

THE FUTURE OF DECISION MAKING IN CHILD WELFARE PRACTICE: THE DEVELOPMENT OF AN EXPLICIT CRITERIA MODEL FOR DECISION MAKING

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The study was conducted in and with the permission of the Illinois Department of Children and Family Services, United States of America. The author gratefully acknowledges their co-operation.

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ABSTRACT

The paper examines the impact that a decision making model can have on child placement decisions. Using a pre and post test design with three different conditions, the research investigated the ability to increase the consistency of the placement decision by the use of a decision making model that includes explicit criteria.

The study found that consistency of decision making was enhanced by the provision of the decision making model and that consistency could be further enhanced by the provision of training in the model. Implications for training of new workers and reduction of worker stress and burnout are discussed.

The incident of child abuse and neglect continues to rise. The National Centre on Child Abuse and Neglect estimates that approximately one million children will be abused or neglected this year in the United States.¹ In the State of Illinois alone, during fiscal year 1981 nearly 80,000 reports of abuse or neglect were received.² Almost 50% of those reports were found to be actual cases of abuse or neglect.

Whether the incident in Australia of child abuse and neglect is increasing or not is difficult to assess, since currently there is no standardised way of collecting data.³ However, from all indicators a

similar increase is indeed occurring. Boss in his book, "On the Side of the Child", reports that the number of cases seen by the Western Australian Department of Community Welfare has steadily increased.⁴ This is corroborated by statistics compiled by that State's Advisory and Consultative Committee in Child Abuse (ACCCA). Their Statistical Information Report for July-December 1983 indicates an 86% increase in reports of sexual abuse and 12.5% increase in physical abuse.⁵ In Queensland the number of child abuse and/or neglect case investigations went from 1 095 in 1981 to 1 631 in 1982 — an increase of more than one third.⁶ In Tasmania between 1980 to 1982 the number of reports increased by nearly one-third, from 228-302. The Montrose Child Protection and Family Crisis Unit of the Department of Youth and Community Services in New South Wales report similar increases.⁷

On almost a daily basis, social workers are called upon to make far reaching decisions that have the potential to be a life consequential both for the child who is the victim of abuse and/or neglect and that child's family. Because these decisions, especially the placement decision, have such great ramifications, social workers should be expected to make decisions with great care, consideration and consistency. This may be due, in part because agencies have been slow to explicate, empirically validate, and systematically apply decision making criteria that assist workers in making case decisions.

While research indicates that criteria do exist and are used by child welfare workers, the research also indicates that they are not used in any systematic fashion.^{8,9} The result is that idiosyncratic decisions are invited and the potential spectre of gross inequities in the delivery of social services exists.¹⁰ Unless a systematic, consensually based decision making model is used that explicates both the decisions that need to be made along with a specific set of criteria for making these decisions, it is impossible for the child welfare agency to guarantee a minimum level of service delivery.

The Decision Making Model

How then, can agencies develop such a model and how can social workers be educated and trained to use it? A working party was established within a mid-west U.S. statutory child welfare agency to address these two issues. A similar

working party is in the process of developing a decision making model for child protection assessment and service provision in Western Australia based on the results of the study reported here.

The working party in the U.S. met three consecutive days a month for six months in order to identify the decisions that must be made while investigating a report of child abuse or neglect and to explicate the criteria for making these decisions.

The working party was composed of direct service workers and supervisors who were currently engaged in conducting protective service case investigations. Also included were the agency's administrator for staff development and training, a representative of the agency's policy and planning division, and the researcher, who represented the academic community.

The result of the working party's efforts was the development of a decision making model. The model included the decisions that social workers should make while assessing and investigating an alleged incident of child abuse or neglect and the criteria that should be used in order to make the decisions. In essence, the criteria were seen as mechanisms to help the worker gather and weigh the facts needed to make the case decisions. Also produced was a manual that described the criteria and provided practice prescriptions. The first session of this working party explicated the major decisions. Three types of case decisions were identified by the working party.

1. initial decisions,
2. investigatory decisions, and
3. disposition decisions.

Table I presents the decisions included in the decision making model. Refer Table 1 overleaf.

After identifying the major decisions that need to be made, successive sessions were devoted to identifying the criteria to be used by the direct service worker in making the case decisions. These criteria were identified based on both literature findings and compilation of the working party members' practice knowledge. In terms of the potential need for child placement, for example, some of the criteria identified were severity of the current incident, risk to the child of further harm, the age of the child, and the functioning and co-operation of the prime caretaker. In addition to characteristics of the child or the child's family, structural or environmental factors such as the availability of resources or the

existence of community support or pressure regarding the case were included as possible criteria for decision making.

Methodology

While the decision making model included thirteen major decision points, this paper will focus primarily on the placement decision required concerning the need for temporary protective custody. Table II presents the decision criteria used concerning placement.

In order to test the efficacy concerning the use of the model, a field test was conducted. The purpose of the test was to determine if the use of the model would increase the consistency of decisions made. Consistency was ascertained by comparing case decisions of the respondents as a group with decisions made by a panel of experts from within the child welfare agency. The internal panel was used to establish the standards of practice that currently existed with the agency. Figure I presents a schematic representation of the research design.

Seventy-six workers from two comparable regions of the agency were assigned to one of three groups or conditions. The first group of workers (Condition I) were asked to make case decisions by whatever method they currently used in their practice to make decisions. The second group (Condition II) was given the decision making model and asked to make case decisions using the model. However, workers in Condition II received no training in the use of the model. Workers in these two groups were from the same region and were randomly assigned to either Condition I or Condition II.

The third group of workers (Condition III) was given the model, received training in its use, and the actual use of the model was monitored. Workers in this group were all from the second region of the agency.

Baseline or pre-test data was gathered from all three groups prior to the dissemination of the model. At the pre-test time, all workers were asked to make case decisions in any manner they chose. These decisions were made using simulated investigations that depicted physical and sexual abuse and neglect case situations. Following the pre-testing, workers who received the model and the training in its use were required to use the model during the field test period to make actual case decisions.

At the end of the field test period, the three groups of workers were again asked to make decisions on simulated cases of physical and sexual abuse and neglect. Conditions II and III used the model to make the post test case decisions.

Findings

This research found that the consistency of decision making regarding the need for temporary protective custody placement could be enhanced by the use of the decision making model and its explicit criteria. Furthermore, that consistency

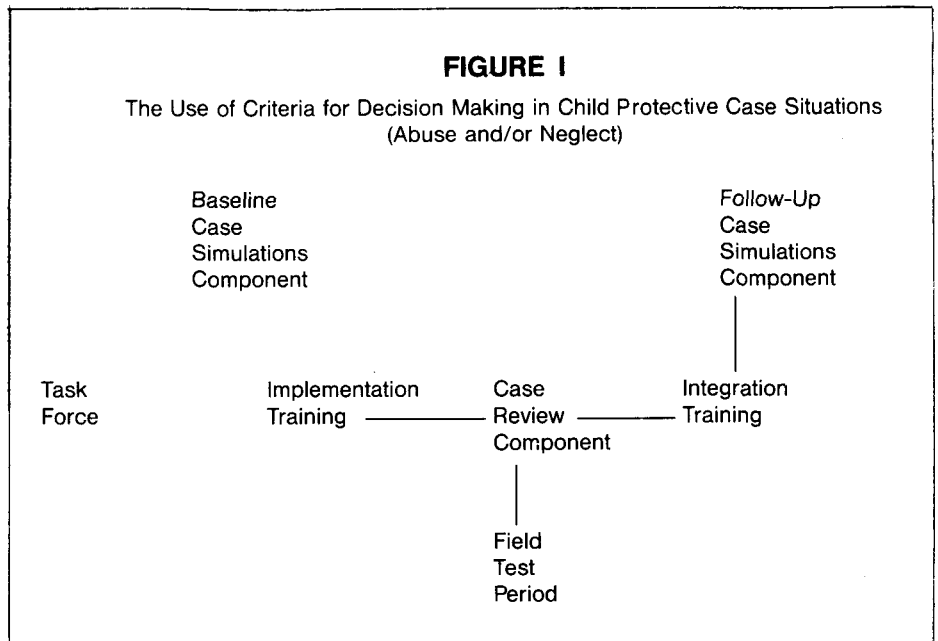
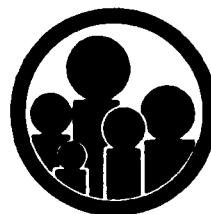


TABLE I

Decision Making Model
<p>Major Decisions Initial Decisions:</p> <p>Is the call a report of suspected abuse or neglect?</p> <p style="text-align: center;">Investigation Decisions</p> <p>Is an emergency response needed? What are the initial allegations? Does the child need to be placed in an alternative living arrangement (Temporary Protective Custody)? Is there a need for police involvement? Is there a need for court involvement? What sources of collateral information need to be consulted? Is there credible evidence of abuse or neglect? What are the final allegations?</p> <p style="text-align: center;">Disposition Decisions</p> <p>Should the family receive services from CPS* staff? Should the family be referred to CSW** for service? Should information and referral services be provided? Should the report be closed at intake?</p>

*CPS = Child Protective Services
**CWS = Child Welfare Services

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should be further enhanced by training in the use of the model. Tables III and IV on Pages 9 and 10 present these findings. For each case, the percentage of respondents in each of the three conditions who would place the child is compared with the percentage of panel members who would place the child. Agreement is measured by the closeness of the respondents' placement rate as a group to that of the panel. This analysis was done for each of the six cases.

The results are presented on a case by case basis rather than combining the results into a single pre-test and post-test group score. This method of presenting the results was chosen because the results appear to indicate that there is an interactive effect between type of case and the decision to place. Refer Tables 3 & 4.

At the pre-test time, all respondents made the placement decisions without the use of the model. The decisions that were made by respondents in Condition II were more consistent with those made by the panel in two out of three instances. They were closer to the panel in deciding whether or not to place the child involved in the sexual abuse situations and tied with the respondents in Condition I concerning the physical abuse situation. In the neglect situation, Condition III was closer to the panel.

At the post-test time, the group which was provided the model, given training in its use, and required to use the model, (Condition III) and the group who received the model only (Condition II) tied in giving most consistent responses. Both groups proportionally gave responses closer to the panel in two out of three instances.

Condition III can be viewed as having made more pronounced changes because initially there was a greater divergence between respondents in Condition III and the panel of experts. Therefore, the provision of a model that provides specific policy and procedures that can be used as decision making criteria, and the providing training in and monitoring of the model's use can be viewed as enhancing the consistency of making the placement decision.

Since Condition II – provision of a model, but without the benefit of training – made the next highest gains, it can also be inferred that the provision of a formal model in and of itself also increases the consistency of decision making, but not to the extent that training in and monitoring of its use does.

Implications

This study has shown the impact on placement decision making concerning the use of training in a formal decision making model. The research demonstrated that consistency in decision making can be enhanced by the provision of a decision making model. Decision making can also be further enhanced by the provision of training in the decision making model.

The findings of this search have multiple implications for practice. Enhancing

TABLE II

Criteria for Placement*

- * What is the likelihood of continuing harm or substantial risk of harm?
- * What is the severity of injury?
- * Are there prior indicated reports?
- * Is the child alone (absent caretaker)?
- * What is the child's ability to care for and/or protect self?
- * Are the parents/caretaker willing to protect the child?
- * Are the parents/caretaker able to protect the child?
- * What is the type of report?
- * Have there been prior reports?
- * Has the child previously experienced placement?
- * Has there been previous harm to the child's siblings?
- * What are the facts of the reported situation?
- * What is the age of the child?
- * Is the child in need of medical attention?
- * What collateral contacts are needed?
- * Physical/emotional capacity of caretaker to provide adequate care?
- * Are there sufficient in-home services to adequately protect the child (homemaker; emergency caretaker)?
- * Does provision of an alternative living arrangement represent the least disruptive intervention necessary to protect the child (i.e., is the child more hurt by placement, or is there a relative caretaker instead of a foster home)?
- * Does the sex of the child influence the potential risk of further harm?

* Workers were provided an explanatory manual for use along with the criteria. This manual focused on what the presence or absence of these criteria meant in terms of the need for placement.

TABLE III

Pre-Test

Comparisons Among Respondent Groups and Panel
Physical Abuse, Sexual Abuse and Neglect Case Situations

Is Placement Necessary?								
N = 76 Physical Abuse I								
Placement Decision	Condition I		Condition II		Condition III		Panel	
	No Model #	%	Model/No Training #	%	Model/Training/Use #	%	#	%
Yes	18	100.0	18	100.0	31	79.5%	5	100.0
No	0	0.0	0	0.0	8	20.5	0	0.0
Missing	5	—	1	—	0	—	0	—
Total	23	100.0	19	100.0	39	100.0	5	100.0

Sexual Abuse I								
Placement Decision	Condition I		Condition II		Condition III		Panel	
	No Model #	%	Model/No Training #	%	Model/Training/Use #	%	#	%
Yes	7	50.0	11	64.7	21	53.3	4	80.0
No	7	50.0	6	35.3	17	46.7	1	20.0
Missing	4	—	2	—	1	—	0	—
Total	18	100.0	19	100.0	39	100.0	5	100.0

Neglect I								
Placement Decision	Condition I		Condition II		Condition III		Panel	
	No Model #	%	Model/No Training #	%	Model/Training/Use #	%	#	%
Yes	1	6.7	2	11.1	0	0.0	0	0.0
No	14	93.3	16	88.9	38	100.0	5	100.0
Missing	3	—	1	—	1	—	0	—
Total	18	100.0	19	100.0	39	100.0	5	100.0

consistency can be seen as improving social work practice by helping to guarantee a minimum level of service delivery within the agency. Furthermore, by developing a formal decision making model, child welfare agencies can also provide a mechanism to train new workers in the responsibilities of their job as well as a means for enhancing the decision making capabilities of current agency staff. The use of a decision making model can also provide a mechanism for structuring the worker/supervisory process as well as a tool for evaluating worker performance. Additionally, the decision making model can also provide a means for documenting and justifying to the community at large the actions taken by the child welfare agency.

The study also has some direct practice implications for the social work practitioners involved. The training in and use of the decision making model has the potential to reduce to workers the stress connected to decision making. Making potentially life consequential decisions is inherently stressful. Any mechanism that enhances decision making can be seen as reducing the stress involved. By reducing stress, worker burnout may be reduced, and the rate of turnover could thus be decreased. The reduction of worker turnover can be seen to both help provide more cost effective personnel practices for the organisation and to reduce the human costs associated with child protection practice.

Furthermore, in these times of diminishing resources, this research provides some guidance for prioritising expenditures of training funds. Where decision making is fairly consistent and close to existing policy, the provision of a formal decision making model in and of itself may be sufficient for enhancing decision making. Such a situation could exist with social work staff who have been with the organisation for some length of time. In such a situation, the provision of the

model with its accompanying policy, procedures, and criteria for placement but without the need for training with a monitoring process could be sufficient to enhance decision making. In those instances where greater discrepancy from preferred policy exists as in the case of staff new to the agency, the provision of the decision making model, the training in its use and the monitoring of its use, may be necessary in order to enhance the consistency of placement decisions.

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TABLE IV
Post-Test

Comparisons Among Respondent Groups and Panel
Physical Abuse, Sexual Abuse and Neglect Case Situations

Is Placement Necessary?								
N = 76								
Physical Abuse II								
Placement Decision	Condition I		Condition II		Condition III		Panel	
	No Model	Model/No Training	Model/Training/Use	#	%	#	%	
Yes	7	46.7	13	68.4	16	51.6	6	100.0
No	8	53.3	6	31.6	15	48.4	0	0.0
Missing	3	—	0	—	8	—	0	—
Total	18	100.0	19	100.0	39	100.0	6	100.0

Sexual Abuse II								
Placement Decision	Condition I		Condition II		Condition III		Panel	
	No Model	Model/No Training	Model/Training/Use	#	%	#	%	
Yes	4	36.4	3	17.6	5	16.1	0	0.0
No	7	63.6	14	82.4	26	83.9	6	100.0
Missing	7	—	2	—	8	—	0	—
Total	18	100.0	19	100.0	39	100.0	6	100.0

Neglect II								
Placement Decision	Condition I		Condition II		Condition III		Panel	
	No Model	Model/No Training	Model/Training/Use	#	%	#	%	
Yes	13	86.7	18	100.0	31	100.0	6	100.0
No	2	13.3	0	0.0	0	0.0	0	0.0
Missing	3	—	1	—	8	—	0	—
Total	18	100.0	19	100.0	39	100.0	6	100.0

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