DECISION MAKING IN CHILD PROTECTION

key debates
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PARTICIPANTS WILL:

1. Understand the decision-making ecology as a conceptual basis for understanding decision outcomes for children in child protection systems

2. Be able to describe key features of the decision-making environment in child protection

3. Understand selected key debates in child protection decision-making

4. Be able to critically reflect on the processes, practices and assumptions underpinning decision-making in relation to children in the child protection system.
A MOVEABLE FEAST IN PRACTICE

Social Worker: . . . It [threshold] changes all the time . . . it can change through management. It can change because of a serious incident . . . It can be changed by something in the media... I mean, if you look at the smacking debates, you know and legally where, that area is very grey isn’t it, and I think it’s difficult for us to, because we’re, I suppose as a service, are always trying to react to all the other outside influences . . . (Field Note, Social Worker) (Doherty, 2016: 5)
WHAT IS THE DECISION-MAKING ECOLOGY?

- Decisions are complex and socially influenced: decision-making occurs within a nested ‘ecology’.

- Proposes that decisions in child welfare are influenced by case factors, individual decision-maker, institutional, contextual and macro level factors (Baumann et al., 2011, López et al., 2015).

These: “…influence the decision-making process and jointly determine the outcome (i.e., what decision is made). The sequence of decisions made by agency staff as cases move through the system is referred to as a decision-making continuum.” (Graham et al. 2015: 14).

- draws attention to decision outcomes, as this helps describe more accurately the fact that decisions are not simply made by an individual practitioner at a point in time, but are socially produced outcomes emanating from a broad, interrelated web of social actors and forces.
THE DECISION-MAKING ECOLOGY (DME):

<table>
<thead>
<tr>
<th>Macro - inequalities – political context – policy orientation:</th>
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<td>child protection, child welfare or child focused – media and</td>
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<td>societal attitudes – resource distribution</td>
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| Meso - institutional systems - feedback loops - org cultures - |
| alternative resources - inter-professional groups – assessment |
| tools - information technology – group decision processes –  |
| implementation – workload support - supervision              |

| Micro - values and culture - ethical concepts – parent and |
| child uniqueness and response - power - cognitive biases and |
| heuristics – stereotypes and prejudices - contested knowledge |
| base - assessment tools – consensus/actuarial tools - diversity |
| of presenting problems – relational and emotional context –  |
| interpretive processes – experience                           |
THE DECISION-MAKING CONTINUUM

At each step = social and interpretive process
AN EXAMPLE FROM CANADA

Fluke et al. al (2010) tested the influence of organisational factors on decisions, with a view to understanding the overrepresentation of Aboriginal children in Canada in child protection statistics.

Used the DME approach and found, drawing on the National incidence study that included characteristics of cases, workers and organisations (@5000 children)

Found that the proportion of Aboriginal reports to particular site-specific organisations (ranging from 20% to more than 50%) was a key predictor of decision outcomes.

Those organisations with high proportions of Aboriginal children were more likely to have high removal rates, even when family income and case worker bias were controlled for. They contend that this difference in decision outcomes related solely to organisational notification proportions, and suggests differences in community supports available for Aboriginal families in different areas was a key influence.
**KEY FEATURES OF THE DECISION-MAKING ENVIRONMENT IN CHILD PROTECTION**

- mixed policy orientation and complex legal environment
- fast, multiple reforms
- risk and uncertainty
- high public exposure
- organisational and relational contexts – hierarchies, resources
- high emotional labour
- time constraints and changes over time
- variable supervision and group DM processes
- contested knowledge and value base
- ethical dilemmas
- multiple agencies involved across NGO/statutory sector
SELECTED KEY DEBATES IN CHILD PROTECTION DECISION-MAKING

- cognitive vs social concepts to explain decisions (and what these mean for systems design)
- inequalities and the risk-bias debates;
- decision variability;
- actuarial, consensus and predictive decision-making tools;
- risk, safety and harm;
- children’s ‘voice’ and representation in decisions
- the role of values and culture
COGNITIVE VS SOCIAL CONTEXT?

Rational ‘man’ model clearly wrong

Still split between cognitive emphasis and social emphasis:

- Cognitive emphasis: framing, biases, satisficing, heuristics and feedback loops
- Social emphasis:
  - Individual social context:
    - social position, role performance, identities, culture and values, interpretation, emotion, moral culpability, power, relationship
  - Organisational social context:
    - negotiation, hierarchy, accountability, group decision-making

PLUS role of new technologies affect both
LESSONS FROM BOTH FOR SYSTEMS DESIGN AND PRACTICE

Need attention to both – as NDM and ‘ecological rationality’ suggest

Cognitive: Need feedback loops to reinforce good heuristic development, rather than demonise heuristics (See Hogarth 2010).

1. Need to review decisions that examine the available information in relation to decision made at the time

2. Need to know longer term outcomes, including those cases that are closed.

Social 1: How do power and interpretation affect decisions? Need consensus building to agree on interpretative aspects.

Social 2: Attend to emotional anxiety levels of practitioners—otherwise tend to focus on technical aspects of the job to avoid anxiety. Become risk averse (see Howe 2010; Keddell & Stanley 2015).
INEQUALITIES, RISK AND BIAS

Inequalities influence outcomes in various ways in relation to various axes, esp. DEPRIVATION and ETHNIC GROUP

- social gradient relating to deprivation
- inverse intervention law
- ethnic disparities – some groups overrepresented BUT sometimes this disappears or reverses when deprivation is accounted for (Bywaters et al., 2014, Putnam-Horstein et al., 2013)

Is this produced by increase risk/incidence, or biases in the system, supply-demand, or something else?
Enosh and Bayer-Topilsky (2014) examined practitioner responses to a series of vignettes. In a factorial survey study they presented the same case, but where some case families had low, ambiguous, and high levels of objective 'risk'.

- Some families were from low and some high SES, and families were from both the dominant and minority ethnic groups (in Israel) (a 3x2x2 factor survey).

- When asked if they could recommend out of home placement, no placements were recommended for the no risk group, 12% of those in the ambiguous group, and 56% of the high risk cases were recommended for removal.

- BUT When comparing the findings by SES status, they found that recommendations for out of home placement for ambiguous risk cases were 20.4% for the low SES group, compared to 3.3 % for the moderate to high SES cases.

- Even in the obviously high risk group, 87% of low SES children were recommended for removal versus 26% of higher income groups.
WHAT ABOUT HERE?

- People from high deprivation = higher in hospital admissions and OT statistics (see Poverty Monitor, Expert Panel and Treasury reports). Eg length of time on a benefit = highly predictive of system contact (Wilson, 2015). We don’t yet know the gradient…

- Maori = 60% of children in care, 40% of those notified, but 27% of the child population. Disproportionality has grown since 2011, but less than in early 80s.

- Pakeha kids less than popn share. Pacific kids over in some, (hosp) equal or less in others (in care). Asian kids underrepresented.

- Cram et al.(2015) - studied risk-bias split. Concluded more risk than bias. Our study shows some bias as well for Maori.

- Inverse intervention? How are services distributed? Needs attention. Large differences between rates of substantiation compared to notifications (from about 15% to over 50% depending on the site office).
DECISION VARIABILITY

What is it? = Differing outcomes when levels of risk and/or harm plus family circumstances are similar

Why is it a problem? Principles of children's right to protection/family, and family rights to family life should be applied at a consistent threshold = justice

Is it a problem? = first debate! (See Keddell, 2014)

If yes, how can we fix it? What causes it?

- differing perceptions of risk based on differently weighted risk/safety factors
- differences in ‘child welfare attitudes’
- poor quality information (Keddell & Hyslop, forthcoming)
- Influence of location and available services
Font and Maguire-Jack (2015) explored agency and geographic factors, caseworker attributes and family characteristics in a national survey of wellbeing sample in the US.

They found that substantiation was:

“strongly influenced by agency factors, particularly constraints on service accessibility. Substantiation is less likely when agencies can provide services to unsubstantiated cases and when collaboration with other social institutions is high” (p.70).
CONSENSUS, ACTUARIAL AND PREDICTIVE TOOLS

- Consensus – based on professional discretion, can include knowledge of risk factors and be structured, but relies solely on practitioner judgement
- Actuarial – uses risk factors identified statistically to provide assessment tool – still usually administered by a practitioner, may include check lists, risk scoring etc.
- Predictive models – a development of actuarial approaches – draw on large linked data sets to create an algorithm that new cases are put through to risk score. No prac operator.

Which is most effective? Answer = it depends.

What are you trying to predict?

What type of data is the actuarial or predictive model using? How does the consensus tool work?

How is interrater reliability established? See Bartelink (2015) and 2017 – no diff between structured and unstructured

What is the feedback loop in the algorithm and is it effective at improving accuracy or bias?
CONSENSUS, ACTUARIAL AND PREDICTIVE TOOLS

Actuarial/predictive = slightly more accurate at some outcomes, less so for complex decisions, esp those most relevant to child protection (see Bartelink)

Predictive = reproduces biases in the data it uses, previous contact likely to beget more contact, stigma, privacy, non-transparent, needs balance with prof discretion and knowledge of positive predictive accuracy (see Keddell, 2015, 2016, Oak, Russell, 2015).

BUT with poor info, consensus-based decisions are also vulnerable to biases, variability, lack of base rate understanding and poor decisions.

ALL statistically derived approaches must be AIDS, not DIRECTORS of decisions.

Is this possible in a high-blame managerial environment?
RISK, SAFETY AND HARM:

- Risk as a discourse – saturates practice (see Kemshall, 2011; Keddell & Stanley, 2015)
- Influence of strengths and safety models - piecemeal
- Conflation of risk to child with organisational risks
- Assumptions about the links between past behaviour and future behaviour
- Knowledge bases – theories, evidence, data – highly contestable AND subject to interpretive processes shaped by power and position. eg trauma, risk factors, neuroscience
- Safety – also has assumptions built in eg help-seeking. Is future focussed and implies collaborative approach to family.
- Need a theory of causation specific to each family, understanding of impact on child
HOLY COWS: TRAUMA AND NEUROSCIENCE AS EVIDENCE OF HARM?


- Famous brain scan image from one highly contested study - little is known about where they came from apart from ‘Romanian orphanage’
- Synaptic development more than just ‘the more the better’
- Use of extreme populations misleading

“the often-quoted idea that early experiences can affect the brain-wiring process, altering the final number of synapses by as much as 25%, comes from a rat study and has never been reproduced in humans. Despite the similarities in our brains, rats and humans often show diametrically opposite results” (Bruer, in Williams. 2014)

“Thus a normalised view of brain development based on a rigid understanding of child development leaves little room for children to be considered as autonomous individuals with the capacity to shape their own futures... Little consideration is given to the notion that children are thinking and feeling individuals who play a role in their own destinies” (Lowe & McVarish, 2015: 199)
"The first three years of life is a period of rapid synaptic development. But what this implies for brain function and behaviour is only asserted by early-years advocates: cue the erroneous conclusion that human brain development is effectively solidified by the end of the first three years." It is true, he points out later, that the brain is 80% of its full size by the end your third year; "what this tells us about brain function is precisely nothing" (Bruer, in Williams, 2014).

Many neuroscientists are much more tentative about the applicability of their own findings than policy makers (Wastell & White, 2012)

Parents often ‘left behind’ when trauma and neuroscience used to justify decisions (see also Beddoe and Joy, 2016)
CHILDREN’S ‘VOICE’ AND REPRESENTATION IN DECISIONS

Of course we should ascertain children’s views and experiences and try and incorporate them into decisions but this is not straightforward.

- What do children want? How do we know? Is this the same as their best interests?

- Is this the most important factor in decisions? (What about the nature and quality of parent-child and other family relationships? What about the child’s education and community links? Experience of abuse? Have they met the threshold?)

How do we find out what they want? (Talking! But how much how long and in what context? Complex, changing, children subject to conflicted emotions just like all of us. Age!)

Who represents what children want? Is best for them? How is the authoritative voice achieved and by who? (Relationships of power)

(see Skivenes, 2010)
VALUES AND CULTURE

- Values and culture = shapes understandings of what adult-child relationships 'should' look like, and how a 'caring parent' behaves.
- Shapes what behaviours are considered abusive
- Affects how responsibility is understood
- Values also shape what theoretical models are adopted, and how theories are interpreted. Eg Attachment theory

(See Keddell, 2017)
NEW ZEALAND STUDY: WHAT INFLUENCES VARIABILITY?

Theme: Social worker values and beliefs, culture and theoretical standpoint.

Description: Social workers believe that values, beliefs, culture and theoretical perspectives differ between workers, influencing how they interpret their cases.

“For example, a social worker who prioritises minimising risk would tend to not trust the family’s decisionmaking as much as a social worker who values whanau rights to rangatiratanga”

“It is the worldview or knowledge base of the social worker and their lived personal and professional experiences that form the views of behaviour, risk and harm... while some see large risk if they have not lived that experience - those that have know that although the harm and risk exists elements of resilience are built from this”

“knowledge of trauma means I read into behaviours differently than some of my colleagues, who work from a behavior modification standpoint”

(From Keddell & Hyslop, 2016).
VALUES CHANGE OVER TIME?

Fluke et al (2016) examined various demographic factors of US social workers with orientation on the family preservation - child safety continuum (values).

- Found that more experienced workers were more likely to be on the family preservation end – more knowledgeable about the outcomes of care?
- Found that front-line staff tended to be more towards the child safety end

SO propose pairing more/less experienced staff as buddies

Ensure that managers retain some connection with direct practice to enable consensus to remain

Raises interesting questions:
“For example, is there an association between someone's orientation toward child safety or family preservation and the likelihood they will substantiate a report, place a child in foster care, or exert more or less effort to engage a family with services?

How do these attitudes function to create a collective culture and influence the tenor of interactions between clients and the agency?

If some staff are more oriented toward family preservation and others toward child safety, does it depend on the type of cases served?

Agency administrators, supervisors and trainers might wish to think of the implications of these results when it comes to understanding and fostering changes in staff and agency performance. Could administrators use these scores to identify staff training needs and, if so, how?

Finally, is fostering greater alignment in perspectives between staff the ideal or is the apparent tension between administrative staff, supervisors, and caseworkers a dynamic that fosters appropriate checks and balances?” (p.218)
BELIEFS ABOUT FAMILY, REMOVAL AND CHILDREN’S NEEDS

- Study of interaction between attitudes, risk assessments and recommendations (Davidson-Arad and Benbenishty, 2010)
- The study examined the interaction between workers' attitudes towards issues in child welfare with risk assessments and intervention recommendations
- Attitudes to: removal from home of children at risk, the ability of alternative care to foster children's development, optimal duration of alternative care, and parents' and children's participation in the intervention recommendation
- The study participants were 236 out of 240 licensed child protection workers in Israel (98.3% response rate) who were attending an annual professional conference
FINDINGS

- Respondents split into pro and anti removal groups based on their attitudes.

- More positive attitudes towards removal resulted in higher risk assessments.

- More positive attitudes towards removal and towards longer duration of alternative care contributed to more intrusive intervention recommendations.

- Highlight the need for training and supervision to raise workers' awareness of their underlying attitudes and values and of how these may bias their judgements.
LESS VISIBLE INFLUENCES ON DECISION-MAKING

Macro: Politics and policy orientation, inequalities

Meso: Feedback loops, other resources, organisational cultures

Micro: Contested knowledge bases, ethical conceptualisation, heuristic development of intuitive responses, value differences.

Temptation: to use extremely prescriptive technical-rational approaches that only focus on micro practice

THIS CAN’T ADDRESS ANY OF THESE FACTORS

Challenge: to improve consistency without killing discretion and the relationship-focus of social work practice
IMPROVING MICRO DECISIONS — VIA MESO CONTEXT

By all means use a clear assessment framework that suggest principles, knowledge and values)

…BUT ALSO ADDRESS INSTITUTIONAL INFLUENCES

• Clarify organisational values and principles of the work — with reference to orientation and ethics

• Strengthen practice leadership to create a buffer.

• Contested knowledge base — clearly define what types of abuse your system is responding to, and how, and WHAT THAT LOOKS LIKE IN PRACTICE — have a theory of causation

• Improve feedback loops to develop accurate heuristic development: via case follow-through or generic practitioners

• To develop effective heuristics, need a KIND LEARNING ENVIRONMENT: “nature of the environment in which learning takes place has a huge effect on the subsequent quality of tacit [intuitive] responses” (Hogarth, 2002, p. 4).
“The census study also found that care pathways varied significantly not only by local authority but also by social work team, even once account had been taken of the characteristics of children. Irrespective of the difficulties of the children and their families, the local authority was the strongest predictor of children's future pathways.” (Biehal 2015 p. 112).

Why? Resources and site cultures – sense-making differs.

✓ Align NGO and CP resources with the level of need in local areas
✓ Create communities of practice ACROSS SITES and BETWEEN stat and NGO services – many virtual opportunities to do this across different locations.
✓ Use detailed case studies gleaned from actual cases - can use technology to annotate cases and circulate – this helps combine knowledge, ethics, values and orientation for practitioners
✓ Implementation of agreed assessment tools needs buy in and observational embedding
Lonne et al. argue that one reason for the crisis in the child protection workforce is the unacknowledged conflicting ideologies underpinning child protection work, and that “workforce development strategies must include the reconceptualisation of underpinning ideologies and current approaches to practice” (Lonne, et al. 2013, p. 1630)

- Settle orientation and political conflicts as much as possible – this may be not possible but in the meantime, separate the state as much as possible from the professional practice of social work.
- Lower inequalities – class and ethnicity – address structural and service provision factors
- Encourage research into the ways these inequalities ‘play out’.
REFLECTION QUESTIONS

Competence to work respectfully and inclusively with diversity and difference in practice

How can decisions take adequate cognizance of the inequalities that affect many families in contact with the child welfare system, and work with them in ways that understand the impact of these inequalities? How can decision-making respectfully incorporate differing understandings of family and adult-child relationships?

Competence to promote the principles of human rights and social and economic justice

How can decision-making at all levels reflect commitments to human rights (child rights, parental rights and family/whanau rights) and social justice? How can we get the balance right between equity and individualized decisions?

Competence to apply critical thinking to inform and communicate professional judgments

How can we incorporate a critical perspective to our decisions in relation to children, including decisions about knowledge/evidence bases, decision-making tools, systems design and macro structures?
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The Re-imagining Social Work Collective blogs about social policy and social work here:

http://www.reimagingssocialwork.nz

Feel free to request any articles referred to in this presentation 😊
REFERENCES


