoring of social service workforce at local implementing partners (LIPs)
- Need for capacity strengthening among LIP staff and supervisors on mentorship and coaching
- Need for a more coordinated approach to organizational capacity strengthening of LIPs
- Need to improve performance and quality in provision of services
- Need to institutionalize accountability mechanisms at LIP and MWENDO levels to optimize OVC outcomes
- An empowered social work force at all levels for better OVC outcomes

The Development Process and Strategies

Need Analysis	Development of the response	Pilot and Testing	Implementation
Root cause analysis led by the project Senior Management Team	**MWENDO Coaching and Mentorship Approach**	Sharing of the Approach and Guide with project technical teams for feedback	Project-wide roll out
Formation of smaller technical team	**MWENDO Coaching and Mentorship Guide**	Pilot roll out starting with the two counties (one quarter)	Results tracking and continuous review
Wide consultations and feedback from LIPs and Government		Review of the approach and improvement of the guide	

STRATEGIES

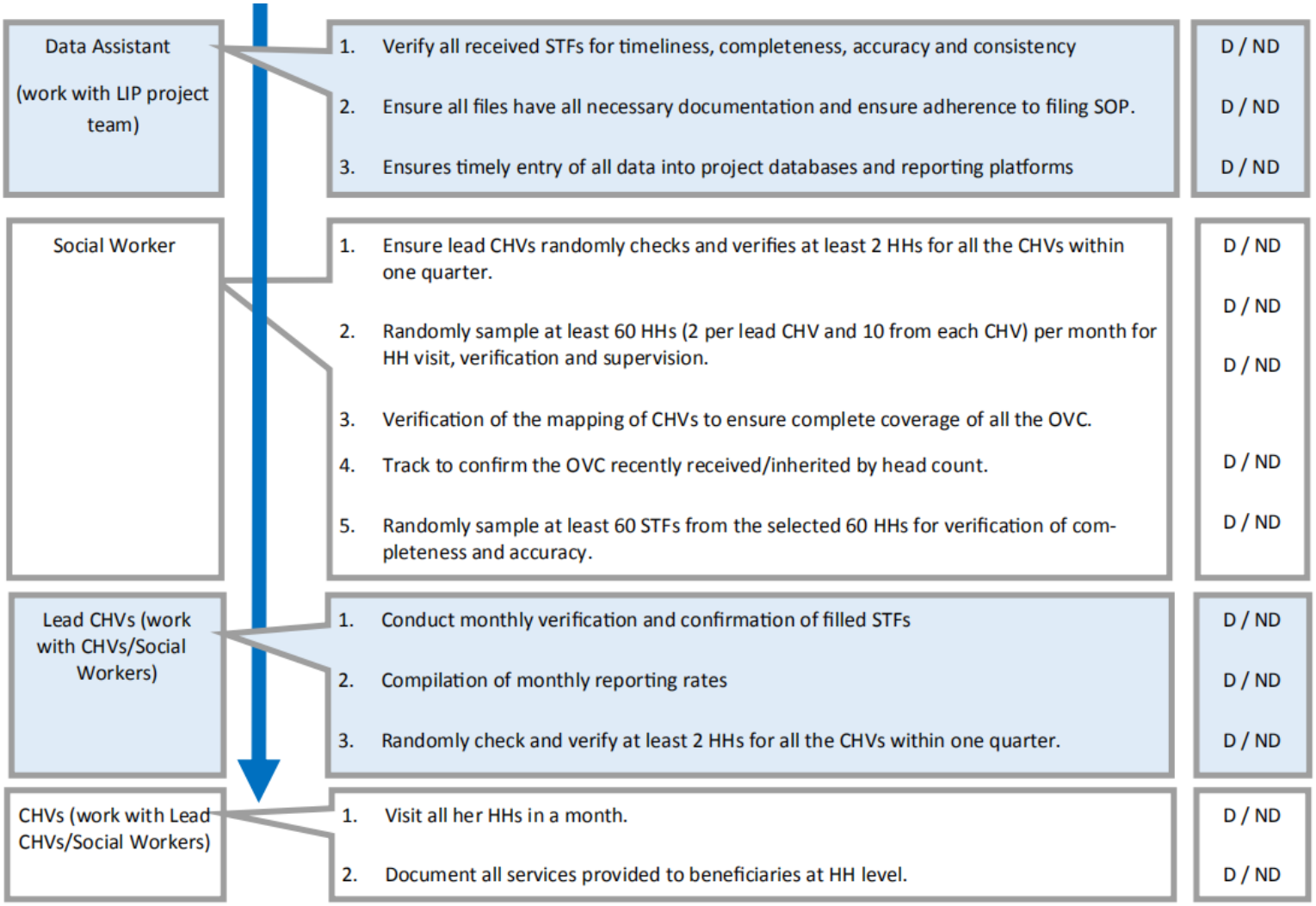
1. Partnership & Collaboration
2. Two-way feedback mechanism
3. Teamwork & Delegation
4. SWOT Analysis

Case managers (SW) Training guide

- Administrative case management
- Reflecting on learning from practice
- Personal support
- Mediation in which the case manager acts as a bridge between the community health volunteer and other project staff
- Professional development

MWENDO LIP Site Mentorship and Coaching Guide

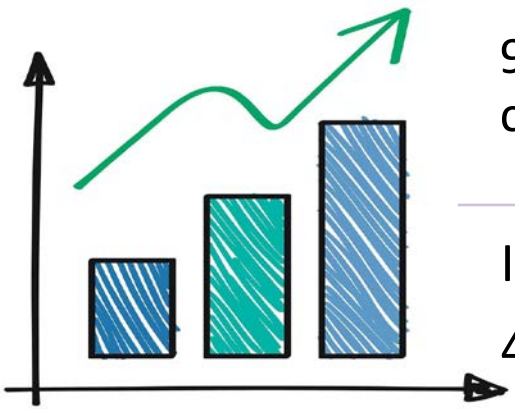
Responsible	Action	Check
Cluster Lead (work with DCS/MOH/ Agriculture)	Conduct targeted integrated quarterly cluster level support supervision visit to LIPs and visit least 5 Households, accompanied by LIP Project Coordinator.	Done (D) / Not Done (ND)
LIP Project Coordinator	1. Share monthly summary OVC served reports to the SCCOs.	D / ND
	2. Conduct monthly support supervision reports to be consolidated and discussed at LIP during monthly LIP performance review meetings and actions plans developed.	D / ND
	3. Sample at least one HH from each of the social workers and conduct joint HH visit with DCS on monthly basis.	D / ND
LIP MEAL Officer (work with LIP project team)	1. Conduct quarterly routine internal DQAs/data verification.	D / ND
	2. Randomly selects at least 5 STFs from each Data Assistant and review for consistency between CPIMS and completed STFs.	D / ND
	3. Conducts data analysis and shares results during monthly performance review meetings.	D / ND


Data Assistant
(work with LIP project team)
1. Verify all received STFs for timeliness, completeness, accuracy and consistency
D / ND
2. Ensure all files have all necessary documentation and ensure adherence to filing SOP.
D / ND
3. Ensures timely entry of all data into project databases and reporting platforms
D / ND
Social Worker
1. Ensure lead CHVs randomly checks and verifies at least 2 HHs for all the CHVs within one quarter.
D / ND
2. Randomly sample at least 60 HHs (2 per lead CHV and 10 from each CHV) per month for HH visit, verification and supervision.
D / ND
D / ND
3. Verification of the mapping of CHVs to ensure complete coverage of all the OVC.
4. Track to confirm the OVC recently received/inherited by head count.
D / ND
5. Randomly sample at least 60 STFs from the selected 60 HHs for verification of completeness and accuracy.
D / ND
Lead CHVs (work with CHVs/Social Workers)
1. Conduct monthly verification and confirmation of filled STFs
D / ND
2. Compilation of monthly reporting rates
D / ND
3. Randomly check and verify at least 2 HHs for all the CHVs within one quarter.
D / ND
CHVs (work with Lead CHVs/Social Workers)
1. Visit all her HHs in a month.
D / ND
2. Document all services provided to beneficiaries at HH level.
D / ND

Key Achievements

- Trained pool of case managers (SW) providing mentorship to case workers.
- Designed a simplified guide for training social workers as supervisors.
- Better coordinated social workforce (ratios of OVC to case workers and case managers).
- Developed standard approach to Mentorship and Coaching of the OVC social workforce through LIPs.
- Regularised HH visits and services delivered to beneficiaries.
- Improved collaboration among CRS, Department of Children services, Ministry of Health and other relevant government departments.
- General improvement in service provision to beneficiaries; e.g. civil birth registration and viral load suppression monitoring.
- Informed review and simplification of OVC service delivery tools.

Quantitative Outcomes of Improved Supervision



Sustained Identification and Enrolment of children living with HIV to attain PEPFAR's target of 75%:

9755 → 51,151 children living with HIV enrolled (FY18 Q1 compared to FY20 Q4)

Improved OVC Birth Registration:

45% → 54% (FY19 Q4 compared to FY20 Q4)

Systematic Improvement in Households Ready to Graduate:

0.10% (APR18) → 3.1% (APR20) ready to graduate

Increased Viral Load Access and Viral Load Suppression:

67% → 79% access to VLS; and 81% → 87% virally suppressed (FY19 Q1 compared to FY20 Q4)

Conclusion and Recommendations

- Root cause analysis to capacity gaps is important as it helps in design of results-based strategies.
- Collaborative approach in Coaching and Mentorship worked well as it created ownership by all stakeholders.
- Structured supportive supervision for social workforce is the key driver for OVC service delivery.
- Building capacity of case managers as supervisors creates a pool of community level knowledge that provides emotional and technical support to case workers.
- The process generated a conversation on the need to have a County level supportive supervision guide that will shape policy framework development on Social workforce SS.

Lessons learnt

- Supervision is the central element to effective social work force practice.
- Partners are amenable to improving supervision when the process is collaborative and strengths-based.

Asante sana!

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action.
results.

Questions & Answers

-Please type your questions box to be posed by the moderator

-We regret if time does not allow all questions to be answered.

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Download the Guidance Manual
http://socialserviceworkforce.org/resources/guidance-manual-strengthening-supervision-social-service-workforce

View the full recording and presentation from this webinar and the 38 previously hosted by the Alliance:
http://www.socialserviceworkforce.org/webinars

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