Crisis or Crossroads? The Child Welfare Profession & Fatal Child Maltreatment

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Today

Child Maltreatment Fatalities (CMF) and Child Welfare Professionals
1. Workers who have a child die on caseload
2. Worker’s knowledge and understanding of risk factors

Preview of Recommendations
1. Increase training for child welfare professionals about risk factors for fatal child maltreatment
2. Integrate assessment for fatal maltreatment across the board from screeners to supervisors/managers.

Study Methods & Participants

- Online survey of child welfare workers (CWWs)
  - 426 participants
  - 129 experienced a CMF (82% between 2000-2011)
  - 90% female
  - 51% Master’s degree
  - Field of education
    - 62% Social Work/Human Services
    - 32% Other Social Science field
  - Age - 41 years old (mean)

- Race (not mutually exclusive; >100%)
  - American Indian - 2%
  - Asian - 3%
  - African American/Black - 17%
  - Latina/Hispanic - 7%
  - Pacific Islander - 1%
  - White - 76%

- Region of the country
  - North (CT, ME, NY, PA) - 11%
  - Midwest (IL, MI, ND, OH, WI) - 16%
  - South (AL, DC, GA, LA, MD, NC, OK, TX, VA, WV) - 44%
  - West (AK, CA, CO, OR, WA, WY) - 30%

How Many Workers Annually?

- Annually, ~ 1,500 CMF cases
  - 30-50% are known to child welfare services at time of death (450-750)

- Estimate between 900-1,500 child welfare professionals (frontline workers and supervisors) experience death of a child on their caseload due to maltreatment

- Comprises 2.6-4.3% of child welfare workforce

- What do we know about these workers?
Invisible Children – Advocacy group to promote change within child welfare system, 2008

Reasons Cited as Cause
for Fatal Maltreatment

In most states, a bachelor’s degree in any subject is all that is required to become a child protective worker. After hiring, training generally ranges from minimal to none.

Turnover on the job is constant. The worker who goes to a troubled family is likely to have little experience.

Caseloads often are enormous, often double, triple or more than the average called for in national standards established by the Child Welfare League of America.

National Coalition for Child Protection Reform, 2009

Washington Children’s Administration, 2009

CWWs Experiencing CMF on Caseload

Worker Characteristics at Time of CMF
Worker Age at time of death:
- 38
- 35
- 41

Worker Education:
- College degree: 46%
- Master’s degree: 53%
- Social work/Human Services: 60%
- Other social science: 10%

No. of cases on caseload:
- 25
- 20
- 90

No. months on caseload:
- 2
- 2
- 3

No. years in CW profession:
- 6
- 4
- 13

Case Work Info. at Time of CMF

Supervisor

Worker Characteristics at Time of CMF

On average: families involved with CPS for ~10 months

Workers had seen child ~1 week prior to death

Workers who had seen child in past 4 weeks: 85%

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**Handling the Case Before the Fatality**

- Felt confident handling case
- Full risk assessment conducted
- Received appropriate guidance
- Family closely monitored
- Death was unavoidable
- Worried about family; coworkers did
- Wanted diff tx-agency didn't allow
- Wanted diff tx-law didn't allow

**Knowledge of Risk Factors**

All 426 Workers in Study

**Knowledge of Parent, Child, Household Risk Factors for CMF**

<table>
<thead>
<tr>
<th>Risk Factor/Knowledge Area</th>
<th>75% Accurate or Above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger children more at-risk for CMFs</td>
<td>✓</td>
</tr>
<tr>
<td>Parent mental health/illness as risk factor</td>
<td>✓</td>
</tr>
<tr>
<td>Parents' inappropriate expectations of child - risk factor</td>
<td>✓</td>
</tr>
<tr>
<td>Most children die from neglect</td>
<td>✗</td>
</tr>
<tr>
<td>Family members most likely responsible for CMF</td>
<td>✗</td>
</tr>
<tr>
<td>Mothers as most likely responsible for CMFs</td>
<td>✗</td>
</tr>
<tr>
<td>Parents who see child as “difficult” – risk factor</td>
<td>✗</td>
</tr>
<tr>
<td>Non-family members residing with children – risk factor</td>
<td>✗</td>
</tr>
<tr>
<td>Mobil families – risk factor</td>
<td>✗</td>
</tr>
</tbody>
</table>

**Opinions & Practice Concerns Regarding CMFs**

<table>
<thead>
<tr>
<th>Workers’ Attitudes or Concerns</th>
<th>% Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A parent on my caseload once told me that s/he might kill her/his child(ren).</td>
<td>28.2</td>
</tr>
<tr>
<td>I worry that a child on my caseload will die.</td>
<td>71.7</td>
</tr>
<tr>
<td>When I work with a family, I look for signs that might cause a child to die.</td>
<td>92.5</td>
</tr>
<tr>
<td>I would like (additional) training about the risk factors for CMFs.</td>
<td>90.1</td>
</tr>
</tbody>
</table>

**Where Do Workers Learn About Risk for CMFs?**

- Examined 24 social science textbooks about child abuse, families, child development, etc.

**Where Do Workers Learn About Risk for CMFs?**

- Examined pre-service child welfare training curricula for new child welfare workers
- 20 states

- Only 1 state had section on fatal child maltreatment
- That state did not provide evidence-based information about risk factors

(Douglas, Mohn, & Guhrwa, 2014)
WORKER PERSPECTIVE

“The blame for a child death usually lands on the frontline worker. We cannot live with the families we work with. While a good service worker can prevent some maltreatment, it is impossible to prevent all maltreatment. In some situations workers do not have the evidence needed to legally mandate a family into services which might prevent maltreatment. As a worker I am extremely stressed out by my caseload and frequently worry that a child will die. I work weekends and sometimes until 8 or 9 pm to keep up with the work but if one child dies I will never feel that I did enough. Most child welfare workers truly care about the families on their caseloads but preventing maltreatment while keeping up with 20 to 30 investigations is impossible. We are fighting a losing battle…My entire academic experience as a professional social worker has prepared me for this job and I am still overwhelmed by the massive responsibility.”

CONCLUSIONS

- Workers deeply concerned about CMFs
- Not preparing workers especially well for seeing/understanding risk
- Lack of knowledge of risk factors
- Workers who experience CMF on caseload are not young, unprepared, inexperienced

OPPORTUNITIES & POLICY RECOMMENDATIONS

- Workers need to be trained in risk factors for fatality
- Needs to be priority across the board: legislature all the way down to supervisor
- Discussions around risk factors for fatality – integrated into daily, routine casework
- Opportunity for Massachusetts to be Leader in CMF-related Assessments
- Integrate assessment for fatal maltreatment across the board from screeners to supervisors/managers