

Team Decision Making May Empower Child Welfare Decision Making and Improve Outcomes for Families

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Introduction

Public child welfare agencies are ultimately responsible for making the difficult decision of whether to remove a child from their home due to suspected abuse or neglect. Team Decision Making (TDM) is a model developed by agency staff to inform decision making in these situations. TDM values serving families in a culturally sensitive, community-based, and minimally disruptive way by considering the needs and strengths of each child and family.¹

TDM is comprised of five key elements, of which the main component is a consistently held meeting between extended family members, formal and informal community agency representatives, and other supportive individuals to determine which services and assistance to offer to the family. A trained TDM facilitator guides meeting participants toward consensus on the least restrictive way to keep the child safe, with an emphasis on preventing removal of the child from home. See the “Team Decision Making Meetings” box for details of key elements and philosophical concepts of TDM meetings.

This fact sheet provides an overview of key findings from a Child Trends evaluation of two TDM implementation sites and offers broader implications for the child welfare field.

Team Decision Making Meetings

TDM includes a family meeting, called by the child welfare agency, to determine whether children need to be removed from their home in order to be safe.

Key elements

- Meetings are consistently held for all decisions about parent-child separation
- Meeting is held before child moves from home
- Families are encouraged to invite all supportive individuals
- Meeting is led by a skilled, trained, available facilitator
- Information about meetings is collected and tracked

Key philosophical concepts

- Equity
- Engagement
- Inclusivity and Transparency
- Fairness
- Self-Evaluation
- Sustainability

¹ Batterson, M., Crampton, D., Crea, T., Harris, F., Madden, A., Usher, L. & Williams, J. (2007). *Implementing Family to Family*. Chapel Hill, NC: The University of North Carolina at Chapel Hill.

Key Findings

Child Trends conducted an evaluation of TDM in two sites in Missouri from 2015 to 2019. The evaluation included a randomized controlled trial to identify whether TDM improves outcomes for families. When workers in the evaluation sites identified a significant safety concern with a family, they referred the case to a TDM study staff member to be randomly assigned to receive either a TDM meeting or services as usual. Over the course of the evaluation, 709 cases (with 1,423 children) were included in the study.

The study relied on several data sources, including child welfare administrative data, a survey completed by workers after each case, a database of TDM meeting information entered by facilitators, and interviews and focus groups with workers, agency leaders, and community members.

TDM meetings help workers feel better informed to make decisions.

The study first examined whether participating in a TDM meeting or process affected the information that workers had to help make decisions in cases. Workers received a survey for each case during the study period, which asked them to indicate whether they agreed or disagreed with nine items related to whether they felt better supported, felt better able to justify their decisions, had a better understanding of the parents with whom they work, had a better understanding of resources and services available to support the family, and had a good foundation for future interactions with the family. For cases in which a TDM meeting was held, workers were more likely to report having sufficient information about the child's situation and the safety concern. We found some evidence that TDM might be beneficial for the other seven practice areas, but differences were not large enough to be attributed to TDM and might have occurred by chance.

Better informed workers

were more likely to say they had sufficient information when making the decision/ recommendation regarding the child's need to leave home.*‡

Children and families experience positive outcomes after TDM meetings.

We explored whether TDM affected child welfare outcomes, including the likelihood of a child experiencing foster care or a subsequent maltreatment allegation, and—for those children who entered foster care—the likelihood of being placed with kin or experiencing timely reunification (within one year). After controlling for various case, family, and child characteristics, our findings indicated that children in families that had a TDM meeting were less likely to be removed from home within two weeks of study enrollment and within one year, for any allegation.² Although we did not find impacts on any additional outcomes, our results do indicate that children who were the subject of a TDM were as safe as children who received services as usual.



Having a neutral facilitator is a key component [and ensures] transparency. More supported decisions, more opportunity for consensus, [and] holding family accountable.

- TDM participant



TDM takes problems from the shadows and brings them to light. It takes away the shame. ... [and you are] really talking about information and making a better decision.

- Supervisor

² "Any allegation" indicates foster care episodes that were measured if they occurred at any point after study enrollment, even if they occurred during a subsequent allegation.

*Indicates item is statistically significant.

‡The response option for this item was a scale from 0 to 5, with 0 being "insufficient information" and 5 being "more than sufficient information."

TDM impacts are generally consistent for families of different races or ethnicities.

Although the two implementation sites' populations were predominantly White (90.3%),³ TDM's impacts were consistent for families of different races and ethnicities for most child outcomes. However, there were two exceptions, with one finding related to children whose parents were not White and the second related to children whose parents were non-Hispanic. Specifically, TDM reduced the likelihood of a subsequent allegation of maltreatment to a greater degree for children whose parents were not White⁴ than it did for children whose parents were White. Additionally, TDM did not reduce the likelihood of experiencing a kinship placement among the broader population, but it did among children who had at least one parent who is Hispanic.

In focus groups, we learned of efforts to ensure that TDM would benefit families regardless of their race or ethnicity. Workers encouraged families to invite anyone they wanted to have present as support during the TDM, which highlighted the strengths inherent in the family and minimized perceived cultural differences between the worker and family. In addition, facilitators made efforts to be culturally sensitive and considered the background of the family in decision making, along with the family's unique circumstances.

All types of participants surveyed report satisfaction with TDM.

All participants—except for agency workers, supervisors, and the TDM facilitator—completed a satisfaction survey after the TDM meeting. Overall, participants reported a high level of satisfaction with meetings (average score = 4.7 on a 5-point scale). Facilitators made extra efforts to help families feel comfortable in the meeting, such as seating them first and asking for their thoughts and opinions throughout the meeting. Even so, parents and family members were slightly less satisfied (average score = 4.6) than resource parents and community partners (average score = 4.7). This is not surprising, given that parents may approach these meetings with a higher level of anxiety and distrust based on past experience in the child welfare system, and may feel grief and loss after the meeting if a decision is made to separate them from their child. During focus groups and interviews, workers and participants expressed positive perceptions of TDM (see quotation boxes).



It helps me to have the support of the facilitator... I'm not making the decision alone. I feel better that I'm not solely responsible for making that decision.

- Worker

Limitations

The study team encountered several limitations during the study. Because completing the worker survey was voluntary, not all workers did so for each case, resulting in a 65 percent response rate. Workers had both treatment and control group families on their caseloads; accordingly, it is possible that they applied some elements of TDM to working with families assigned to control, reducing the likelihood that treatment and control families would experience different outcomes. Another limitation was the high rate of missing information in the administrative data file, which reduced our ability to examine how certain factors—such as income, family structure, or type of abuse or neglect—were related to outcomes. Finally, the majority of people in the counties where the study took place are White and non-Hispanic, which limits the generalizability of results to more racially and ethnically diverse populations. Given well-established racial and ethnic inequities in child welfare, additional

³ United States Census Bureau. (2019). 2018: ACS (American Community Survey) 5-Year Estimates Data Profiles. Table DP05. Available online at: <https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/>

⁴ The small numbers of parents and children who were Black, Alaska Native and/or American Indian, Asian, and more than one race in our sample required us to collapse these race categories into one and use race as a binary variable.

efforts may be necessary to ensure equitable treatment of Black, Indigenous, and other families of color and produce positive impacts for all families.

Implications for the Field

Our study demonstrates that children in families who participated in a TDM meeting were less likely to be removed from their homes and were as safe at home as children in families who received services as usual. This indicates that TDM meetings may prevent children and families from experiencing the trauma of separation. Workers who participated in a TDM meeting reported being more informed about the case, which may, in turn, help them feel more secure in deciding to keep a child at home. This finding that TDM results in better-informed workers may also reduce bias in decision making: When workers have limited information, their decisions may be more vulnerable to unconscious biases than when they have more complete information about a family's circumstances. Most importantly, though, TDM helped families feel heard, included in, and satisfied with the decision-making process.

Thank you!

We want to thank the state and county leadership, staff, TDM facilitators, community providers, and family members in the MO study sites for their contributions to the research. It wouldn't have been possible without them! We also want to thank the following people for reviewing the fact sheet: Cynthia Weaver, Suzanne Barnard, Pat Rideout, Heather Meitner, Cynthia Burnson, David Crampton, Lisa Crawford, and Brian Garrity.

This research was funded by the Annie E. Casey Foundation. We thank them for their support but acknowledge that the findings and conclusions presented in this report are those of the author(s) alone, and do not necessarily reflect the opinions of the Foundation.