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## 2015 Massachusetts Family Impact Seminar

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# 2015 Massachusetts Family Impact Seminar

## **Abstract**

Mission Critical: Reforming Foster Care and Child Protective Services is the sixth Massachusetts Family Impact Seminar. It is designed to emphasize a family perspective in policymaking on issues related to reforming foster care and child protective services in the Commonwealth. In general, Family Impact Seminars analyze the consequences an issue, policy, or program may have for families.

## **Keywords**

Child welfare, reforming foster care, child protective services, child welfare profession and fatal child maltreatment, fostering systemic quality improvements, Family Impact Seminars, Mosakowski Institute

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## **Comments**

Family Impact Seminars are a series of annual seminars, briefing reports, and discussion sessions that provide up-to-date, solution-oriented research on current issues for state legislators and their aides. The seminars provide objective, nonpartisan research on current issues and do not lobby for particular policies. Seminar participants discuss policy options and identify common ground where it exists.



# Crisis or Crossroads: The Child Welfare Profession and Fatal Child Maltreatment

By Emily M. Douglas, Ph.D. | Bridgewater State University

The assumption is that workers who experience a maltreatment fatality are young, inexperienced, poorly trained, and not educated in the appropriate disciplines.<sup>1,2</sup>

## CHILD WELFARE WORKERS WHO EXPERIENCE THE DEATH OF A CLIENT

Research shows that child welfare workers who experienced the death of a child are well-educated, with at least a bachelors degree, and that they had degrees in fields that were appropriate for working in child welfare—social work, human services, and other social sciences. Workers who experience the death of a child client are not young: they are in their 30s and 40s and have worked in child welfare for an average of 4 and 13 years, respectively, for frontline workers and supervisors. Workers had caseloads of about 20 for frontline workers and 90 for supervisors. The victims had been on their caseloads for 2-3 months before the death.<sup>3</sup>

Workers recounted that they felt comfortable handling the case before the fatality, and the majority reported that they received appropriate guidance on handling the case. Only a minority (10%) said that they had wanted to pursue a different treatment plan. Looking back on the fatality, 27% stated that it was unavoidable.<sup>3</sup>

## CHILD WELFARE WORKER CONCERN ABOUT AND KNOWLEDGE OF RISK FACTORS FOR FATAL MALTREATMENT

Workers are very concerned about child maltreatment fatalities (CMFs). The majority (93%) report that they assess the risk for fatalities when they work with families and almost three-quarters (72%) worry that a child on their caseloads will die. More than a quarter (28%) have had a parent say that s/he might kill his/her child. The vast majority (93%) report wanting to be trained about risk factors for fatal child maltreatment.<sup>4</sup>

Research shows that workers have gaps in their knowledge about CMFs. Workers are not certain how children die or who is most likely responsible for their deaths. There are deficits in knowledge concerning parental and household risk factors for fatality, although workers have more knowledge about child-level risk factors and the parent-child relationship. Further, training about risk factors has made almost no difference in worker knowledge.<sup>4</sup> Research also shows that workers receive very little training about fatalities as they are entering the child welfare field.<sup>5</sup>

## CONCLUSIONS

- Workers who experience the death of a child on their caseloads:
  - are not young and inexperienced. They are mature workers with at least several years of experience.
  - report feeling confident in the lead-up to the child's death.
- Workers have low levels of knowledge with regard to risk factors for CMFs.

- Workers receive very little training on CMFs before entering the field.
- Receipt of training around CMFs does not currently make an impactful difference.

### POLICY RECOMMENDATIONS

- Child welfare workers want and need more training on risk factors for CMFs. Workers should receive national-level, research-based information about risk factors for CMFs, along with information that is specific to Massachusetts.
- The efficacy of training about risk factors for CMFs should be examined to determine if it increases workers' knowledge of risk factors.
- This training should be made available to child welfare professionals throughout the Department of Children and Families, to ensure that this knowledge is widespread.
- This information should be infused throughout child welfare practice, especially in the supervision that workers receive. Research shows that the supervisor is a key component in determining the efficacy of child welfare practice.<sup>6-8</sup>
- Understanding the pathways, pivotal moments, and child welfare practice decisions and interventions is key to understanding trends in circumstances under which children die.

### ENDNOTES

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# I Wouldn't Want Your Job, But I Could Do It Better Than You: Walking the Tightrope of Child Welfare Practice

By Melinda Gushwa, Ph.D., LICSW | Rhode Island College School of Social Work

The last thirty years of research on the experiences of child welfare workers continues to paint a bleak picture. Over and over, child welfare workers report being overwhelmed by large caseloads, bureaucratic constraints, lack of support in the workplace, and vicarious traumatization, all of which contribute to turnover, burnout, and compromised practice.

## NO MATTER HOW HARD THEY WORK, IT'S NOT ENOUGH

While DCF has recently hired hundreds of new staff, the workforce is still hemorrhaging, and gaps remain. Nationally, the average length of stay of child welfare workers is approximately two years, which coincides with the length of time it takes to become proficient in all the facets of child protection practice. Once they figure out how to do the job, many workers are out the door. Outside of the supervisory relationship (and that's no guarantee), workers are rarely applauded or given credit for their expertise, as the public's perception of their work rests on media coverage, which focuses the spotlight on system failures instead of successes.

## THE ON-THE-JOB EXPERIENCE

In the wake of several high profile maltreatment fatalities, Massachusetts has placed primacy on workers meeting their monthly in-person contact obligations. But at what cost to workers? A recent national study of child protection workers' activities found that workers across the country spent only half of their allotted work hours in direct contact with children and families. What accounts for the rest of their time? Mostly, documentation (approximately 34%), travel, and preparation for/time in court.

With complex and high-need families, workers spend even more time traveling, more time in court, and more time documenting the multiple challenges facing children and their families. Given high caseloads and constantly changing policies, it becomes nearly impossible for workers to meet expectations, and they can find themselves working off the clock to stem the tide, or delaying much-needed vacations to keep on top of their work—thus exacerbating burnout and job dissatisfaction.

## THE TYPICAL ANSWERS... MAY NOT BE THE RIGHT ANSWERS

Typically, agencies respond to system challenges by initiating policy and practice reforms, and implementing training programs for workers to learn about the changes in policy and practice. These seem like logical responses, but these solutions tend to create the conditions that overwhelm workers: increased bureaucratic requirements and time away from meeting with children and families.

Of course, policy updates, practice reforms and training are essential to keep pace with best practices in the field. Yet, how much do administrators and managers really know about the daily struggles of child welfare workers and their equally overburdened supervisors? One look at an overwhelmed, disenfranchised child welfare worker validates all that the research tells us about the bleakness and staggering responsibility of the work. We need to work harder to create conditions where workers are valued and respected by their agencies and their communities.

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# Collaboration, Communication and Data-Informed Decision-Making: Fostering Systemic Quality Improvements

By Martha J. Henry, Ph.D., President | MJ Henry & Associates, Inc.

Child welfare is one of our most complex social issues, and one that requires a significant investment from public and private human services and our communities. Often at its root are other complex social issues, including poverty, mental health difficulties, domestic violence, substance abuse, and homelessness.

Having a comprehensive understanding of the functional needs and strengths of the children, youth, and families served by state child welfare is fundamental to informing effective policy and practice, and investing our resources justly. The sheer complexity of the work requires a consistent, standardized measurement that can be communicated simply and effectively across multiple stakeholders. Data resulting from individual assessments must be meaningful to the decision-making process at each level of the system.

Socially complex problems involve multiple stakeholders who often have competing agendas and finite resources. Families involved with the Department of Children and Families frequently also have involvement with multiple service divisions within the state, e.g., court, mental health, education systems, transitional assistance, etc. Conflict is a natural result of well-intentioned stakeholders working with the same clients but who may have differing perspectives.

Conflict resolution requires collaboration, not merely cooperation. At the core of social work is managing conflict and acting as consultants for client transformation. Managing conflict requires creating and communicating a shared vision. In order to offer families services that will be useful in transforming their lives, the services must be tailored to their needs and be informed by a shared understanding of the problems, strengths, resources, and goals.

This shared vision keeps the focus on children, youth, and families to identify effective services, better manage care, and maximize resources. Collaboration among professionals and families is essential to determine effective and ineffective practices at both the individual and system levels. This practice efficiently addresses families' needs and allows for continuous quality improvement that increases effective practices while phasing out ineffective ones.

Collaboration is considered one of the most successful approaches to addressing complex social problems (Keast, et al., 2004). Fundamentally, collaboration is grounded in trusting relationships, effective communication, multiple perspectives, employing collective skills and resources, and developing a shared vision. A trusting relationship allows for information sharing between team members, which includes the family, leading to both shared responsibility and shared accountability. Shared accountability incentivizes the team members to collaborate for quality improvements.

Using an evidence-based assessment — with communication as measurement (i.e., *Communimetrics*) — that is based on a philosophical framework of Transformational Collaborative Outcomes Management (Lyons, 2009) can provide meaningful data for quality improvements. This approach ensures that:

- families are full partners in the collaborative work;
- the focus is on child and family health, well-being, and functioning;
- measures used are relevant to decisions about approach or proposed impact of interventions; and
- the functional information about children, youth, and families are used in all aspects of managing the system, from individual family planning to supervision, program, and system operations.

Grounded in this framework, a variety of functional assessments for youth, families, and adults (e.g., CANS, FAST, ANSA) has been developed to support quality improvement initiatives within public human services across the United States and Canada.

Data about families' functional needs and strengths can be a rich source of information for multilevel decision-making, progress monitoring, and quality improvement activities. Understanding what is effective for children, youth, and families to achieve better outcomes is fundamental to making systemic improvements.

This requires using standardized data that is meaningful to care planning, workload management, supervision, program improvements, parent and professional development needs, best practice sharing, and system-level resource management. Having a consistent metric for decision-making at multiple levels of the system promotes collaboration, a shared understanding, and responsibility for quality improvement.

We must keep the “human” in human services and build strong relationships with clients and collaborators while moderating human error and bias with an evidence-based assessment. Families who are successful in child welfare services become so because of trusting relationships with providers (Lee and Ayón, 2004). The system must be driven by the demonstrated needs of children, youth, and families, so that all stakeholders can collaborate to ensure that policy, practice, and resources can be matched and appropriately invested to best serve our most vulnerable citizens in need.

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