"A Second Set of Eyes"

Child welfare decision-making revisited in the context of a dual-professional assessment program

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Policy research that benefits children, families, and their communities
Child Welfare System Response to Negative Events

Child Welfare Fatality or Negative Event

Media Attention

Rules and procedures limiting worker discretion
Problem:

- Too many detailed procedural guidelines, forms, assessment tools, and related trainings that limit worker autonomy
- Procedures overshadow what social work practitioners used to value as good judgment
- The more wide-ranging, complex and integrated children's services have become the greater the emphasis on Information Technology (without always assessing impact on practice)
- Evidence from other high risk industries suggests these types of approaches did not reduce human error

Solution:

- Take a systems approach to understanding and preventing future problems
- Assess not only worker knowledge and skill but also resources and organizational supports/constraints

Assessment and decision-making

- At their best, [assessments] can provide an informed, objective perspective that enhances decisions. ... At their worst, [assessments can] contribute inaccurate, biased or irrelevant information that violates rights and impairs the decision-making process.

- A decision threshold refers to the point at which the assessment of the case information (e.g., amount and weight of evidence) is intense enough for one to decide to take action.


Factors influencing assessment and decision-making

- Limited or uncertain information
- Time constraints
- The need to accommodate other systems (court, police, providers, etc)
- Too many or conflicting policies or procedures
- Getting caught up in family dynamics; bringing one’s own experiences into the work
- Supervision is less available and has become increasingly focused on managerial tasks rather than clinical support
Illinois DCFS Integrated Assessment Program

- IA is a process that looks at the medical, social, developmental, mental health, and educational domains of both the child and the adults who figure prominently in his or her life.

- The IA program draws on dual professional perspectives (caseworker and screener) and provides the instruments and process to conduct a thorough clinical assessment for families facing challenges of neglect or abuse.

- The IA process and the IA report create a foundation for more informed decisions regarding service intervention to bring the case to an appropriate conclusion.
Demonstration Project

- Illinois DCFS IA program was launched in 2005 with placement cases.

- DCFS received a grant from HHS/Children’s Bureau in 2007 to evaluate the IA program as it exists in use with placement cases and expand it for use with intact families.

- Assessments are done within 45 days of an investigator’s decision to refer the case for intact family services.

- Starting in May 2010, some cases were randomly assigned to have a screener involved in the assessment process.

- Interviews were conducted with 35 professionals (caseworkers, supervisors, and screeners) involved in these cases.
partly why it would be helpful is to have another professional set of eyes that’s seeing and hearing the same things and go…I’m getting a red flag. Are you getting a red flag?

On a very serious, risky, very high-risk case, I think it always helps to have a second set of eyes in there. …to have someone else clinically look at a case so that I can be like “Okay, I’m on track.” If you see something on paper, it’s different than that interaction we have…[the screener] could see the interaction.”

[the screener] is another person that’s spent a day with the family, has gathered a lot of information about the family and then it’s just the one that you can bounce that off of

Some of the houses we go in even when we get a referral you don’t know if you’re not walking into a hostile situation. You really don’t know. So it is kind of nice to have two people there that can constantly observe like I said the environment as well as the people that are being interviewed…it’s not like we’re going into a family that’s totally got it all together and we don’t need to be there.
Screeners

- We had a really high profile case...and one of the supervisors requested a screener and she was right to do so...I would want that for my worker if I was in the field. I would want my worker to have somebody having her back through all that and two eyes and two sets of ears, you know.

- [without a screener] You’re the only one making the decision...it’s scary ‘cuz you’ve only got one set of eyes and ears going in...you know it’s level four – bad but not quite so bad I have to take your kids.
Supervisors

- Workers don’t talk to other workers, generally, about their cases unless there’s some kind of a crisis or we need to assign somebody else…I don’t go out in the field and do the interviews…I can only give feedback to you on what you tell me you see because I’m not there. …I really appreciate having the screening…especially on the complicated cases…you’ve got two people, you know, kind of sharing their impressions and where it goes.

- Workers felt that…having another set of eyes was actually beneficial
Implications

- We need to apply a systems approach to understanding the *process* of assessment and decision making in child welfare
  
  More research is needed on how workers choose and absorb facts, process information, and make decisions within the context of child welfare settings

- We need to value different types of reasoning and achieve the right balance for the circumstances
  
  Designers of instruments are typically more analytic (formal, explicit, logical); workers tend to be more intuitive [swift, information not always articulated]

- Consider the value of a dual-professional approach in addressing:
  
  - “judgmental conflict” (the assessment of the case factors and the integration of case-factor information into a summary assessment)
  - “decisional conflict” (when to take action)

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