Ecological Influences on Child Welfare Caseworker Decisions: What do we know and how do we use what we have learned?

Presentation at the Research & Policy Conference on Child, Adolescent, and Young Adult Behavioral Health Conference, Tampa, FL, March 5, 2018

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Presentation Overview

- DME Conceptual Framework
- Title IV-E Waivers as a Decision Making Policy Context
- General Staff Survey
- Factors Influencing FGDM referrals
- Factors Influencing Placement
- Placement Decision Making and Outcomes
- Discussion, Implications, Next Steps
Decision Making Ecology
(Baumann, Dalgleish, Fluke & Kern, 2011)
Decision Making Ecology
(Baumann, Dalgleish, Fluke & Kern, 2011)

- Case Factors
- Organizational Factors
- External Factors
- Decision Maker Factors

Decision Making

- Influences
- Decisions
- Outcomes
A General Model for **Assessing the Situation** and **Deciding** what to do about it - Dalgleish

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**Assessment Dimension:**
- e.g. Risk or ‘Level of Concern’

**Factors Influencing Assessment.**
- Information from **Current** situation being Assessed.
- The Case Factors.

**Assessment**

**Threshold**

**Factors Influencing Threshold for Action**
- Information from Experiences and Organizational Factors)

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If the **Assessment** is **ABOVE** the **Threshold**, then **ACTION** is taken.

If the **Assessment** is **BELOW** the **Threshold**, then **NO ACTION** is taken.
The Process of Decision Making: The Threshold Concept

- If threshold low, \( W_1 \) needs little evidence before taking action.
- Even if they agree on the assessment, they disagree about taking action.
- If threshold high, \( W_2 \) needs much evidence before taking action.

*From Len Dalgleish, 2000*
The Continuum of Intervention: Decision Classification

<table>
<thead>
<tr>
<th>Child protection Decisions/Actions</th>
<th>Prevention</th>
<th>Screening</th>
<th>Assessment</th>
<th>Placement</th>
<th>Reunification</th>
</tr>
</thead>
</table>

Decision Making Under Risk

Decision Making Under Uncertainty
The Decision Making Ecology (DME)

- The DME is a framework for organizing decision-making research in child welfare.

- The DME places the topic in the context of actual protective-service operations as decisions take place within an agency culture where a systemic context combines with the case decisions made by the management and staff of the agency.

- The DME provides a basis for asking important questions about how experiences, orientations, and biases affect the way decision makers decide about what to do and how important influences can be considered in implementation processes.
Purpose of the General Staff Survey

- Use field tested items and scales to identify community-, staff-, work unit-, and agency-level factors that may affect implementation of interventions.

- If we can take such factors into account, we can determine their effects on waiver implementation goals and more easily distinguish and identify waiver effects.

- For Site A: To understand context of implementation with focus on staff perceptions of the intervention and organizational culture and climate as well as staff demographics

- For Site B: By implementing the survey near the beginning of the waiver and repeating it over the course of the waiver, we can identify the baseline for these scales and gain insight into any changes over time.

- By implementing the survey we were able to gain insights into what factors lead to variability in FGC referral rates and removal decisions.
General Child Welfare Staff Survey

Child welfare staff are asked about:

- Demographic characteristics
- Agency position (job)
- Employment experience
- Case skills
- Job satisfaction
- Perceptions of workload
- Supervision
- Consensus over liability
- Organizational culture and climate
- Service availability
- Child Safety vs. Family Preservation
- Attitudes regarding placement
- Intervention specific items

Dettlaff et al, 2015; McCrae et al, 2014; Davidson-Arad & Benbenishty, 2010; Dalgleish, 2001; Fluke et al, 2001
The Decision Making Ecology in Site A

GSS administered as part of implementation of Family Group Conferencing (FGC)

Site A is a large urban jurisdiction consisting of two counties in a state-run system

Purpose: to understand context of FGC implementation with focus on staff perceptions of the intervention and organizational culture and climate as well as staff demographics
Do staff or organizational characteristics have an association with a worker’s propensity to refer a family to a Family Group Conference (FGC)?

Referrals to FGC in Site A

County 1

County 2
Site A Data Sources

**General Staff Survey**  
(Dettlaff, et al., 2015; Fluke et al., 2016)
- Demographic characteristics
- Years working in child welfare
- Perception of workload
- Organizational culture and climate
- Service availability
- Child Safety vs. Family Preservation proclivity

**Administrative/Log Data**
- Number of FGC referrals
Decision Making Ecology

- Leadership Support
- Supervisor Competence
- Shared Vision & Professionalism

- Service Availability

- Years in position
- Caseload size
- Experience with FGC
- Impact of FGC on workload
- Perceived usefulness of FGC
- Orientation toward child safety vs. family preservation
Site A Caseworker Characteristics and Descriptives

- **Gender:** 86% female
- **Race/Ethnicity:** 57% African American, 25% Hispanic, 16% White, 3% other
- **Average age:** 35 (range 21-57)
- **Education:**
  - 53% Bachelor’s
  - 30% Master’s or higher
- **Years in current position:** 1.9 \((SD = 2.3)\)
- **Current caseload:** 12.8 \((SD = 5.4)\)
<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>Mean</th>
<th>SD</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years in current position</td>
<td>86</td>
<td>1.91</td>
<td>2.33</td>
<td>1</td>
</tr>
<tr>
<td>Current caseload</td>
<td>86</td>
<td>12.81</td>
<td>5.38</td>
<td>12.50</td>
</tr>
<tr>
<td>FM experience</td>
<td>86</td>
<td>2.86</td>
<td>.91</td>
<td>3</td>
</tr>
<tr>
<td>FGDM knowledge/attitudes</td>
<td>86</td>
<td>5.33</td>
<td>.60</td>
<td>5.36</td>
</tr>
<tr>
<td>Increased workload</td>
<td>86</td>
<td>3.02</td>
<td>.65</td>
<td>3</td>
</tr>
<tr>
<td>FGDM usefulness</td>
<td>85</td>
<td>3.34</td>
<td>.92</td>
<td>3</td>
</tr>
<tr>
<td>Supervisor competence</td>
<td>85</td>
<td>5.07</td>
<td>.99</td>
<td>5</td>
</tr>
<tr>
<td>Leadership scale</td>
<td>85</td>
<td>4.58</td>
<td>.99</td>
<td>4.80</td>
</tr>
<tr>
<td>Shared Vision (VPC)</td>
<td>85</td>
<td>4.80</td>
<td>.74</td>
<td>5</td>
</tr>
<tr>
<td>Services composite</td>
<td>84</td>
<td>.70</td>
<td>.14</td>
<td>.71</td>
</tr>
<tr>
<td>CS vs. FP orientation scale</td>
<td>82</td>
<td>-1.44</td>
<td>11.48</td>
<td>0</td>
</tr>
</tbody>
</table>
Dependent/Outcome Variable
Referrals by Caseworker

Min 3 Median 4.07 Mean 20 Max

\((SD: 3.76)\)
Site A Methods

• Poisson Models; DV = Number of FGC Referrals
• Models derived from generalized estimating equations using an exchangeable correlation structure
• Multiple imputation for missing data
Site A Findings

The following were positively associated with a worker’s propensity to refer a family to FGC:

• Negative perceptions of supervisor competence (organizational)
• Negative perceptions of leadership support (organizational)
• Fewer years in position (decision maker)
Site A Findings

The following were not significantly associated with a worker’s propensity to refer a family to FGC:

- Shared vision and professionalism (organizational)
- Service availability (external)
- Caseload size, experience with FGC, perceived usefulness of FGC, impact of FGC on workload, orientation toward child safety vs. family preservation (decision maker).
Site A Findings

So, what does this mean?

• Workers with *more* experience and *less* confidence in their supervisor and leadership’s competence and support were more likely to refer families to FGC.

• Worker perceptions of the intervention itself were not significant. This was a surprise.
Site A Limitations

- Generalizability
- Self-report and perceptions are the basis of answers
- Cross-sectional survey
- Omitted variables (case characteristics, educ/training, etc.)
Site A Implications

• Even in presence of consistent policy there may be variations in worker decision-making when it comes to offering certain services or interventions.
• Understanding what is underlying these variations is an ethical and quality assurance/improvement concern.
• Patterns in worker propensity to refer may be more a function of organizational factors than worker characteristics. This is not necessarily intuitive and has useful training and evaluation implications.
Site B GSS Methods

- **Timing**: June 2015 (GSS1) and January 2017 (GSS2)
- **Target Population**: All Frontline Staff, Supervisors and Administrative Leadership
- **Method**: Online survey via Survey Monkey (GSS1) or Qualtrics (GSS2)
- **Length**: 20 – 25 minutes
- **Response Rates**: GSS1 = 65% (n = 217); GSS2 = 79% (n = 291)
Administrative Data Construction

Objectives:

A. Model Impacts on Actual Decisions
   1. Integrate Intervention and Service Events with Staff Assignment data
   2. Integrate Staff Survey Data with Staff Decisions

B. Developing Analytic Files that Facilitate Multilevel Model Analyses
   1. Case, Worker, Supervisor, Office, Region
Site B Data Construction

• All data on children whose assessment or investigation occurred between January 1, 2009-September 30, 2016

• Many-to-many match with these child IDs of:
  • Assessment/Investigations (with data regarding track, allegation type, etc.)
  • Assessment/Investigation workers (assignment dates, supervisors, IDs)
  • Placement spells (Start and stop dates, type of exit, number of placements)
  • Placement workers (assignment dates, supervisors, IDs)

• Subsequent step:
  • Matching staff survey data

• Data construction goal: wide files with unique child/investigation combinations representing each row, with placements and workers associated with that investigation as columns
Site B Child-Level Data Subsets

<table>
<thead>
<tr>
<th>Response/Spell Combination</th>
<th>Number of Children</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 CPS response, 0 placement spells</td>
<td>229,842</td>
<td>66%</td>
</tr>
<tr>
<td>Multiple CPS responses, 0 spells</td>
<td>96,558</td>
<td>33%</td>
</tr>
<tr>
<td>Multiple CPS responses, 1 spell</td>
<td>12,944</td>
<td>97%</td>
</tr>
<tr>
<td>1 CPS response, 1 spell</td>
<td>8,166</td>
<td>99%</td>
</tr>
<tr>
<td>Multiple spells</td>
<td>2,337</td>
<td>100%</td>
</tr>
</tbody>
</table>

Cumulative Percent

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

0 50,000 100,000 150,000 200,000 250,000 300,000 350,000

Response/Spell Combination

Number of Children

Cumulative Percent

1 CPS response, 0 placement spells
Multiple CPS responses, 0 spells
Multiple CPS responses, 1 spell
1 CPS response, 1 spell
Multiple spells
Filtering - Relevant Samples for Analysis

• Administrative data file contains data for whole state
  • Only the four regions within the state participating in the IVe waiver were eligible for the survey
    • These regions represent between 15-20% of the state’s population
• Limited dataset to children who had a first response between 2014 and 2016 to coincide roughly with the time periods covered by the staff survey
• **Initial Response Analysis 1** - Dataset is first ever CPS response (investigation or assessment) for each child
• **All Responses Analysis 2** – All responses (first, second, etc.) for each child
Site B: Analysis of Associations with Removal Decisions

Key Sample Characteristics

- 10,568 protection responses
- 118 CPS response workers
- 518 responses resulting in placement (4.90%)

- Level One Variables (Administrative Data)
  - Track (AR or IR)
  - Child Age
  - Type of Alleged Maltreatment
  - Disposition (Services or Substantiation)
  - Worker Years of Experience at Time of Referral
  - Region
  - Response Count*
  - Prior Response Resulted in Placement (Y/N)*

*All Responses Analysis Only

Worker Level Two Variables (GSS)

- Gender
- Race
- Age
- Education
- Years child welfare experience
- Benbenishty
- Dalgleish
- Confidence in Services
- Supervision
- Case Skills
- Perception of Workload
- Case Closure Influences
- Consensus vs. Liability
<table>
<thead>
<tr>
<th>Level One Variables</th>
<th>First Placement Model O.R. (LnB) 95% CI</th>
<th>All Placements Model O.R. (LnB) 95% CI</th>
<th>Level Two Variables</th>
<th>First Placement Model O.R. (LnB) 95% CI</th>
<th>All Placements Model O.R. (LnB) 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept</td>
<td>***</td>
<td>***</td>
<td>Intercept</td>
<td>ns</td>
<td>ns</td>
</tr>
<tr>
<td><strong>Track</strong></td>
<td><strong>Investigation</strong></td>
<td><strong>Ref</strong></td>
<td>Consensus vs. Liability: Support</td>
<td>0.84 (0.77-0.92)***</td>
<td>0.87 (0.80-0.94)***</td>
</tr>
<tr>
<td></td>
<td><strong>Assessment</strong></td>
<td>0.56 (0.42-0.75)***</td>
<td>OCC Shared Vision</td>
<td>1.25 (1.06-1.46)**</td>
<td>1.37 (1.19-1.57)***</td>
</tr>
<tr>
<td><strong>All Placements</strong></td>
<td><strong>Male Worker (Female Ref)</strong></td>
<td><strong>n/a</strong></td>
<td><strong>Male Worker (Female Ref)</strong></td>
<td><strong>n/a</strong></td>
<td><strong>0.71 (0.50-0.998)</strong>*</td>
</tr>
<tr>
<td><strong>Allegation</strong></td>
<td><strong>Substance Abuse Only</strong></td>
<td><strong>Ref</strong></td>
<td>Strong Family Pres Orientation</td>
<td>0.58 (0.42-0.81)***</td>
<td>0.76 (0.59-0.99)**</td>
</tr>
<tr>
<td></td>
<td><strong>Physical Abuse Only</strong></td>
<td>0.72 (0.39-1.32)*</td>
<td>Neutral (Middle 50%)</td>
<td><strong>n/a</strong></td>
<td><strong>n/a</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Neglect Only</strong></td>
<td>1.04 (0.70-1.54)</td>
<td>Strong Child Safety Orientation</td>
<td><strong>n/a</strong></td>
<td><strong>n/a</strong></td>
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<tr>
<td></td>
<td><strong>Other Only</strong></td>
<td>1.69 (1.16-2.48)**</td>
<td>Ref</td>
<td><strong>n/a</strong></td>
<td><strong>n/a</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Multiple Allegation Types</strong></td>
<td>1.19 (0.86-1.65)</td>
<td></td>
<td><strong>n/a</strong></td>
<td><strong>n/a</strong></td>
</tr>
<tr>
<td><strong>Child Age</strong></td>
<td><strong>&lt;1 year old</strong></td>
<td><strong>2.83 (2.01-3.99)</strong></td>
<td></td>
<td><strong>2.21 (1.64-2.99)</strong></td>
<td><strong>2.01 (1.64-2.99)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>1 to 3 years old</strong></td>
<td>0.84 (0.56-1.26)</td>
<td></td>
<td>0.91 (0.66-1.25)</td>
<td>0.91 (0.66-1.25)</td>
</tr>
<tr>
<td></td>
<td><strong>4 to 9 years old</strong></td>
<td>0.43 (0.27-0.68)**</td>
<td></td>
<td>0.48 (0.33-0.68)**</td>
<td>0.48 (0.33-0.68)**</td>
</tr>
<tr>
<td></td>
<td><strong>10 to 18 years old</strong></td>
<td><strong>Ref</strong></td>
<td></td>
<td><strong>Ref</strong></td>
<td><strong>Ref</strong></td>
</tr>
<tr>
<td><strong>Region</strong></td>
<td><strong>Region 1</strong></td>
<td>0.92 (0.63-1.35)</td>
<td></td>
<td>0.76 (0.54-1.09)</td>
<td>0.76 (0.54-1.09)</td>
</tr>
<tr>
<td></td>
<td><strong>Region 2</strong></td>
<td>0.65 (0.46-0.92)</td>
<td></td>
<td>1.10 (0.81-1.49)</td>
<td>1.10 (0.81-1.49)</td>
</tr>
<tr>
<td></td>
<td><strong>Region 3</strong></td>
<td>1.15 (0.83-1.59)**</td>
<td></td>
<td>0.57 (0.42-0.78)**</td>
<td>0.57 (0.42-0.78)**</td>
</tr>
<tr>
<td></td>
<td><strong>Region 4</strong></td>
<td><strong>Ref</strong></td>
<td></td>
<td><strong>Ref</strong></td>
<td><strong>Ref</strong></td>
</tr>
<tr>
<td><strong>Response Number (1, 2, 3+)</strong></td>
<td><strong>n/a</strong></td>
<td><strong>1.70 (1.47-1.96)</strong></td>
<td></td>
<td><strong>n/a</strong></td>
<td><strong>1.70 (1.47-1.96)</strong></td>
</tr>
</tbody>
</table>

*p <= .05, **p<= .01, ***p<= .001, t <= .10

First Placement Model – n = 7,959
Percent Placed = 4.85

All Placements Model – n = 10,568
Percent Placed = 4.90
Decision Making Ecology

- Track type
- Allegation Type
- Child Age
- Prior Report

Case Factors

Organizational Factors

External Factors

Decision Maker Factors

Decision Making

Outcomes

- Support & Liability
- Shared Vision & Professionalism
- Region

- Orientation toward child safety vs. family preservation

Influences

Decisions

Outcomes
Level 2: Perceptions of Support

Items

If a child in one of my cases is harmed, I believe the agency will conduct a thorough investigation into what happened before assigning blame.

I know my supervisor will be supportive of me and the decisions I made if a child is harmed in one of my cases.

I know my coordinator will be supportive of me and the decision I made if a child is harmed in one of my cases.

As worker perceptions of support increase -> the likelihood that a child will be removed to out of home care decreases
Level 2: Perceptions of Shared Vision

Items

• Workers in my unit are proud to work in child welfare

• Workers in my unit clearly understand the agency vision for child welfare programs

• Workers in my unit are committed to continuous professional development

• Workers in my unit believe they can have a positive impact on the lives of most of their clients

• Workers in my unit spend time in professional reflection about their work

• Workers in my unit use the findings from child welfare research in their work with children and families

As worker perceptions of shared vision increase, the likelihood that a child will be placed in out of home care increases.
## Dalgleish Scale
*(Family Preservation vs Child Safety)*

<table>
<thead>
<tr>
<th>Statement Pair 1</th>
<th>Statement Preference</th>
<th>Strength of Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
</tr>
</tbody>
</table>
| (A) The child is the client and all other work is secondary.  
OR  
(B) Work should be focused on keeping the family together. |   |   |   |   |   |   |   |

<table>
<thead>
<tr>
<th>Statement Pair 2</th>
<th>Statement Preference</th>
<th>Strength of Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
</tr>
</tbody>
</table>
| (A) Children's rights should be safeguarded so they can achieve their full potential.  
OR  
(B) The family's right to guide the development of their children should be safeguarded. |   |   |   |   |   |   |   |
All Responses Analysis - Level 2: Child Safety vs. Family Preservation Orientation

Example Forced Choice Item

(A) The child is the client and all other work is secondary.

OR

(B) Work should be focused on keeping the family together.

As worker orientation towards child safety compared to family preservation increases, the likelihood that a child will be removed to out of home care increases.

Other Level 2 variables remained significant in the same direction when compared to the first response analysis.
Summary of Limitations

- Response Rates (62% for GSS1, 75% for GSS2)
- Balancing rigor and parsimony with surveys
- Issues with data construction and implications for CCWIS design
  - Incorporating Staffing and Organizational Structure data
- Understanding staff unit and case assignment decision making roles
  - Who actually takes decisional action?
  - Influence on outcomes?
- Issues with multilevel analysis
State C – Does Decision Making Effect Outcomes?

- Removals and new supported abuse
  - We investigated whether caseworkers who remove more or fewer children have more or fewer cases of new supported abuse.
  - Hypothesis: Are false negative error rates greater if workers place fewer children?
- Post hoc design:
  - Multilevel Logistic Regression:
  - Nested within family
  - Risk Adjustment (child age, prior report, region, child ethnicity)
  - Cases at level 1- children who were NOT removed
  - Outcome whether there was new supported allegation of abuse within 12 month
- Predictor- average percent of cases caseworkers remove (level 2)
  - On average workers in State C remove 13.7% ($SD = 8.0$) of their caseload at investigation.
<table>
<thead>
<tr>
<th>Fixed effect parameter estimates</th>
<th>Odds ratio</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept</td>
<td>0.00***</td>
<td>0.00, 0.00</td>
</tr>
<tr>
<td>Region(^b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Region 2</td>
<td>1.08</td>
<td>0.77, 1.53</td>
</tr>
<tr>
<td>Region 3</td>
<td>0.67</td>
<td>0.44, 1.01</td>
</tr>
<tr>
<td>Region 4</td>
<td>1.34</td>
<td>0.81, 2.21</td>
</tr>
<tr>
<td>Region 5</td>
<td>1.18</td>
<td>0.74, 1.87</td>
</tr>
<tr>
<td>Previous supported investigation(^b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One previous</td>
<td>0.59***</td>
<td>0.47, 0.72</td>
</tr>
<tr>
<td>Two previous</td>
<td>0.46***</td>
<td>0.36, 0.59</td>
</tr>
<tr>
<td>Three previous</td>
<td>0.42***</td>
<td>0.31, 0.56</td>
</tr>
<tr>
<td>Four or more previous</td>
<td>0.56***</td>
<td>0.42, 0.74</td>
</tr>
<tr>
<td>Child Age</td>
<td>0.98</td>
<td>0.96, 1.00</td>
</tr>
<tr>
<td>Child Ethnicity(^c)</td>
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<tr>
<td>African American(^d)</td>
<td>1.55</td>
<td>0.82, 2.94</td>
</tr>
<tr>
<td>American Indian or Alaskan(^d)</td>
<td>0.96</td>
<td>0.45, 2.08</td>
</tr>
<tr>
<td>Asian(^d)</td>
<td>0.41</td>
<td>0.04, 4.17</td>
</tr>
<tr>
<td>Latino or Hispanic</td>
<td>0.82</td>
<td>0.62, 1.09</td>
</tr>
<tr>
<td>Pacific Islander(^d)</td>
<td>0.62</td>
<td>0.20, 1.95</td>
</tr>
<tr>
<td>Two or more(^d)</td>
<td>1.51</td>
<td>0.81, 2.84</td>
</tr>
<tr>
<td>Percent child-cases removed</td>
<td>1.02</td>
<td>0.92, 1.12</td>
</tr>
</tbody>
</table>

Note: a. Reference group: Region 1, Reference group: No previous supported investigations, b. Reference group: non-Hispanic Caucasian, c. non-Hispanic.  
\(* = p < .05, \ ** = p < .01, \ *** = p < .001\)
Finding, Implications, and Limitation

• Finding
  • When risk adjusted, subsequent re-reports with findings of maltreatment were not associated with worker rates of placement.

• Implications
  • Within the current range of decision variability in State C workers who place fewer children on average are as likely as workers who place more children to have a false positive event (new maltreatment)
  • It may be that workers who place fewer children are “good” or “better” at deciding when a child requires a placement

• Limitations
  • Exploratory: multiple analyses were run
  • Not generalized to other agencies, settings, and overtime
  • Did not control for removal trends overtime
  • Severity of subsequent maltreatment not assessed
Cross-Study Implications

- Personal characteristics of staff and perceptions of organizational culture and climate appear to be associated with case decisions. Still we need to study more to identify whether the dynamic of the relationships varies according to the outcome examined.
  - Hiring, training, unit assignments, supervision

- DME research is relevant to many child welfare interventions
  - Agency/office/work unit level orientations/biases
  - Organizational context affecting decision behavior
  - Impacts on implementation, outcomes and cost neutrality
Implications of DME Findings Across Studies

Context matters with respect to:

- Whether an intervention gets implemented
- Decisions made by caseworkers
- Trajectories of children and families
- Overall agency performance

Studying and understanding context is an important part of efforts to improve outcomes.

Results can reveal opportunities for change in areas an agency may have control.
Considerations re: Directed Decision-Making

Do you have practices in place to:

• Assess decision-making inconsistency?
  • Measure and review rates of outcomes at the individual, unit, or program level
    • Screening
    • Services
    • Placement
    • Planned Permanent Exits

• Judge or determine what degree of inconsistency is ideal?
  • Do we know that the decision is correct? How do we know when it is not?
  • What degree of error is tolerable and for what condition?

• Minimize inconsistency?
  • What steps would you take? What factors matter in which circumstances?
  • What is the potential for iatrogenic effects (e.g., reduce placement rate but recurrence rate rises)?

• Continually monitor for inconsistency?
  • What are characteristics of an effective learning organization?

• Do you have a holistic perspective of DME factors that may affect a variety of outcomes (e.g., recurrence, OOH placement, reunification).
Future Research: What else should we examine/consider?

• Hypotheses about additional influences beyond those we have explored
  • ACES
  • Secondary Trauma
  • Turnover
  • Mediating influences on assessment (e.g., risk assessment)
  • Shared adverse experience within units or agencies

• How to develop guidelines for use of results
  • Concerns about punitive versus constructive feedback to staff, supervisors, administrators, or organizations

• What child welfare policy and practice interventions (e.g., Structured Decision Making, training, etc.) reduce decision inconsistencies

• Ethical concerns
  • Assigning a worker with a particular bias may result in a very different trajectory for some children and families
Discussion Questions

- How would you use these findings?
- Are all case variables just case variables – e.g., risk assessments are completed by caseworkers, number of priors may mean different things to different staff.
- How do you determine what your goals are – i.e., outcomes of interest? Does the agency have an explicit, overall philosophy that drives practice, and especially decisionmaking? If not, should they?
- How do you increase objectivity in decisions?
- Recognize that some placements are appropriate – but can we, and how do we reduce the influence of workers’ personal characteristics on the likelihood of a child on their caseload being placed?
  - Future research - To what extent might staff unit and case assignment protocols influence outcomes?
  - What percent of variability attributed to workers and organizations is ok – e.g., 10% ok or too much?
References and Contact Information


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