

First findings from phase one of the Child Welfare Decision-Making Variability Project

Research briefing paper

By Emily Keddell (University of Otago) and Ian Hyslop (University of Auckland)

Key points

Decision variability, that is, different decision outcomes when levels of harm are similar is a problem common to many child protection systems. The causes are many and varied: the expectation of the child protection system to respond to diverse family problems; the differing beliefs, values and worldviews of practitioners; differences in institutional cultures, sites, processes and resources; demographic inequalities; and conflicting discourses in the policy environment (Baumann et al., 2011; Keddell, 2014). This small (n = 67) exploratory mixed methods study examines if decision variability exists in Aotearoa New Zealand, and why this occurs.

At the individual level, the perceptions of practitioners inform what decisions should be made in relation to specific children. This study found that there was a wide range of perceptions of levels of risk, safety, and future harm amongst frontline child welfare (both CYF and NGO) practitioners when responding to the same case vignette. These diverse perspectives were reflected in marked differences in the types of decisions recommended, and how close CYF respondents were to forming a belief that children are in need of care and protection. Problem explanations revolved around factors relating to the family socio economic circumstances, domestic violence, the children's behaviour and parenting capacity. Despite broad similarities in problem explanations, diverse perceptions of risk remained. Beyond this general finding more nuanced findings were:

- Perceptions of practitioners were more diverse where information about the case was limited, vague and of low concern. They were more closely aligned when information was detailed and concerns for children were more serious.
- Whether the practitioner worked for the statutory child protection service (Child Youth and Family) or for a child and family NGO influenced perceptions of risk, future harm, safety and views on decisions. Statutory child protection workers generally had lower perceptions of current risk and future harm, and higher perceptions of safety than NGO workers.
- Some ethnic bias was evident in the study, as half the respondents received the case vignette family as Māori, and half Pākeha. Perceptions of risk increased if the family described in the vignette was Māori, but only at later stages of the vignette.
- The role of length of experience was complex, with no impact on perceptions of current risk perceptions, but with some small differences on other measures.
- In terms of explaining problems, despite differences in risk, safety and harm perceptions, respondents generally explained the problems facing the vignette family in a similar manner, although they emphasised different aspects of these problems.
- Respondents felt decision variability was a challenging problem, (although selection bias may have elevated this finding). Respondents' views as to what causes variability include: practitioner values, beliefs, culture and theoretical orientation, workload, skill level and experience of staff, and differing perceptions of risk, harm and abuse.

More findings will follow relating to plans, ethics and knowledge use, and group decision making processes and supports.

Background to the study

In 2015 – 2016, researchers from the University of Otago and Auckland collaborated on a research project examining decision variability, that is, why decisions in response to families differ where the case characteristics are approximately equivalent. Both international and national research has found that frequently decisions made in relation to children in the child welfare system are not consistent (De Bortoli and Dolan, 2014; McConnell et al., 2006; Platt and Turney, 2014; Saltiel, 2015; Regehr et al., 2010; Office of the Chief Social Worker, 2014; Doherty, 2016). While no two families-in-context are exactly alike, wide variations in decisions present a justice problem, as both children and families should reasonably expect their rights for protection and family life to be regulated consistently. Aotearoa New Zealand is not alone in this problem, and international research points to a range of causes right across the ecological spectrum: from the policy orientation or philosophy of the nation-state, to the impact of inequalities at the macro level; to institutional and organisational factors such as site specific cultures, group decision making, the availability of preventive or care resources, and role type at the meso level; to the impact of individual factors such as practitioners' values, beliefs and experience, role type, ethnic and socio-economic bias, perceptions of risk and safety, and heuristics or rules of thumb learned on the job (Dettlaff et al., 2015; Graham et al., 2015; Bywaters et al., 2014; Platt and Turney, 2014; Boyd, 2014; Bradt et al., 2014; Fluke et al., 2016). Finally, family factors can also play a role, for example whether a family is open to engagement or other aspects of the family context.

The decision variability project sought to investigate some of these influences in the Aotearoa New Zealand context, where little research exists about decision variability. The research questions are: Does decision variability exist in ANZ? If so, what contributes to decision variability? Some tantalising hints from other sources suggest variability is a concern. For example, there is a wide variation in substantiation and FGC rates as both proportions of notifications and total child populations between different site offices (Child Youth and Family Service, 2016). The 2014 Workload review noted how contested the statutory/NGO interface was, and qualitative studies show differences in practitioner perceptions of risk, interpretations of parental behaviour and observations of children (Keddell, 2016a; 2016b). Differing rates of contact with the child welfare system amongst different ethnic groups suggests that bias and inequalities are at play (Expert Panel, 2015). This small, exploratory study investigates a range of factors that may influence decision variability.

The study

This mixed methods study is based on a post-positivist epistemology, which emphasises methodological pluralism with a strong focus on pragmatic responses to the research question (Wildemuth, 1993). This study employs two main methods to gather data closely related to the decision-making ecology approach to understanding decision variability. Phase one, which this research briefing reports on, gathered data in relation to practitioner perceptions via an online vignette based questionnaire. The vignette (case study) is split into four stages, each stage providing more detail in relation to a family in contact with child welfare systems. The concerns escalate at each stage, as it becomes evident that there are significant parental histories of traumatic events, domestic violence in the parent's relationship, and many contextual challenges such as poor community resources, lack of family supports, one child with particularly challenging behaviour, and financial struggles. Family strengths are also included. The children's mother has a mental health diagnosis, and the children eventually disclose physical abuse and harsh parenting. In order to explore ethnic bias, respondents were randomly assigned to receive the vignette family as either Māori or Pakeha.

To understand practitioner perceptions, both scaled perceptions and qualitative reasoning were elicited at each stage. Respondents were asked to scale their perceptions of current risk, safety, harm over time, if the case should be substantiated, how close respondents were to forming a belief that the children were in need of care and protection as per the relevant legislation, and what decisions they would make. They were also asked to state what the family problems were, and what they felt was causing them. After this, additional qualitative questions were asked in relation to what the aims of a plan for the family would be, what types of assessment tools practitioners would use, how much time they would have to make decision, who else had input into decisions, and what kinds of knowledge and ethical concepts they would draw on to help assess the case. Finally, practitioners' own views about how serious they felt the problem of decision variability is and what, in their view, causes it were elicited. Statistical scales were analysed for basic statistical significance, with further analyses forthcoming. Qualitative data was subject to content analyses, then developed into more meaningful themes through coding for dominant patterns. While primarily inductive, some theoretical concepts were applied.

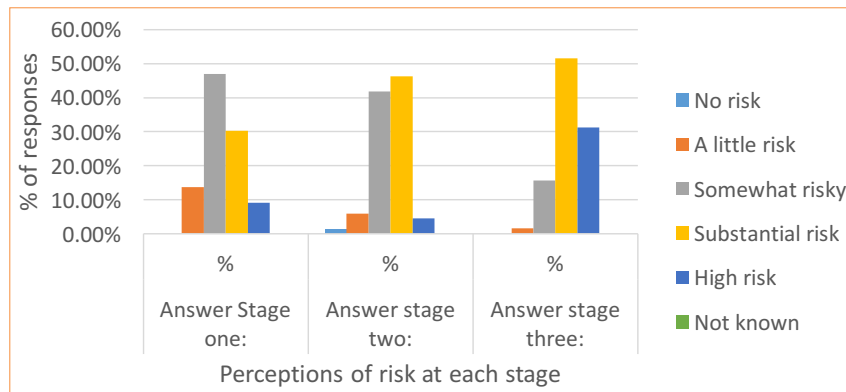
The second phase will examine both micro and meso level factors by visiting sites and investigating the role of site resources, cultures and decision pathways, as well as reasoning around difficult or 'cusp' decisions. This research briefing reports selected findings of the first phase. The limitations of this study are primarily the small sample size which means the findings may not be generalizable. Further research is required to establish how representative these findings are of the whole child welfare practitioner population.

The table below shows the demographics of the participants in the first phase. Respondents were recruited from both Child youth and family statutory services, and child and family, Iwi and Cultural services as defined by the Children, Young persons and their Families Act. 67 participants completed the survey, and of these, 88% were women. In terms of ethnicity, 70% gave Pakeha, 18% Māori, and 15% 'other' as their ethnic group response. The respondents consisted of a range of both Child Youth and Family and NGO child and family social workers, and represent around 5% of CYF workers. The representation of NGO workers is not known as the total is not known.

Gender	Male: n = 7 (10.5%)	Female: n = 59 (88%)	Other: n =1 (1.5%)
Age range	22 – 69	Mean = 43	SD = 10
Holds a SW qual	yes 90%	no 10%	
Entitled to registration	yes 95%	no 5%	
Years experience	1yr min – 37yr max	Mean = 13	SD = 9.2
Role type	CYF n = 46 (69%)	NGO n= 21 (31%)	Total: 67

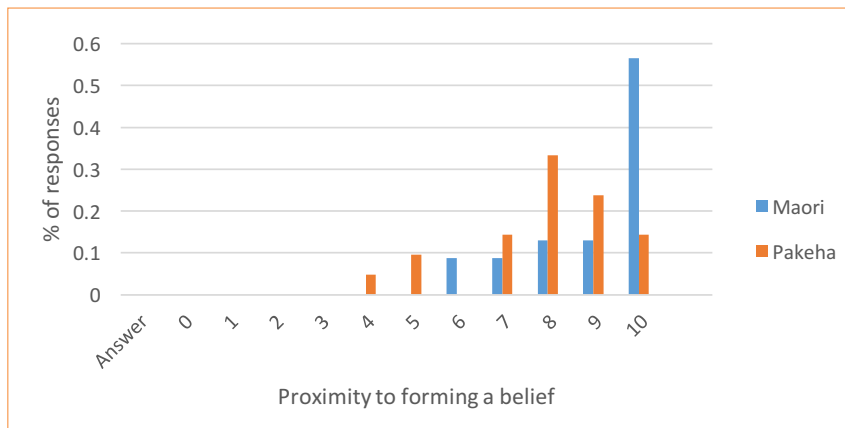
Main findings

- Practitioners' perceptions changed as more information about the vignette was given ($p = <.05$). Their views of risk, future harm, safety and substantiation were initially diverse. For example, at stage one perceptions of risk were spread across the likert scale, and while 33% stated the children should be substantiated for abuse, 44% said no, and the remainder were not known. However, as more detailed information was provided, and the concerns became more serious and more directly gained from the children themselves, practitioner perceptions became more similar, but did not completely converge.



Graph 1: How would you rate the level of risk of harm in relation to the children in this case? At stages 1-3

- Whether the practitioner worked for the statutory child protection service (Child Youth and Family) or for a child and family NGO influenced perceptions of risk in the present and of future harm for the children ($p = <.05$). Statutory child protection workers had a lower perception of risk, future harm, and higher perceptions of safety than NGO workers, and this difference also reduced somewhat as more information was known. For example, at stage 2, 71% of NGO workers rated their perception of risk as 'substantial', compared to only 35% of statutory workers. At the same stage, 30% of NGO workers rated the children as either moderately safe, fairly safe or very safe, whereas 73% of CYF workers gave the same high rate of safety. Beliefs about whether a case should be substantiated in the CYF system, became very similar by stage 4 of the vignette, but were divergent at stage two.
- Ethnic bias was evident in the study. Perceptions of risk increased, and proximity to forming a belief escalated, if the family described in the vignette was Māori. However, this did not happen as soon as ethnicity was known at stage two of the vignette, where perceptions on all measures were similar, but only became significant as concerns escalated at stage four and was only statistically significant on the 'how close are you forming a belief' measure ($p = <.05$). Due to the small sample size, this difference could be considered marked. Interestingly, ratings of safety remained similar whether the family was Māori or Pakeha. Heightened perceptions of risk translated into differences in some decisions at stage four. For CYF workers while the rates of applications for orders remained approximately similar for both ethnic groups, those who would try and negotiate a family whanau agreement were double if the family was Māori than if they were Pakeha (30% v 14%), had higher rates of holding a whanau hui (39% v 19%) and almost double the rates of interviewing the children (48% v 24%). In the qualitative data, comments were more punitive and less safety factors were identified by practitioners for the whānau Māori at later stages of the vignette. For example at stage 3, 8 out of 34 responses were negative stating there were no safety factors, while 1 out of 22 responses gave such a response for the Pakeha family. This pattern was repeated at stage four. Even accounting for the small sample size, an overview of the statistical and qualitative findings suggests a 'bias plus' effect – that ethnic bias is minimal when concerns for the children are low, but that it may influence decisions when Māori ethnicity is combined with more serious abuse allegations.



Graph 2: Responses at stage four to how close are you to forming a belief these children are in need of care and protection?

- More and less experienced workers had similar perceptions of risk at all stages, but more experienced workers had slightly higher perceptions of future harm over time, and had a more diverse spread of proximity to forming a belief that children were in need of care and protection than less experienced workers, especially at stage one. Less experienced workers were closer to forming a belief at stage one than those more experienced, though this was not statistically significant. Reflecting this difference, those with less experience were almost twice as likely, at stage one, to say that the children ‘should be substantiated within the CYF system’ (47% vs 27%). Further testing is required on this demographic variable.

How practitioners define family problems contributes to their perceptions of risk, safety, and decision outcomes. In terms of problem explanations, both groups identified the pertinent family issues, but the more experienced practitioners were more likely to give more detail, use theoretical concepts, and were more tentative and empathetic in their responses. For example:

Less experienced practitioners stated:

“Lack of parenting skills Both come from dysfunctional backgrounds”

“Inability to parent 5 year old”

“Dan unwilling to fully engage”

“Father who is volatile and hostile towards workers and a mother who wishes to keep her children safe but not at the expense of her relationship”

More experienced practitioners stated:

“Possible parents have unresolved issues from their own childhoods (eg grief/loss, attachment, physical harm, alcohol use)”

“Parents are tired and feeling overwhelmed - Cody’s behaviour is difficult to manage and adding to the parents stressful situation. Family wanting support - present there is a sense of hopelessness with their current situation..”

“Parenting capacity limited by their own experience of being parented. Limited support networks in an isolated community. Having to provide support for an ill aunty, who was part of parents support network”

- Overall, despite differences in risk, safety and harm scales, respondents generally explained the issues and problems facing the vignette family in a similar manner, drawing on a range of explanations ranging from the parents’ own psychological and emotional backgrounds, the family level factors such as domestic violence and limited parenting capacity, and the social context including financial stress and unemployment. There were some nuanced areas of divergence, for example those more risk averse at stage two (rated current risk on top three scale options) tended to include reference to historical factors influencing parents in qualitative problem explanations, whereas less risk averse respondents tended to emphasise the current circumstances of the family.

-
- Practitioners perceived the problem of decision variability to be a significant one, with 55% stating the problem was 'quite severe' or 'fairly severe' and 44% stating it was 'moderate'. The main reasons given for variability in content analysis were:

1. Social worker values and beliefs, culture and theoretical standpoint (20)
2. Workload (7)
3. Skill level and experience of staff (9)
4. Perceptions of risk, harm and abuse (8)

Less common reasons given for decision variability were:

Current policy trends (2), quality and content of supervision (4), impact of other professionals (3), variability in family situation (3), quality of information (2), resources (3), risk averse management/senior staff (3), site culture (2), quality of relationship with the family (2). These main themes are developed below.

THEME ONE: 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."

THEME 2: Workload

Description: Social workers believe that workload affects how much work on a specific case is possible. As workloads can vary, some cases have more time allocated to them than others, leading to differing outcomes.

"The outcomes after the notification is made varies a lot - I think this is due to the statutory workers being over worked, and whoever is supervising their decisionmaking, even down to how stressed the social worker feels at the time."

"How many other cases are competing for resources at that time."

THEME 3: Skills and experience

Description: Social workers believe that how skilled or experienced an individual or group is affects how the case is worked.

"Less experienced workers can rush the KPI, rush the safety assessment etc, and have no planned approach."

"Team experience in working with family."

"May not understand when to refer to the statutory agency – this may be a personal response to child protection issues"

THEME 4: Perceptions of risk, harm and abuse

Description: Social workers have different interpretations of, and tolerance for, behavior that could be defined as abusive, risky or harmful, related to their own life experiences.

"Subjectivity based on workers own experiences, beliefs about child resilience and how harmful particular scenarios are to children."

"One social worker may see a smack with a wooden spoon as barely anything because their nan used to do it all the time whereas another may see it as an absolute abuse."

Conclusions and implications for frontline policy and practice

These findings contain a number of implications for front-line practice, policy and further research. Variability related to practitioners' perceptions (as opposed to meso or macro level factors) is most marked when concerns are vague, minor and lack detail (like many notifications), suggesting that the quality of information before any decisions are made is important to reduce variability in initial decisions. Due to the marked differences in risk perceptions between CYF and NGO workers, there may be a need to work strategically to establish greater consensus between the NGO and CYF communities using specific case examples to clarify case risk. While experience did not appear statistically significant, the perceptions of practitioners that skill level influenced decision outcomes may be an issue, and differences related to experience may benefit from increased mentoring and a protected first year of practice for beginning practitioners.

Ethnic bias in perceptions of risk and decisions is an important issue, and needs careful supervision that directly examines the possibility of practitioner bias when concerns escalate. Broader organisational professional development strategies may need to grapple with the implicit racism that workers may be exposed to in daily life, as well as the effects of ongoing exposure to a client group that is disproportionately Māori. Over time, this can exacerbate negative stereotypes and expectations. While this requires more nuanced research with a larger sample size to explore more fully, bias could be contributing to the the 40% -60% gap between notification and entry to care rates for Māori. Bias issues for other ethnic groups and for people from diverse socioeconomic groups also need closer examination.

Ensuring that practitioner differences in perceptions of risk and safety, and the impact of values and beliefs do not contribute to marked decision variability may benefit from the use of shared case examples to show practitioners more specifically how to respond to particular cases. Sharing of case examples and how to interpret them systematically between sites may also help with both practitioner and site consistency. Ensuring that workloads are equitable between sites is another important aspect of reducing variability, and more research is needed to understand all the variables contributing to perceptions of differing workloads between offices, as there may be other meso level influences relating to inequalities affecting workload differences (Bywaters et al., 2015).

Practitioners may be able to identify and explain the problems families are facing in similar ways, but their underlying evaluations of level of risk, harm and safety can still differ. This suggests that variability is not caused by differences in explanatory knowledge bases, but how thresholds for certain actions are interpreted, which in turn may be most related to practitioner values and beliefs, and the resources of time available in specific contexts.

Perceptions of variability by practitioners themselves provide many clues to actual causes, particularly the influence of personal values and culture, skill level, workload and perceptions of risk and abuse. Examining these differences in more depth and engaging with the issues organisationally in terms of appropriate job sizing, equity between sites, tools that draw on case studies, and individually in supervision with practitioners around their values and beliefs may provide ways forward to help reduce variability in decision outcomes.

This project is supported by a University of Otago research grant, and ethical approval was obtained by the University of Otago and the MSD Research Access Committee. We would like to acknowledge the Office of the Chief Social Worker for supporting this project, our cultural advisor Shayne Walker, Senior Lecturer at the University of Otago, and our research assistant Meran Campbell-Hood.

Key contacts

emily.keddell@otago.ac.nz | i.hyslop@auckland.ac.nz

References

- Baumann DJ, Dalgleish L, Fluke J, et al. (2011) *The decision-making ecology*, Washington, DC: American Humane Association.
- Boyd R. (2014) African American disproportionality and disparity in child welfare: Toward a comprehensive conceptual framework. *Children and Youth Services Review* 37(0): 15-27.
- Bradt L, Roets G, Roose R, et al. (2015) Poverty and Decision Making in Child Welfare and Protection: Deepening the Bias–Need Debate. *British Journal of Social Work*, 45(7): 2161 - 2175.
- Bywaters P, Brady G, Sparks T, et al. (2014) Child welfare inequalities: new evidence, further questions. *Child & Family Social Work*: n/a-n/a.
- Bywaters P, Brady G, Sparks T, et al. (2015) Exploring inequities in child welfare and child protection services: Explaining the ‘inverse intervention law’. *Children and Youth Services Review* 57: 98-105.
- Child Youth and Family Service. (2016) *Key statistics and information for media*. Available at: www.cyf.govt.nz/about-us/key-statistics/.
- De Bortoli L and Dolan M. (2014) Decision Making in Social Work with Families and Children: Developing Decision-Aids Compatible with Cognition. *British Journal of Social Work*.
- Dettlaff AJ, Christopher Graham J, Holzman J, et al. (2015) Development of an instrument to understand the child protective services decision-making process, with a focus on placement decisions. *Child Abuse & Neglect* 49: 24 - 34.
- Doherty P. (2016) Child protection threshold talk and ambivalent case formulations in ‘borderline’ care proceedings cases. *Qualitative Social Work*: 1 - 19.
- Expert Panel. (2015) *Modernising Child Youth and Family Expert Panel Interim Report*. Wellington: Ministry of Social Development.
- Fluke JD, Corwin TW, Hollinshead DM, et al. (2016) Family preservation or child safety? Associations between child welfare workers’ experience, position, and perspectives. *Children and Youth Services Review* 69: 210-218.
- Graham JC, Dettlaff AJ, Baumann DJ, et al. (2015) The Decision Making Ecology of placing a child into foster care: A structural equation model. *Child Abuse & Neglect* 49: 12 - 23.
- Keddell E. (2014) Current debates on variability in child welfare decision-making: A selected literature review. *Social Sciences* 3(4): 916 - 940.
- Keddell E. (2016a) Weighing it up: family maintenance and children’s best interests discourses in child protection decision-making. *Child & Family Social Work* 21(4): 512 - 520.
- Keddell E. (2016b) Interpreting children’s best interests: Needs, attachment and decision-making. *Journal of Social Work* 1 - 10. doi:10.1177/1468017316644694.
- McConnell D, Llewellyn G and Ferronato L. (2006) Context-contingent decision-making in child protection practice. *International Journal of Social Welfare* 15(3): 230-239.
- Office of the Chief Social Worker. (2014) *Workload and casework review: qualitative review of social worker caseload, casework and workload management*. Wellington, New Zealand: Child, Youth and Family.
- Platt D and Turney D. (2014) Making Threshold Decisions in Child Protection: A Conceptual Analysis. *British Journal of Social Work* 44(6): 1472-1490.
- Regehr C, Bogo M, Shlonsky A, et al. (2010) Confidence and Professional Judgment in Assessing Children’s Risk of Abuse. *Research on Social Work Practice* 20(6): 621-628.
- Saltiel D. (2015) Observing Front Line Decision Making in Child Protection. *British Journal of Social Work*. Published online first at 10.1093/bjsw/bcv112.
- Wildemuth BM. (1993) Post-Positivist Research: Two Examples of Methodological Pluralism. *The Library Quarterly: Information, Community, Policy* 63(4): 450-468.