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Child Protective Services Workers' Decision Making and Risk Management

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This is to certify that the doctoral study by

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2024

Abstract

Doctoral Study

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MAOL, University of Massachusetts Global, 2022

BA, Southern New Hampshire University, 2021

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Human Services

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Abstract

The role of those who work in child protective services (CPS) is to ensure children's safety and well-being. This study explored eight CPS professionals' perceptions of risk assessment in child protection cases and their ideas of barriers and facilitators they encountered in their decision-making in the field. Through a force field analysis, using Lewin's change theory, content analysis of narrative data collected using open ended surveys revealed child welfare professionals' experiences with the driving and restraining forces in child risk assessment. Findings highlighted continuing needs in the areas of training, cultural contexts, and ways for better collaboration and information to manage the pressures of the broader system in which they operate. The findings from the analysis further illuminated the challenges professionals undertake, constantly weighing protective factors against potential threats. This study may contribute to positive social change and further the social determinants of health by providing evidence-based insights to inform policy and practice improvements within CPS and by identifying common elements that influence risk assessment decisions. The findings may aid in the development of targeted training programs that enhance the ability of CPS professionals to detect and respond to risks effectively. This could lead to more precise interventions that protect children and promote their welfare. Further, understanding the systemic pressures and cultural contexts that impact decision-making can lead to organizational changes that better support professionals in their critical roles.

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Dedication

I dedicate this study to all the innocent children who passed away due to abuse and neglect by those who are trusted to protect them. Between 2008 and 2011, more than seventy children who went through the Los Angeles County Department of Children and Family Services have died due to child abuse or neglect. Gabriel Fernandez, Noah Cuatro, Anthony Avalos, Vyctorya Sandoval, Viola Vanclief, Cynthia F, Christian Dixon, Michael Dixon, Jorge Tarin, Erica Johnson, Adrian R, Abigail Morales, Deandre Green, Amanda C, and Valeria Deras are just some of the Angels that tragically are no longer with us but deserve a voice and advocate to better a system that is designed to protect them. I want to thank my mother and father for always expressing the importance of education. Thank you to my family and friends who believe in me and those following my journey.

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Section 1: Introduction to the Problem

Background to the Human Services Problem

Child abuse and neglect is a continuing complex and multifaceted issue that affects millions of children and families worldwide (Damaskopoulou et al., 2022). Child abuse and neglect can have severe and long-lasting consequences for children, including physical and mental health problems, developmental delays, and impaired social functioning (Amin et al., 2023). The root causes of child abuse and neglect are varied and include factors such as family poverty, social isolation, parental substance abuse, and mental health issues (Lalayants et al., 2021).

According to researchers for the World Health Organization (WHO), in 2022, an estimated 1 billion children worldwide have experienced physical, sexual, or emotional violence or neglect, with many cases going unreported or undetected (WHO, 2022). In January 2024, a total of 9,257 children were referred to the Los Angeles County Department of Children and Family Services department for alleged child abuse (Los Angeles County Department of Children and Family Services, 2024).

Addressing child abuse requires a comprehensive and coordinated approach that involves a range of stakeholders, including government agencies, community organizations, healthcare providers, and educators (Chen et al., 2023). Child welfare practitioners address the social problem of child abuse through a combination of education, training, and policy initiatives. McGregor and Devaney indicated that a social work degree is necessary to provide more qualified services in child welfare, as it allows practitioners to address the issue's micro and macro levels (McGregor & Devaney, 2020).

Efforts have been made to increase the educational standards for child welfare agencies, mainly through Title IV-E entitlement funding, which provides federal reimbursement to states for training and educating public child welfare staff or students considering working in those agencies (Griffiths et al., 2018).

Local Problem

Child Welfare system workers face challenges in providing adequate child welfare services, and there have been multiple child fatalities within the last decade (Los Angeles County Department of Children and Family Services, 2024). In A Southern state, for example, The Los Angeles County Department of Children and Family Services (LACDCFS) reported 92 child fatalities from 2020 to 2022 attributed to abuse and neglect (LACDCFS, 2024). During fiscal years 2020 to 2023, a reported 380,506 children were referred to the Department of Children and Family Services due to child abuse (LACDCFS, 2024).

State auditors conducted the latest audit in 2019 (*California State Auditor Report 2018-126, 2024*). According to the report's authors, LACDCFS staff struggled to complete safety and risk assessments on time, accurately identify safety threats, and conduct required home inspections and criminal background checks. Additionally, the department staff did not always meet the requirements for evaluating the well-being of children in its care. It did not consistently implement recommendations resulting from reviews of child deaths. The report also noted that over 250 children died from abuse or neglect in Los Angeles County between fiscal years 2013-14 and 2017-18 (California State Auditor Report 2018-126, p. 4).

The problem is that Child Welfare agencies face challenges, in ensuring the safety and welfare of children. As a result of child maltreatment and agency systemic shortcomings in meeting protective protocols and following up on critical evaluations and checks, it is essential to do further research on appropriate decision-making and risk factor models. In 1998, a structured decision-making model (SDM) was established as a pilot program in several Southern state counties to help child welfare professionals evaluate risks and make decisions. In child welfare, this model has effectively mitigated risk factors and decision-making among staff, parents, and social workers over the past several decades (Evident Change, 2023). Still, with the rapid advancements in technology and the environment, we may need a more up-to-date system incorporating today's technology and laws.

Purpose of the Study

The purpose of this force field analysis study was to explore and examine, through child welfare social workers' professional perspective, what are the perceived risk factors for children's safety and the decision-making processes relative to the SDM model with a specific focus on understanding what help they suggest is needed to mitigate fatalities of children under the age of 5 years old. The research from this study may provide further understanding of the problems and potential pathways to ease them through the eyes of those in the field.

Research Question

The research question for this study was: What factors influence frontline social workers' decision-making in assessing and managing risk of serious injuries or fatalities in cases involving young children within the Child Welfare System?

Conceptual Framework

The SDM was the theory that grounds this study. SDM focuses on how child welfare professionals judge and determine the child's best interest. It emphasizes the balancing act between objective information and subjective judgment, external pressures, and internal ethics. This model sheds light on the challenges professionals face in making critical decisions, especially in high-risk situations, and can be instrumental in understanding the choices made by social workers in A Southern state.

Theodore Stein and Tina Rzepnicki suggested this theory provides a comprehensive framework for understanding the impact of social worker barriers, service delivery, and client outcomes (*Implementing Structured Decision-Making Procedures at Child Welfare Intake | Office of Justice Programs*, 2024). Using the SDM approach, one can assess safety threats, identify risk factors, and develop tailored interventions to promote child well-being to address the social problem of child abuse and neglect (Yelick & Thyer, 2024).

SDM provides a standardized and objective assessment process for identifying safety threats and risk factors. The SDM Safety Assessment tool, for example, is used to assess whether a child is in immediate danger of serious harm or maltreatment and to determine what interventions are needed to provide appropriate protection. Like the SDM

Family Risk Assessment tool, social workers use it to determine whether a family is at low, moderate, high, or extremely high risk of abuse or neglect in the future, allowing them to target resources to those families at a higher risk.

History

In 1998, the Children's Research Center initiated a pilot of the SDM in seven Californian counties, including Los Angeles, Orange, Sacramento, San Bernardino, Santa Clara, Alameda, and Humboldt. Community officials collaborated with CDSS and the SDM contractor to craft the SDM assessment instruments and guidelines. The overarching goal of the SDM Project was to devise and validate techniques for case evaluations, decision-making processes, and case management that would reduce the impact of child maltreatment and prevent its reoccurrence (*Structured Decision Making Model: An Evidence-Based Approach to Human Services | Office of Justice Programs*, 2024).

The pilot study has yielded significant findings and potential implications for the child welfare system. For instance, the implementation of a standardized questionnaire completed by child welfare caseworkers during investigations of child maltreatment has resulted in substantial increases in the identification of families experiencing domestic violence (Benbenishty & Fluke, 2020). Additionally, the use of a standardized questionnaire completed by child welfare caseworkers during investigations has led to a substantial increase in the identification of intimate partner violence (McCafferty & Taylor, 2020). These findings suggest the potential effectiveness of standardized tools in enhancing the identification of family violence within the child welfare system. This

theory will guide my research questions by being a driving factor in my force field analysis.

Nature of the Study

I used a force field analysis and collected data using questionnaire surveys to explore social workers' decision-making and day-to-day operations (Walker, 2023). I worked with a representative in the field of Child Protective Services as a liaison with this field profession; without this, I would not be able to have conducted this study. After IRB approval I sent out recruitment flyers with Facebook, Linkedln, and the National Social Worker Association West (Los Angeles). My primary data collection and survey are important in this process because I want to capture data from social workers currently using the SDM model for decision-making and risk management (Toves et al., 2016).

Online written responses to open-ended survey questions with current CPS social workers provided a primary narrative. These interactions were designed to understand better social workers' first-hand experiences, challenges, and insights, especially regarding potential links between their professional challenges and adverse child outcomes. The survey gathered first-hand experience from social workers' and encouraged candid responses. The surveys targeted risk factors previously identified in the literature and ethical decision-making (Brinkmann & Kvale, 2018).

Ethical considerations played a central role throughout this study. Given the topic's profound sensitivity, handling participants with the utmost care and respect was imperative. It was crucial to ensure they were informed of their rights, the voluntary

nature of their participation, and their ability to withdraw at any point without repercussions (Taquette & Da Matta Souza, 2022).

Defined Terms

Intake assessment: The existing screening section of the CPS intake assessment in allows child abuse hotline workers to assess whether the current report necessitates a response from CPS. Meanwhile, the response priority section assists workers in determining the urgency with which investigations should be initiated for the reports deemed worthy of investigation (Evident Change, 2023). The impact of risk factors on a child's behavior is gauged by the severity and chronicity of exposure, with consideration for the child's developmental stage and available protective factors. Assessment tools help professionals evaluate both the immediate and long-term effects to determine the necessary urgency and scope of intervention.

Risk Factors: There are risk factors that may increase the likelihood of child abuse and neglect, but they may not be the direct cause. It is common for children to experience abuse and neglect because of a combination of factors, including individual, relational, community, and societal factors. The risk factors for child victimization include very young children or those with special needs, while perpetration risks involve caregivers with substance abuse issues, mental health challenges, or a lack of understanding of children’s needs and development. Family risk factors encompass households with incarceration history or isolation from social supports, and community risks are higher in areas with prevalent violence, poverty, and limited social cohesion

(*Risk and Protective Factors|Child Abuse and Neglect|Violence Prevention|Injury Center|CDC*, 2024).

Protective Factors: Protective factors against child abuse and neglect involve caregivers fostering safe, positive relationships and practicing nurturing parenting skills, which are crucial to mitigate risks and promote children's well-being. Protective factors are conditions or attributes of individuals, families, communities, or society that mitigate risk and promote healthy development and well-being. They are strengths that help buffer and support families facing challenging circumstances, ultimately reducing the likelihood of negative outcomes such as child abuse and neglect. By focusing on building resilience, skills, characteristics, knowledge, and relationships that offset risk exposure, protective factors play a crucial role in fostering positive outcomes for children and families (*Child Welfare Information Gateway | Child Welfare Information Gateway*, 2024).

Safety assessments: The assessment plays a crucial role in enabling workers to identify potential safety risks and determine the need for interventions to address them. Conducted within 24 hours of the initial face-to-face interaction with the family, the Safety Assessment aims to evaluate the presence of active safety threats and develop strategies to mitigate them (McNellan et al., 2022).

Child abuse: Having acted or failed to act in a way that results in death, serious physical or emotional harm, or sexual abuse or exploitation by a parent or caretaker (Ejim, 2024).

Court-Ordered Case Plan: The Court Ordered Case Plan specifies objectives and goals for the family to protect the child, along with a recommendation of appropriate

services and a deadline for completion (*Case Plans - 0080-502.10 - DCFS Policy Institute Website*, 2024).

Voluntary Case Plan: DFCS provides voluntary case planning services to families to ensure their health and safety; however, court intervention may result if the plan is not followed through (*About*, 2024).

Decision-Making: Decision-making in child protection systems is shaped by a variety of elements, including agency and geographic contexts, characteristics of caseworkers, and the specific situations of families. While agency factors are less influential in the decision to remove children from their homes among substantiated cases, the availability of time resources and constraints on decision-making still play a role. Compared to agency characteristics and family risk factors, factors like county, caseworker, and child characteristics have a lesser impact on both substantiation and removal decisions (Font & Maguire-Jack, 2015).

Significance of the Study

Significance of the Study for Community or Organization

The results of this study may be useful for gaining insight into child welfare practices in the United States. The findings may offer practical and realistic information by examining the nuanced perspectives of social workers interacting with young children within the social determinants of health (SDOH). This understanding can inform and enhance current practices in child welfare. By understanding the intricate dynamics and factors, practitioners can tailor interventions more effectively to address the specific needs and challenges children face. This information may lead to the development of

targeted and evidence-based strategies, ensuring that child welfare practices are not only informed by theoretical frameworks but also grounded in the practical realities of the community. In addition to providing practitioners with valuable information, the study's findings can spur more responsive and impactful interventions for children's well-being in the respective region.

The findings of this capstone are to advocate and provide concerns with social workers, policymakers, and assorted stakeholders who are united by a shared commitment to enhancing the welfare of children andfamilies. Children abuse prevention researchers' emphasis on the contributing factors to child fatalities, alongside examining barriers encountered by social workers — within the context of SDOH — look to cultivate a more comprehensive view of the current decision-making and risk factor model (SDM) to determine if any updates are required.

Significance of the Study for Human Services

The insights gleaned from this study could act as a catalyst, inspiring the creation and refinement of evidence-based strategies designed to navigate and mitigate these challenges effectively. The enriched understanding resulting from this exploration may prove instrumental in guiding decision-making processes at diverse echelons of the child welfare ecosystem. For instance, it could galvanize lawmakers into formulating policies that are empathetically attuned to the well-being of social workers and that unwaveringly champion the cause of safeguarding the vitality and welfare of children and families. In a parallel vein, the knowledge unearthed through this research may also serve to enlighten and shape programmatic decisions and interventions, enhancing their capacity to

dismantle barriers, navigate impairments, and foster enriched outcomes that resonate with the aspirations and needs of all stakeholders involved (Reynolds et al., 2023).

Literature Review

Literature Search Strategy

The keywords I used to search for the literature included: *structured decision-making model* and *child welfare, social worker and risk factors, child abuse, child welfare* and *assessment, child protective services* and *Los Angeles, California child abuse and definition, sexual abuse, emotional abuse, physical abuse, child welfare and Los Angeles, child fatalities and California, child neglect, child maltreatment, social worker and casework, social worker barriers.* The dates I used in the literature search criteria were from 2016 to 2024. Data basis I used for this review included: Walden Online Library, Google Scholar, JSTOR, Academia, PubMed, EBSCO, Oxford Academic, Directory of Open Access Journals, ScienceDirect, Scopus. I used California and Los Angeles County as my focus point when looking for specific journal articles.

Conceptual Framework

In 2020 researchers demonstrated the effectiveness of structured decision-making methods within the context of child welfare and child protection, supporting a comprehensive assessment of situations within families (Bartelink et al., 2020). The family group decision-making (FGDM) model has been proposed to engage family members in decision-making at any stage of child welfare services, highlighting the importance of family-centered practice in child welfare (Xu et al., 2020). Scholars also attributed the interest in parental engagement and its influence on child welfare decision-

making to contemporary policies that divert children and families from formal proceedings (Donnelly, 2023).

In the 2020's, researchers utilized the structured decision-making model to address a wide range of human services problems, including biases in decision-making, the impact of worker characteristics, and the need for risk management within the child welfare system. These studies underscored the importance of informed and consistent decision-making to ensure the well-being and safety of children in the child welfare system (Filippelli et al., 2020). The impact of worker characteristics and attitudes on decision-making processes has been a focus, highlighting the complexities and ambiguities within child welfare decisions.

History of Structure Decision-Making Model

The SDM is a widely used model in child welfare, developed in the 1990s by Dr. Mark Chaffin and his colleagues to improve the consistency and reliability of decision-making in child protective. The SDM model provides a structured framework for assessing the risk of future abuse or neglect and the safety of children involved in child welfare cases (Jenkins et al., 2018). Using a standardized set of assessment tools and procedures, the SDM model developers aim to improve the objectivity and reliability of decision-making in child welfare cases, ultimately leading to better outcomes for children and families involved in the child welfare system. Actuarial-based risk assessment tools associated with structured decision-making has been considered the "gold standard" in objective decision-making, standardizing case assessments and outcomes in over 34 U.S.

states (Feely & Bosk, 2021). This risk assessment tool emphasizes the significance of standardized decision-making processes in child welfare.

The SDM model has been implemented in various jurisdictions across the United States and internationally to improve the assessment and decision-making processes of child welfare cases (Mendoza et al., 2016). The California Department of Social Services has incorporated the SDM model into its policies and procedures, including the use of specific tools such as the SDM Hotline Tools, Safety Assessment, Substitute Care Provider Safety Assessment, Family Risk Assessment, and Family Strengths and Needs Assessment (Evident Change, 2023). These tools are designed to guide social workers in assessing and managing the risks and needs of children and families involved in the child welfare system to ensure the safety and well-being of children.

The SDM model covers case decision-making from hotline calls to reunification. The model aims to improve assessments, increase consistency and accuracy in assessment, and increase efficiency in operations. The selection of risk factors included in SDM risk scales is based on analysis of historical data (Cuccaro-Alamin et al., 2017). Actuarial scales and clinical assessments are combined in a decision matrix that helps determine the risk of recurrence and the probability of successful reunification. The SDM approach might be better termed clinically adjusted actuarial predictions because clinical judgment can be used to adjust final risk scores. Several studies have confirmed the validity of the SDM risk assessment factors when predicting maltreatment recurrence (Van Der Put et al., 2017).

Overall, the SDM model has become integral to child welfare practice, providing a standardized and evidence-based approach to decision-making in child protective service investigations. Its continued use and adaptation in various jurisdictions demonstrate its significance in child welfare and its ongoing impact on improving the lives of children and families involved in the child welfare system (K. Johnson et al., 2012).

I used the current SDM model as a guide to develop my survey questions. With the current assessment criteria's, I wanted to know what is working and what the social workers feel could be improved. The SDM model was created in 1998 and technology and environmental forces has changed over the years, so it was important for me to be able to capture current social workers barriers in this model.

Literature Review of Key Concepts

The decision-making process of frontline social workers in the Child Welfare System when managing risk among cases involving young children is a critical area of inquiry. Research has shown that children and youth in the child welfare system experience high rates of childhood trauma, often exacerbated by stressors and trauma stemming from repeated separations and placement transitions (Rodríguez et al., 2022). Understanding the factors that influence the decision-making process of frontline social workers is essential for ensuring the well-being and safety of vulnerable children within the child welfare system (Decision-Making and Judgment in Child Welfare and Protection, 2020).

History of Child Abuse

Child abuse has an extended historical context, with evidence of infanticide mentioned in documents and archaeological excavations of several tribes (Damaskopoulou et al., 2022). The practice of child sacrifice is noted in various ancient cultures, reflecting the vulnerability of children and the lack of protection of their rights. These historical practices highlight the need for understanding and addressing the mistreatment of children throughout history. In the 19th century, the case of Mary Ellen Wilson brought attention to child abuse. It led to the establishment of organizations such as the Society for the Prevention of Cruelty to Children (SPCC) in 1875 (Kempe et al., 1962). This case highlighted the need for societal awareness and mobilization to protect abused children. The mid-20th century marked a turning point in the scientific understanding of child abuse, with John Caffey and later Dr. C. Henry Kempe identifying symptoms of abuse in children, leading to the recognition of the "battered-child syndrome". This recognition paved the way for increased research and action to address child abuse (Cohen, 1989).

In 2024, child abuse continues to exist globally, affecting children from diverse cultures, religions, and social classes. Efforts to combat child abuse include the work of organizations such as UNICEF, Child Fund Alliance, and the European Union, which prioritize child protection and rights (Nolan et al., 2024). The United Nations Convention on the Rights of the Child plays a crucial role in defining and promoting the rights of children, emphasizing the need for protection from abuse and neglect.

Child protection in the United States dates to 1875 and was improved in a new era from 1875 to 1962 when professional social work emerged. The New York Society formed the first child abuse and prevention establishment for the Prevention of Cruelty to Children and is one of many organizations that are a voice for our children (Tarasovych, 2024). According to Xu et al. (2017), In response to maltreatment, U.S. child welfare policies guide various services, such as child protective services, foster care, independent living, adoption, and in-home services. Current regulations in the United States have evolved in more professions in the human services field working together to combat child maltreatment (Ahn et al., 2024).

Federal Policy to Protect Children

The Family First Prevention Services Act (FFPSA) is a significant federal policy developed to address child abuse and neglect in the United States. The policy emerged from a growing recognition of the alarming rates of child abuse and neglect and the need for more targeted prevention services (Garcia et al., 2020). It was fueled by the documented shortcomings of earlier child welfare policies, which tended to focus on reactive measures rather than proactive prevention strategies. Notably, the FFPSA represents a critical shift in child welfare policy, primarily due to its emphasis on preventing child abuse and neglect before it occurs (Harden et al., 2020). The policy offers federal funding for prevention services to maintain children's safety with their families and prevent foster care placement when possible (Congress.gov, 2018).

The development of the FFPSA was driven by a confluence of factors, including the rising cases of child maltreatment and the recognition that earlier child welfare

policies did not sufficiently emphasize preventive measures. The policy was born out of a need for a more proactive approach that could address potential risks before they escalate into serious harm or neglect (Lindell et al., 2020). The legislative intent was to redirect federal resources towards preventive and supportive services that would help to curb child maltreatment at its roots, thus aligning the policy's development with a shift towards a more preventive orientation in child welfare services.

One significant aspect of the policy's development was the push for a more inclusive approach, considering the intersectionality of factors influencing child abuse and neglect (Waid & Choy-Brown, 2021). The FFPSA sought to acknowledge and address multiple layers of oppression and discrimination that can influence child welfare outcomes, including age, socioeconomic status, gender, race, and disability. This was a clear departure from earlier policies that often treated child welfare issues in a more isolated context (Testa & Kelly, 2020). By recognizing and integrating these layers into the policy's development, the FFPSA set the stage for a more comprehensive and inclusive approach to preventing child abuse and neglect. This inclusivity was critical in policy development, reflecting a growing understanding of the complex factors contributing to child welfare issues.

The development of the FFPSA was a response to the historical neglect of preventative measures in child welfare policies. Before its enactment, the federal government's approach to child welfare was predominantly based on addressing issues after abuse or neglect. This reactive approach has often proven insufficient and expensive, contributing to adverse long-term outcomes for children and families. The

FFPSA was thus established to change this narrative by offering supportive services to families at risk of entering the child welfare system, focusing on preventative measures. This paradigm shift represents a considerable evolution in the United States child welfare policy and reflects a growing emphasis on the importance of early intervention.

Before the passage of the FFPSA, child welfare policies predominantly focused on intervention and remediation, primarily through foster care placements and family separation, after incidents of child abuse or neglect had occurred. While essential in some instances, these strategies did not address the root causes of child maltreatment, leading to cycles of abuse and neglect. Additionally, these policies often resulted in adverse outcomes for children and their families, including the trauma associated with family separation and the challenges of navigating the foster care system.

Recognizing these challenges, policymakers and child welfare advocates began pushing for reforms prioritizing prevention and family preservation (Knack et al., 2019). A growing body of evidence suggests that supportive services like mental health and substance use treatment and in-home parenting skills training could effectively mitigate risk factors associated with child maltreatment. Moreover, there was an increasing understanding of the importance of considering multiple forms of oppression and discrimination when addressing child welfare issues. The enactment of the FFPSA in 2018 marked a significant step in this direction, setting a new precedent for child welfare policies centered on prevention and family preservation.

Local and State Policies to Protect Children

Local Policy. The Child Abuse and Neglect Reporting Act (CANRA) is a policy that identifies those who are required to report child abuse and neglect. This also includes immunities and liabilities for mandated reporters and the responsibilities of DCFS employees reporting or receiving reports of child abuse and neglect. This local policy emphasizes the legal protections for reporters, the consequences of failing to report, and outlines the processes for managing abuse reports. It is essential for ensuring the safety and welfare of children by facilitating timely and appropriate responses to suspected abuse cases (Child Abuse and Neglect Reporting Act (CANRA) - 0050-501.10 - DCFS Policy Institute Website, 2024).

State Policy. The California Department of Social Services operates a program aimed at supporting at-risk children and families, focusing on prevention and providing solutions for children in need of care. This initiative encompasses a range of services from prevention to finding permanent placements for children removed from unsafe environments. A key component of this effort is the Child Services/Case Management System (CWS/CMS), a statewide digital platform designed to streamline case management for child welfare workers. This system enhances information exchange across different regions, improving the effectiveness and efficiency of child welfare services (*Child Welfare Services Case Management System*, 2024).

Child Neglect

Child neglect is defined as a caregiver's failure to provide for a child's basic needs, resulting in harm or imminent risk of harm. These basic needs encompass material

needs, such as food and shelter, and nonmaterial needs, such as supervision (Palmer et al., 2022). This failure to provide for a child's needs is a key aspect of neglect investigations conducted by Child Protective Services. In California, there are two types of neglect: general and severe. Palmer et al. (2022) characterized the types of neglect and concurrent parental risk factors investigated by CPS in California in 2017. In this study, 295 neglect investigations were analyzed using structured data and narrative text fields. The most common types of neglect investigated were inadequate supervision and failure to protect, followed by physical neglect. Parental risk factors identified in neglect investigations included substance use, domestic violence, mental illness, and coreported physical or sexual abuse. According to the study, economic support alone may not be enough to address the complex needs of families reporting neglect to CPS, and cross-system strategies are needed to prevent child maltreatment.

Child neglect is a significant problem in many countries where social workers are often the first professionals to encounter cases of suspected child neglect. Social workers are responsible for assessing the risk to the child and intervening as necessary. However, recognizing the signs of neglect and working collaboratively with families to address the underlying issues can be challenging (Amin et al., 2023). The complexity of the problem, the need to balance the rights of the child and the family, and the emotional toll of working with vulnerable children and families are some of the challenges that social workers face in responding to child neglect. Amin et al. (2023) highlighted the importance of education in preventing child abuse and neglect, advocating for public awareness campaigns, parenting education, and training for professionals working with

children. Strategies such as strengthening families, encouraging community involvement, and establishing/enforcing child protection laws are highlighted as key components in preventing abuse and neglect. The significance of providing ongoing support, counseling, and medical care to affected children is also emphasized, along with the need for individuals, families, communities, and governments to work together in a multi-faceted approach to safeguard children's well-being and safety from abuse and neglect.

Child neglect is a significant problem that social workers must address (Kasimoğlu & Karakurt, 2023). According to Joh-Carnella et al. (2023), the need for ongoing training and support to ensure that social workers are equipped to recognize and respond to cases of potential child neglect is important for the well-being of vulnerable children. Social workers require specialized training and support to effectively respond to cases of child neglect (Joh-Carnella et al., 2023). Interactions between healthcare providers and child welfare workers must be a team effort collaboration. By identifying barriers to collaboration and highlighting the importance of effective communication and understanding between professionals in these systems, policymakers and practitioners can work towards implementing strategies that promote seamless coordination and support for children in need.

What is Considered Child Abuse in California?

California state law defines child abuse as physical injury inflicted on a child by another person. This could be physical abuse, emotional abuse, or sexual abuse. The 2021 research conducted by Putnam-Hornstein et al. (2021), sheds light on the scarcely explored area of child protection, focusing on cases where children are legally separated

from their parents due to abuse. According to the study, termination of parental rights policies is critical, requiring more scrutiny because they are high, inconsistent, and racially biased across the state. The research methodology involved the development of a linkage algorithm using machine-learning methods and training it on administrative data sources from California. Additionally, bivariate RRs and confidence intervals were calculated using a generalized linear model with a log link, Poisson distribution, and robust SEs.

The findings of the study shed light on the parental characteristics associated with TPR, such as substance abuse, economic status, and disabilities. The study also longitudinally configured CPS records to document first-ever events for each child, including investigations for alleged maltreatment, substantiation as a victim of abuse, removal, and placement in foster care, and experiencing.

By analyzing linked birth records and child welfare data from California, the researchers were able to calculate the cumulative likelihood of children undergoing investigations, confirmed abuse cases, placement in foster care, and eventual TPR. This investigation revealed the significant role that child protection services in the United States and worldwide play in the lives of children affected by TPR. The research provides the first comprehensive lifetime estimate of the prevalence of TPR among children, underlining the urgent need for expanded research to understand the full scope of TPR's impact on children's lives.

The research highlights the need for more attention to the risk of parental rights termination, which is high, variable across states, and racially disparate. As a result of

Putnam-Hornstein's study, we gain valuable insight into the cumulative rates of child protection involvement and terminations of parental rights, which emphasizes the importance of further research and attention to TPR risk, particularly in cases of abuse or neglect.

Sexual Abuse. California law defines sexual abuse as the abuse of a child that is caused by sexual activities, including molestation, indecent exposure, fondling, rape, and incest (California Penal Code, 2024). The prevention of child sexual abuse (CSA) necessitates a comprehensive approach that includes surveillance, program development, and evaluation (Assini-Meytin et al., 2021). Surveillance provides essential data to inform public health strategies, including the prevalence of CSA, the context in which abuse occurs, and perpetrator characteristics. Interventions targeting individuals with sexual interest in children, such as the "Help Wanted" prevention intervention, are being tested in the United States (Solehati et al., 2022).

Furthermore, the "Reducing the Risk" curriculum for sixth and seventh graders addresses malleable risk and protective factors hypothesized to lower the risk for adolescent-perpetrated CSA. However, it is essential to note that reported cases known to authorities represent only a tiny fraction of all CSA cases, indicating the need for a more comprehensive approach to prevention. These findings underscore the importance of perpetration-focused preventative approaches and the need for interventions targeting potential perpetrators to address the issue of CSA effectively (Russell et al., 2020).

Physical Abuse. The term "physical abuse" refers to bodily injury inflicted by means other than accident on a child, such as cruel treatment, unjustified punishment, or

corporal punishment by adults (Ajisafe et al., 2023). A study by Rueness (2019) focused on investigating the impact of physical child abuse on the physical health complaints of adolescents and young adults. The researchers revealed that the prevalence of physical child abuse is considerable even in high-income countries, with estimated rates ranging from 5% to 35% (Rueness et al., 2019). Researchers concluded that physical abuse is associated with a wide range of physical health complaints, including obesity and headaches, in developing children.

Furthermore, researchers highlighted the importance of considering the independent associations of physical abuse and physical health complaints, allowing for the adjustment of co-occurring abuse types to better understand the specific impact of physical abuse on physical health. The findings underscored the need to recognize and address physical child abuse as a potential contributing factor to physical health complaints, aiming to prevent long-term adverse outcomes such as impaired function and poor health in adulthood.

Emotional Abuse. A study by Taillieu (2016) provides valuable insights into the profound impact of childhood emotional abuse on the mental health of individuals. Taillieu (2016), emphasized the potential mediators of the relationship between childhood emotional abuse and later mental health problems, including emotional dysregulation, immature coping styles, and low self-esteem. Furthermore, the study highlights the association between childhood emotional abuse and depression, indicating the detrimental effects of emotional abuse on mental well-being. The findings underscore the speculation that emotional abuse is a core component underlying all forms of child

maltreatment, with equivalent or even more significant developmental consequences than experiences of physical or sexual abuse (Taillieu et al., 2016).

Several challenges have been highlighted including the inability to define and measure emotional abuse and the need for additional research into potential moderators of the link between childhood emotional abuse and later mental health. (Taillieu et al., 2016). Studies have shown that emotional abuse, characterized by criticism, humiliation, and neglect, can have long-lasting effects on children's personality traits, self-confidence, and social behaviors (Pekdoğan & Kanak, 2021). Research suggests that children who experience emotional abuse may exhibit traits such as low self-esteem, antisocial behaviors, and difficulties in forming healthy relationships. It is also imperative for parents to be aware of the relationship between emotional abuse and child temperament to implement protective measures and increase their awareness of this issue.

Reporting Procedures

The reporting procedures for child abuse are complex due to variations in definitions and categorizations used in different studies. Standardizing definitions and reporting procedures is crucial for accurately estimating the prevalence of child abuse and for informing interventions and policies aimed at addressing this critical issue (Massullo et al., 2023). This study highlights the need for clear and consistent definitions to guide research and policy efforts in addressing child abuse, emphasizing the importance of understanding the dynamics of relationships in reporting procedures and considering possible moderators that may influence the prevalence and reporting of child abuse.

The umbrella review by Massullo (2023) emphasized the importance of standardizing definitions and reporting procedures to facilitate accurate comparisons and synthesis of data across studies (Massullo et al., 2023). It is important to note that both the World Health Organization (WHO) and US Centers for Disease Control and Prevention (CDC) definitions always imply the interpersonal aspect of maltreatment and negative actions directed against the child, with some authors suggesting distinguishing between child emotional abuse and child neglect based on the perpetrator's actions.

In California, the Penal Code outlines child abuse reporting procedures (*Codes Display Text*, 2024). Mandated reporters who have knowledge of or reasonably suspect that a child is being subjected to any form of abuse or neglect are required to report such instances to specified agencies (Baker et al., 2021). These agencies include any police department, sheriff's department, county probation department, or the county welfare department. The types of abuse that must be reported include physical abuse, child sexual abuse, willful cruelty or unjustified punishment, unlawful corporal punishment or injury, and neglect of a child, whether severe or general, by a person responsible for the child's welfare. Neglect encompasses acts and omissions that harm or threaten to harm the child's health or welfare (Humphreys et al., 2021). It is mandatory to report both general neglect, which involves the failure of a caregiver to provide adequate care, and severe neglect, which includes intentional failure to provide essential care where injury has occurred or is likely to occur. These reporting procedures are crucial in ensuring the safety and well-being of children in California, as they enable timely intervention and protection for those at risk of harm or neglect.

Assessment

The assessment of child abuse involves a comprehensive approach that encompasses medical, psychological, and social aspects. Medical assessments of suspected CSA include obtaining a detailed history, conducting physical examinations, and considering appropriate laboratory data (Karadağ, 2022). Anogenital examination is recommended in all cases of alleged CSA, and special attention is given to the child's development, behavior, psychosocial situation, physical complaints, mental health, and trauma history (Vrolijk-Bosschaart et al., 2018). Furthermore, the assessment process involves interviews with both the child and the parents, separately and together, to gather relevant information. Health care professionals, such as pediatricians and primary school teachers, may lack specific knowledge and have difficulty identifying and reporting child abuse cases, highlighting the need for better training and support in this field (Walsh et al., 2022).

In addition to medical assessments, the role of other professionals, such as nurses, dentists, and educators, in recognizing and reporting child abuse is crucial. Nurses' assessments of child abuse and neglect are influenced by their values and beliefs, emphasizing the need for a nuanced understanding of the sociocultural contexts shaping their perceptions (Lines et al., 2020). Dental professionals have been found to have a significant gap between recognizing signs of abuse and effectively responding, indicating the necessity for enhanced training and support in this field (De La Parte-Serna et al., 2020). Preservice teachers have been reported to lack knowledge and confidence in dealing with mandatory reporting and child protection issues, highlighting the need for

comprehensive training programs for educators (Ünal, 2024). Overall, the assessment of child abuse involves a multidisciplinary approach, and addressing the knowledge gaps and barriers faced by various professionals is essential in improving the identification and reporting of child abuse cases.

Intervention

The intervention procedures for preventing child abuse and neglect encompass a diverse range of strategies and programs. Home visitation programs, such as Parent-Child Interaction Therapy (PCIT), have shown efficacy in reducing future abuse reports among physically abusive parents (Warren et al., 2022). Initiating interventions prenatally and increasing the number of visits has been found to improve child development and health outcomes for specific groups of children (Domoff & Niec, 2018). Additionally, interventions designed to prevent child abuse and neglect in at-risk families have been the subject of systematic reviews, with evidence suggesting promising effectiveness for certain types of interventions. However, methodological challenges and limited outcome evaluations from low- and middle-income countries have been noted (Skowron et al., 2023).

Brief interventions, such as Dozier's Attachment and Biobehavioral Catch-Up, have demonstrated positive effects on infant-mother attachment and infants' stress regulation, highlighting the potential of targeted, home-based protocols (Labella et al., 2023). Systematic reviews of randomized controlled trials have aimed to provide a clear overview of the literature evaluating the effectiveness of interventions to prevent child abuse, contributing to the understanding of effective prevention strategies (Levey et al.,

2017). Competency-based parent training programs have been effective in teaching child-management skills to abusive parents, indicating the value of including parent training procedures in child abuse intervention and prevention planning (Cain et al., 2024).

In conclusion, the intervention procedures for preventing child abuse and neglect encompass a wide array of approaches, including home visitation programs, prenatal interventions, brief targeted protocols, and competency-based parent training programs (Cırık, 2017). Systematic reviews and randomized controlled trials have contributed to the understanding of effective prevention strategies, highlighting the importance of evidence-based interventions in addressing the complex challenges associated with child abuse and neglect.

Legal Repercussions for Intervention

The legal repercussions for child abuse intervention in California are significant, as failing to report child abuse can have legal and professional consequences. Mandatory reporting legislation plays a crucial role in detecting cases of abuse and neglect at an early stage, protecting children, and facilitating the provision of services to children and families. Failure to report child abuse has consequences that can include the risk of losing patients, being sued, and having to testify in court, as well as the fear of legal involvement and retaliation from the client (Perrigo et al., 2023). The serious legal implications of failing to adhere to child abuse reporting laws in California could lead to civil liability, fines, or other penalties and problems on the part of the physician with a state medical board (Geiderman & Marco, 2020). Child abuse reporting laws are based on the concept that the State has a compelling interest in protecting vulnerable children.

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) is an ongoing project that provides evidence reviews for interventions related to child welfare services and practice, collaboratively carried out by the Chadwick Center for Children and Families, CASRC, and the Office of Child Abuse Prevention for the State of California (Kerns et al., 2023). California became the first State to pass a mandatory child abuse reporting law in 1963, and by 1967, all states had enacted similar legislation. The legal contingencies for failing to report child abuse have only recently been realized, emphasizing the importance of compliance with reporting laws (Ogbonnaya et al., 2018).

Physicians and psychologists are often faced with ethical dilemmas and conflicting professional obligations when dealing with cases of child abuse, which can create tension and uncertainty in their approach to intervention and reporting (Conti, 2011). In addition to legal repercussions, it is essential to consider the long-term consequences of childhood physical abuse. Research has shown that interventions for child abuse should not only focus on immediate legal actions but also consider the long-term impact on the victims. Understanding the long-term impact of intervention is crucial for developing comprehensive and effective strategies to address child abuse and its consequences (Pisarska, 2024).

Social Worker Case Load

A study by Henson et al. (2023) investigated the processes of multiprofessional child protection decision-making within hospital settings, focusing on interprofessional education and training. One hundred and eighty-eight child welfare caseworkers were surveyed, and a majority reported working overtime in the past month and having

unmanageable workloads (Henson et al., 2023). Research on interprofessional learning in child protection that emphasized the development of interprofessional teamwork expertise was identified as part of the study. Additionally, the tasks and responsibilities are further complicated by factors such as helping families meet basic needs, working with incarcerated parents, and overcoming language barriers. The findings revealed that across all hospital-based settings examined, child protection decision-making responsibilities were delegated to a designated multiprofessional team. However, there was notable diversity in team structures, workflow regulation, procedural frameworks, and standardized tools utilized for practice.

Quick turnovers in the child welfare sector can be attributed to various factors. High caseloads are a significant contributor, as child welfare workers often face overwhelming numbers of cases, leading to burnout and stress. Additionally, hostile client interactions can take a toll on workers' well-being and job satisfaction, prompting them to leave their positions (Pharris et al., 2022). The extensive documentation requirements in child welfare work also play a role in quick turnovers, as the time-sensitive and extensive nature of these demands can be burdensome for workers. Poor supervision is another key factor, as inadequate or ineffective supervision can leave workers feeling unsupported and undervalued, ultimately contributing to dissatisfaction and turnover (Nielsen et al., 2023). Furthermore, issues related to low pay, including salaries that may not adequately reflect the demanding nature of the work, can also drive quick turnovers among child welfare workers (Лушин et al., 2023).

A study by Radey and Wilke (2023) explores child welfare worker turnover within the first three years after hire, focusing on its extent, trajectory, and determinants. They examine demographic factors and social capital to understand how individual and organizational factors affect turnover. The research questions address the extent and trajectory of turnover, immediate destinations of departing workers, and factors associated with departure and subsequent destinations. The findings suggest that turnover peaks within the first 12 months after hire, with most workers exiting the field within three years (Radey & Wilke, 2023). Research in the child welfare sector has highlighted the need for further exploration into factors influencing turnover and strategies to reduce it.

Case Worker Supervisor Support. Supervisor support is related to caseworkers' perception of workload manageability, with less support associated with increased perceptions of unmanageable workloads. Furthermore, workload and caseload also impact service delivery quality and client outcomes, as high caseloads and unmanageable workloads often lead to limited time spent directly with children and families (Maddock, 2024). Research by Maddock (2024) identifies challenges and variations in team structures and procedures, emphasizing their potential impact on the efficacy of child protection decision-making. This underscores the importance of comprehending the factors influencing risk perceptions for children and the imperative for interprofessional education and training to bolster effective collaboration and decision-making.

Exploring supervisors' approaches to addressing these issues provides valuable insights into creating a more supportive and sustainable work environment for social

workers. A study by Mack (2022) focused on supervisors who oversee at least one social worker or social work intern. Study participants were asked to evaluate supervisors' approaches to addressing stress, burnout, and resiliency in their supervisees (Mack, 2022). Supervisors play a crucial role in addressing workplace stress, burnout, and wellness. The supervisor-supervisee relationship was meaningful, as well as healthy connections between supervisees and their peers, family members, and friends (Mack, 2022).

Case Worker Burn Out. Social workers are often exposed to high levels of stress and trauma in their work, which can lead to burnout and negatively impact their well-being and job performance (Mack, 2022). A study by Rafieoulnejad and Kabadayan-Gomez (2019) was conducted in response to the high rates of burnout among social workers in the Los Angeles County Department of Children and Family Services (DCFS). There was a high level of burnout reported by 82.4% of the participants, and a moderate level of burnout reported by 17.6% of the participants (Rafieoulnejad & Kabadayan-Gomez, 2019). In addition, 70.6% of the participants reported experiencing secondary traumatic stress, while 29.4% reported moderate levels of secondary traumatic stress. Additionally, social workers with a high level of burnout reported lower compassion satisfaction levels in the study. Although the study provides valuable insights into burnout and its impact on social workers' well-being, it does not explore the organizational, environmental, and individual factors that contribute to burnout.

Case Worker Barriers. Phaswana and Erlank (2023) conducted a study that focused on the experiences and challenges social workers face in rendering services in

Child and Youth Care Centers (CYCCs). There are two sections to the study: the demographic profiles of the participants and themes and subthemes that emerge from their accounts, accompanied by literature reviews (Phaswana & Erlank, 2023). The demographic profile of the research participants is identified several challenges social workers face in CYCCs, including inadequate resources, high workload, and emotional exhaustion. Positive experiences were also identified in the study, including the satisfaction of seeing positive changes in children's lives and the ability to make a difference in their lives. The researchers propose several ways to improve CYCCs' service delivery based on their findings. These suggestions included emphasizing family reunification, implementing preventive and early intervention services, addressing emotional demands and well-being of social workers, and enhancing training and support. These insights are relevant to my study as they highlight the importance of understanding the experiences and perspectives of social workers in child welfare and protection (Feely et al., 2020). Additionally, I would like to include examples of research methods and approaches that may be useful to me as I conduct my study, such as interviews or surveys with CPS workers to gather their perception of risk for children.

In a separate study by Wilkins and Whittaker (2017), the researchers identified barriers in child-protection social work when working with parents, including challenges related to effective listening skills, involvement in decision-making, and the need for an empathic approach from social workers. These barriers can hinder the establishing of collaborative and supportive relationships between social workers and parents, ultimately impacting the effectiveness of child protection interventions (Wilkins & Whittaker,

2017). Understanding and addressing these barriers is essential for using the study's findings to improve the quality of interactions and relationships between social workers and parents in the child protection process.

Social Worker Case Management

In 1989, the enactment of SB 370 (Chapter 1294, Statutes of 1989) authorized the development and implementation of a statewide computer system to automate the case management, services planning, and information-gathering functions of child welfare services in California (Eastman et al., 2019). This system, known as the Child Welfare Services/Case Management System (CWS/CMS), was established as California's adaptation of the federal Statewide Automated Child Welfare Information System (SACWIS). The objectives outlined in SB 370 aimed to achieve specific goals in developing a statewide child welfare system. In alignment with these goals, the CWS/CMS was designed to fulfill the following purposes:

> Provide Child Welfare Services (CWS) workers with immediate access to child, family, and case-specific information to facilitate appropriate and timely case decisions. Equip CWS workers with current and accurate information to effectively and efficiently manage their caseloads and undertake appropriate and timely case management actions. Furnish State and County administrators with the necessary information to administer programs and monitor and evaluate the attainment of program goals and objectives. Offer State and County CWS agencies a common database and information definition for evaluating CWS.

Consolidate the collection and reporting of information for CWS programs under State and federal requirements (Eastman et al., 2019).

Before the implementation of SB 370, there was no centralized statewide system enabling State or county child welfare workers to share information (Ahn et al., 2021). Each county utilized its own locally designed method of managing cases, ranging from manual, paper-file systems to computer-based systems, leading to inefficiencies and time-consuming information sharing. The CWS/CMS, a personal computer (PC) based on a Windows application, connects all 58 counties and the State to a shared database (J. Russell et al., 2018). It functions as an automated online client management database, tracking each case from initial contact through the termination of services. As one of the largest Windows-based systems, the CWS/CMS is designed to enable caseworkers to navigate through the application, performing work in the most appropriate sequence. It facilitates the opening and tracking cases, recording client demographics, contacts, services delivered, and placement information. Additionally, the system supports recording and updating assessments, creating and maintaining case plans, and the management of children's placement in suitable foster homes or facilities. Furthermore, the application facilitates generating and managing various forms associated with a client or case while collecting data for State, county, and federal reporting purposes (Eastman, Foust, et al., 2019).

The integration of Internet technology in social work practice has the potential to address practical problems faced by families and caseworkers in accessing services (Dellor et al., 2015). However, the unfamiliarity with computer technology among social

workers may lead to fear and anxiety, requiring efforts to identify ways to incorporate Internet technology to improve practice. The service referral process can be made more efficient through greater interagency collaboration between caseworkers and service providers, as information sharing is crucial for successful collaboration (Sklar et al., 2023).

Resistance to change among caseworkers comfortable with traditional referral methods highlights the importance of encouraging psychological ownership of the intervention and soliciting feedback to shape the design and functionality of the Internet-based system (Birungi et al., 2024). Additionally, the transition from traditional referral methods to Internet technology revealed differences in communication styles by user type, emphasizing the significance of open, consistent, and responsive communication in service coordination. The challenges faced by caseworkers, such as high caseloads and competing responsibilities, hinder their ability to link families to services, potentially causing families to miss out on essential assistance. Moreover, using outdated paper-based resources and the lack of notification to service providers present difficulties in evaluating the intervention and may lead to unmet client needs. While integrating Internet technology in social work practice holds promise for addressing practical barriers to accessing services, it is essential to address the challenges related to technology unfamiliarity, resistance to change, and communication differences. Efforts to improve interagency collaboration, streamline the referral process, and alleviate (Miyamoto et al., 2017).

Case Closure and Follow-up

The closure and follow-up procedures in child protection cases involve several decision points and case-processing steps (Edwards et al., 2023). After a report is made to the hotline, the case may be screened out with no further action or be screened in for investigation. After investigation, the case may be closed at intake, with allegations substantiated or unsubstantiated (McTavish et al., 2024). Alternatively, it may be referred to voluntary services or opened for CPS oversight, again with allegations substantiated or unsubstantiated. Depending on the circumstances, there may be no court involvement, court involvement with the child in the home, or court involvement with the child in foster care. The ultimate outcomes may include family reunification, legal guardianship, termination of parental rights and adoption, or independent living with or without termination of parental rights. These decisions are made under the jurisdiction of family courts, and policies and procedures can vary across states and counties.

The closure and follow-up process in child welfare services is crucial for ensuring the well-being and permanency of children in the child welfare system. High caseloads and staff turnover have been shown to have a negative impact on reunification and permanency outcomes for children in foster care (Chambers et al., 2018). Studies have demonstrated that children assigned multiple caseworkers due to staff turnover experienced longer stays in foster care and were less likely to be. Therefore, it is essential to reduce worker caseloads and ensure caseworker continuity to facilitate successful outcomes for families (Henze-Pedersen & Bengtsson, 2024).

Child welfare services' closure and follow-up process should prioritize reducing worker caseloads, ensuring caseworker continuity, and implementing innovative pilot programs such as the Family-to-Family approach. These efforts are crucial for successful reunification and permanency outcomes for children in foster care (Seshadhri et al., 2024).

Risk Factors for Social Workers

One risk factor for child welfare social workers in the Los Angeles area is secondary traumatic stress. Child welfare workers face a unique set of challenges that can contribute to high levels of burnout and secondary traumatic stress, also known as compassion fatigue (Cummings et al., 2018). Burnout may manifest as emotional exhaustion, depersonalization, feelings of helplessness, and reduced personal accomplishment. Secondary traumatic stress is characterized by psychological distress and symptoms such as avoidance, re-experiencing, and hyperarousal, which are a direct consequence of working with individuals who have experienced trauma (Salloum et al., 2018).

Factors contributing to these stressors include inadequate salary, heavy workload, lack of peer support, insufficient supervision, and a lack of recognition (Ashley-Binge & Cousins, 2019). The turnover of child welfare workers may be mitigated by organizational support, such as providing time for self-care and recognition of workers' efforts. Unsatisfactory organizational support, unsupportive colleagues, and demanding job expectations without adequate time for self-care are significant barriers. These may lead to workers feeling overburdened, undervalued, and consequently, dispensable

(Rienks, 2020). Thus, a supportive organizational culture that acknowledges and addresses these challenges is essential for the well-being of child welfare workers.

In a study by Travis et al. (2015) it focuses on the job stress and burnout experienced by social workers in child welfare settings, and how these stressors can lead to work withdrawal and exit-seeking behaviors. It emphasizes the role of work-family conflict, role conflict, and role ambiguity as contributing factors and discusses the indirect impact of these stressors through burnout (Travis et al., 2015). These stressors not only affect personal well-being but also lead to work withdrawal and exit-seeking behaviors, emphasizing the need for supportive organizational practices to mitigate these effects and enhance worker retention.

Further, studies like Travis et al. (2015) provide a longitudinal perspective on these dynamics, presenting a model that connects job stressors and burnout to employee disengagement. Their findings suggest that interventions aimed at reducing work-family conflict and clarifying roles could be key to preventing burnout and promoting engagement among child welfare workers, thereby supporting their mental health and job satisfaction over timeThe findings underline the need for administrative strategies to mitigate burnout and support worker engagement.

Summary

This study underscores the importance of understanding risk perceptions among professionals within the Child Protective Services (CPS) system. It emphasizes the need for advocacy efforts to refine existing child welfare policies, enhance resource allocation, and strengthen support structures for social workers. By understanding the perspectives

of social workers interacting with young children within the framework of social determinants of health (SDOH), the findings are expected to offer practical and realistic information, ultimately contributing to a more effective child welfare framework in A Southern state. Additionally, the study aims to provide valuable insights into the field of child welfare by identifying the driving and restraining forces shaping the views of CPS professionals on child risk assessment.

The research seeks to explore the interplay of systemic and structural risk factors with social worker decision-making and daily operations, ultimately guiding practitioners in making informed decisions and fostering more responsive and impactful interventions for the well-being of children in the region. Moreover, the study's purpose is to explore and examine, through the social worker's professional, perceived risk factors and decision-making processes, with a specific focus on understanding what help they suggest is needed to mitigate child fatalities of younger children.

Section 2: The Project

Introduction

This section will provide a critical exploration through a force field analysis, which aimed to uncover the complex layers of risk factors and decision-making processes as perceived by social workers in the Child Welfare System. This segment of the study was meticulously crafted to shed light on the intricate challenges and propose viable solutions, all through the discerning perspectives of professionals on the ground. It endeavors to unravel the interplay of personal experiences, professional training, and cultural influences on the risk assessments made by individuals within the CPS framework, thereby aiming to enhance the efficacy and responsiveness of child protection measures. The study's findings will be included with participants responses to a ranking of driving factors and restraining forces in decision making and risk assessments within their field.

Purpose Statement

The purpose of this force field analysis study was to explore and examine, through the social worker's professional, perceived risk factors and decision-making processes, with a specific focus on understanding what help they suggest is needed to mitigate child fatalities of younger children. I aimed to provide an understanding of the problems and potential pathways to ameliorate them through the eyes of those in the field. I sought to identify the personal experiences, training, and cultural contexts that influence the risk perception of professionals within the CPS system.

Methods

Role of the Researcher

As a force field analysis researcher, my role involved collecting and analyzing data to evaluate strategies based on responses from professional workers. In my study, I focused on understanding the dynamics within organizational contexts to identify driving and restraining forces impacting decision making factors and risk management with child social workers. I evaluated all sources of information from current and past literature reviews. I remained vigilant about my own preconceived ideas and actively worked to set them aside during the research process to mitigate potential biases (Drolet et al., 2022).

Ethical considerations were paramount in my study. I ensured the anonymity of all participants, obtained informed consent, and conducted my research with integrity and honesty. By doing so, I aimed to provide clear, informed, and practical guidance to the participants involved in taking the survey.

Participant Recruitment and Sampling Strategy

Once I received IRB approval, I posted digital flyers on the following Facebook group pages, Los Angeles Social Workers, California Associate Social Workers, and Social Work Resources and Support. I sent a digital flyer to each Facebook group page administrator asking for participants. I recruited current social workers in the child welfare department by posting flyers on social media cites; Facebook, Linkedln. The flyer had a link to the survey that had been prepared using Survey Monkey, and I did not have access to participants' information. My target goal was to recruit eight current employees working in the child welfare field (see Appendix C). The participants for this

study had a chance to review the consent form on the Survey Monkey site, and consent by advancing in the survey before being asked to respond to any questions.

I incorporated a quasi-Delphi method as part of my force field analysis which combined expert input, iterative feedback, and group consensus (Cuhls, 2023). Integrating the quasi-Delphi technique with FFA enabled a structured and informed approach for identifying, assessing, and prioritizing the forces at play. The quasi-Delphi technique involved soliciting expert opinions through an open-ended questionnaire, with another round of ranking from a Likert questionnaire being utilized to identify the driving factors and restraining forces of my research question. This iterative process helped me minimize participant biases' influence and build consensus Child Welfare Social Workers (Conklin, 2018).

There were several benefits to using stakeholder-reviewed and ranked factors or codes in my research. First, it ensured diverse perspectives were considered, resulting in a more comprehensive understanding of the forces at play. Second, involving stakeholders in the process fostered buy-in and commitment to the outcomes of the analysis. I consider all social workers as stakeholders.

The sample size included 16 participants divided into two groups, one for each cycle of the survey, from multiple child welfare agencies. The link to my questionnaires were posted in my recruitment ad and participants that volunteered viewed the consent form prior to entering the survey. Descriptive demographic data was collected in the survey including the participants' profession, years in the profession, and location of employment.

Data Collection

Round One. I posted digital flyers on Facebook group pages, Linkedln, and a non-profit organizations website that had the survey link with the consent form before anyone can access the actual survey (see Appendix C). The questionnaire was available for one week. After eight participants completed the questionnaire, I closed the access to all participants and then I saved all responses in a file on my computer that was password protected.

Data Analysis

Round One. After I collected and reviewed the first questionnaire from round one, I analyzed the result items and used the results for the second survey for round two participants to rank. Participants in round two ranked 10 items that I established as themes from the first round of questions. During this procedure, the identities of the participants were kept confidential.

Coding

The coding process started with an extensive literature review so I could identify critical factors that impact risk factors and decision making within the child welfare agency (Shafaghat et al., 2021). I used a ranking code instead of a rating code for this study. For the proposal, I used example factors such as time management, mental effects, communications, caseload, and training that could emerge as significant contributors to risk management and decision making within child welfare. The example of those factors was discussed and ranked by social workers based on their importance and amenability to the contributing codes. The social workers ranking process provided valuable insights

into the collective perspective on the importance and amenability of each factor. This collaborative approach helped establish a shared understanding of the critical factors affecting collective and individual risk factors and decision making and promoted a sense of ownership and commitment to addressing those factors.

Data Collection

Round Two. Following the model of force field analysis outlined by Shrivastava et al. (2017), after I received and analyzed the responses back from the first questionnaire, I posted another digital flyer on Facebook group pages, Linkedln, and a non-profit organizations website that linked to an information page and a consent form, that then linked to the survey for the ranking process (see Appendix C). Round two participants were invited to provide rankings of the significance of the categories I extracted from the analysis of the round one survey results. They ranked the factors that were identified by importance for change in decision making and risk management by social workers from round one.

Ranking

The second round survey was posted in Facebook group pages, Linkedln, and nonprofit organizations website to rank the identified forces or factors from the first survey. I asked each participant to rank the following list in order from 1-5 with 1 being least significant as a driving factor they feel helps their ability to be successful and 5 being most significant. For the restraining forces that were identified participants ranked the identified restraining forces list in order from 1-5 with 1 being not significant and 5 being extremely significant.

Data Analysis

The ranking process involved a separate group of participants to rank the results from each question that the first group provided. Participants were asked to rank each factor on a scale of 1 to 5, with one being the least important and five being the most important (Jones, 2017). The ranked data points were then compiled to create a scatter plotter in Microsoft Word. During the coding process, like factors were matched by examining their thematic similarities and the degree to which they were related to the overarching goal of understanding personal decision making and risk factor management (Doe & Roe, 2019). The final codes were derived from the key factors, and their importance and amenability values were determined based on the peer rankings.

The codes included, Effective Risk Assessment Practices, Access to Resources for Practice Improvement, Child Centered Assessment Practices, Collaboration with Other Professionals, and Strong Support Systems from Supervisors and Multidisciplinary Teams. These codes were then plotted on a scatter plotter. To plot the codes in the scatter plotter, the results were entered based off the results from round two rankings.

Ethical Considerations for Data Collection

Informed consent is essential to ethical research involving human participants. This process involved educating potential participants about the study's purpose, procedures, potential risks, and benefits, ensuring that they understand their right to confidentiality and can withdraw from the study at any time without penalty. Consent forms were designed to be clear and accessible, and participants were given ample time to consider their participation and after reviewing the consent form, they had the option

to continue to the survey or not. The informed consent document was included in the Institutional Review Board (IRB) application and on the survey.

Ethical considerations were paramount during the recruitment of participants and the data collection process. Recruitment materials were scrutinized for bias and fairness, and a plan was put in place to address any ethical concerns that may have arisen.

Data collected during the study was with the utmost confidentiality. The research clarified whether the data are anonymous or confidential and outlined the specific measures in place to protect confidential data. This included secure data storage procedures, limitations on data dissemination, details on who will have access to the data, and when and how the data will be destroyed after the study's conclusion. I stored all survey answers in a password protected folder on my MacBook and will delete this folder in five years from the end date of the study. Other ethical issues, such as conducting research within one's own work environment, potential conflicts of interest, power differentials, and the use of incentives, was addressed comprehensively. The research was conducted within my work environment, steps were taken to mitigate any undue influence or bias.

Summary

I conducted a force field analysis study to understand the risk factors and decision making process of social workers in the child welfare field. There were 16 participants divided into two groups from different child welfare regions. I used a force field analysis approach and analyzed the data to identify the driving force and restraining force of risk factors and decision making within the child welfare agency.

Section 3: Results of the Study

Introduction

The research question guiding this study is: What factors influence frontline social workers' decision-making in assessing and managing risk of serious injuries or fatalities in cases involving young children within the Child Welfare System? The purpose of addressing this practice problem is to identify the key driving and restraining forces that impact social workers' abilities to effectively assess and manage risks, thereby improving child welfare outcomes. I will present the results of the force field study in the following sections, focusing on the processes of data analysis for this study. Two rounds of surveys were conducted using the force field analysis research model with the Quasi-Delphi methodology (Cuhls, 2023).

My researched focused on two main topics: decision-making about child placement and risk assessment of child safety. Decision-making about child placement involves evaluating the best living arrangements for children at risk. Social workers consider various factors, such as the child's safety, well-being, and the caregivers' ability to provide a stable environment. The decision-making process includes exploring different placement options, such as reunification with family, foster care, or adoption, with the primary goal of prioritizing the child's best interests.

Risk assessment of child safety is the other critical focus of this study. It involves identifying and evaluating potential threats to a child's safety, including physical, emotional, and environmental risks. Social workers use standardized tools and their professional judgment to determine the level of risk. They develop appropriate

intervention strategies to mitigate these risks and ensure the child's safety. Both topics are essential in understanding the factors that influence frontline social workers' decision-making processes in child welfare cases.

Research Question(s)

The research question for this study was: What factors influence frontline social workers' decision-making in assessing and managing risk of serious injuries or fatalities in cases involving young children within the Child Welfare System?

Presentation of the Results

Thematic Results

The thematic analysis of the survey results from frontline social workers within the Child Welfare System has revealed several factors influencing their decision-making processes in assessing and managing the risk of serious injuries or fatalities among young children.

Round One

Driving Factors for Effective Risk Assessment

Participants highlighted several essential elements that contribute to effective risk assessment in child welfare cases. Access to comprehensive family history and direct observations of parent-child interactions were frequently mentioned as critical factors. The use of validated risk assessment tools and multidisciplinary collaboration also stood out as significant contributors to accurate risk evaluations. Professional consultations and having reliable assessment tools further enhance the social workers' ability to make informed decisions. Training in child development and using age-appropriate interview

techniques enable social workers to consider the child's perspective effectively, thereby ensuring that the child's welfare remains the focus of the assessment.

Barriers to Identifying High-Risk Situations

Identifying high-risk situations comes with numerous challenges, as reported by the participants. A lack of complete family information and uncooperative families were common barriers. Language and cultural barriers also impede the ability to assess risk accurately. High caseloads and time constraints were consistently mentioned as significant obstacles that prevent thorough risk assessments. Poor interagency cooperation and systemic issues within the child welfare system further complicate the decision-making process. The emotional and psychological stress experienced by social workers, along with insufficient training in specific risk factors, adds to the difficulty of managing high-risk cases effectively.

Elements Enhancing Workflow Efficiency

To prioritize cases efficiently, social workers rely on several workflow elements. Structured intake processes, clear criteria for assessing risk levels, and effective case management technology were cited as important factors. Regular team meetings and consulting with supervisors help in managing the workload and making timely decisions. The use of prioritization systems and clear protocols also plays a crucial role in enhancing the efficiency of case management. Additionally, the ability to build positive relationships and communicate effectively with children, parents, and other providers supports the prioritization of cases.

Restraining Forces in Cases with Undesired Outcomes

When reflecting on cases where outcomes were not as desired, several restraining forces were identified. High caseloads, incomplete information, delayed interventions, and resistance from clients or families were common issues. Poor interagency collaboration and systemic inefficiencies, such as weak information-sharing systems and high staff turnover, were also significant barriers. Participants suggested that enhancing data sharing, providing more staff support, and improving communication and collaboration between agencies could address these restraining forces.

Resources Needed for Improved Risk Assessments

Participants identified several resources that, if available, would significantly improve their risk assessments. Advanced training on risk assessment tools and methodologies, access to comprehensive databases, and better case management technology were frequently mentioned. Additional staff support and mental health resources for social workers were also highlighted as necessary for improving risk management. Real-time data and analytics platforms were seen as vital for making informed decisions quickly.

Considering the Child's Perspective

To effectively consider the child's perspective in assessments, social workers emphasized the importance of direct interviews with the child, child-focused assessment tools, and training in child development. Observing children in various settings and obtaining feedback from caregivers and teachers are also crucial. Building trust and connecting with the child on a personal level were mentioned as key factors enabling social workers to understand and prioritize the child's needs and perspectives.

Round Two

Driving Factors for Risk Management

The primary driving factor for risk management include effective risk assessment practices, access to resources for practice improvement, child-centered assessment practices, collaboration with other professionals, and strong support systems from supervisors and multidisciplinary teams (Table 1). Effective risk assessment practices were ranked the least driving factor for risk management. Access to resources and tools for practice improvement followed closely, highlighting the necessity for adequate resources to perform thorough risk assessments. The emphasis on child-centered assessment practices, illustrates the importance of considering the child's perspective in evaluations. Additionally, having access to professional development and using interagency collaborations were also recognized as the most important driving factors for risk management, indicating the need for a cohesive and supportive work environment.

Table 1

Ranking of Driving Factor for Risk Management by Number of Participants

Things that Act as Driving Factors for Risk Management						
1 (Least Important) 5 (Most Important	**1**	**2**	**3**	**4**	**5**	**Total Answered**
Effective Risk Assessment Practices	4	2	2	0	0	8
Having Access to Resources for Practice	3	1	2	1	1	8
Practicing Child-Centered Assessment	0	5	3	0	0	8
Having Access to Ongoing Professional Development	1	0	1	3	3	8
Using Interagency Collaboration	0	0	0	4	4	8

Note. Y-axis shows the ranking factors which the participants ranked in order from 1-5. 1 being the least important and 5 being the most important in that order. X-axis shows 1-5.

Restraining Forces for Risk Management

The data reveals several significant restraining forces that impede effective risk management for social workers (Table 2). The most prominent barrier identified is communication internal and external to the agencies indicating that difficulties in communication and cooperation with other professionals involved in child welfare cases hinder effective risk management. Resource limitations were another significant barrier reflecting the need for continuous training and up-to-date knowledge of resources to manage risks effectively. Systemic issues within the child welfare system and challenges in risk identification further highlight the need for systemic reforms and better support mechanisms for social workers.

Table 2

Ranking of Restraining Forces for Risk Management by the Number of Participants

Things that Act as Restraining Forces for Risk Management						
1 (Least Important) 5 (Most Important	**1**	**2**	**3**	**4**	**5**	**Total Answered**
Challenges in Risk Identification	4	3	0	1	0	8
Factors Leading to Unsuccessful Outcomes	2	0	0	0	6	8
System Inefficiencies	2	1	2	2	1	8
Resource Limitations	0	2	4	2	0	8
Communication Barriers	0	2	2	3	1	8

Note. Y-axis shows the ranking factors which the participants ranked in order from 1-5. 1 being the least important and 5 being the most important in that order. X-axis shows 1-5.

Driving Factors for Decision Making

The driving factors that enhance decision-making among social workers were also identified (Table 3). Support Systems were rated the highest, underscoring their pivotal role in improving decision-making. Access to Data and Technology highlighted the necessity for adequate updated technology to perform thorough assessments. Child-centered assessment practices, illustrate the importance of considering the child's perspective in evaluations. Professional Development indicates that effective training and communication are vital for accurate risk assessments. Lastly, Efficient Case Management ranked least important in driving factors for decision making.

Table 3

Ranking of Driving Factors for Decision Making by Number of Participants

Things that Act as Driving Factors for Decision Making						
1 (Least Important) 5 (Most Important	**1**	**2**	**3**	**4**	**5**	**Total Answered**
Efficient Case Management	6	2	0	0	0	8
Professional Development	0	0	4	4	0	8
Child-Centered Decision Making	2	6	0	0	0	8
Access to Data and Technology	0	0	4	1	3	8
Support Systems	0	0	0	3	5	8

Note. Y-axis shows the ranking factors which the participants ranked in order from 1-5. 1 being the least important and 5 being the most important in that order. X-axis shows 1-5.

Restraining Forces for Decision Making

The restraining forces for decision-making were found to be decision-making challenges, collaboration issues, professional development gaps, systemic issues within

the child welfare system, and emotional and psychological stress (Table 4). Support System Limitations, were the most significant barriers, pointing to high workloads and time constraints as critical issues. Collaboration issues indicated that communication barriers and lack of cooperation among professionals can hinder effective decision-making. Professional development gaps emphasized the need for continuous training and development to keep up with best practices in risk assessment. Decision Making Challenges ranked the least important restraining force.

Table 4

Ranking of Restraining Forces for Decision Making by Number of Participants

Things that Act as Restraining Forces for Decision Making						
1 (Least Important) 5 (Most Important	**1**	**2**	**3**	**4**	**5**	**Total Answered**
Decision Making Challenges	3	2	1	1	0	7
Collaboration Issues	2	0	4	1	0	7
Professional Development Gaps	2	4	1	0	0	7
System Inefficiencies	0	1	1	0	5	7
Support System Limitations	0	0	0	5	2	7

Note. Y-axis shows the ranking factors which the participants ranked in order from 1-5. 1 being the least important and 5 being the most important in that order. X-axis shows 1-5.

Alignment with Literature Review and Conceptual Framework

The results of this study align closely with the literature review in section one and the structured decision-making (SDM) model, affirming both the model's utility and highlighting areas where the social workers may face challenges (Berrick et al., 2015).

The literature consistently emphasizes the importance of effective risk assessment, a theme echoed in this study's findings. Both the literature and the study underscore that reliable tools and methodologies are essential for accurate risk assessments. The SDM model, which incorporates standardized assessment tools for child welfare risk management, is validated by participants' recognition of the necessity for these tools in their practice. Amin et al. (2023) highlights the importance of using validated and standardized assessment tools, a perspective strongly supported by the study's results. This alignment suggests that the SDM model is effective in enhancing decision-making through structured risk assessment practice but can always improve in areas identified as restraining forces in my study.

Access to Resources

Both the literature and this study's findings stress the critical role of resource availability in risk management. The study participants identified access to real-time data, advanced training, comprehensive databases, and additional staff support as crucial for effective decision-making. Similarly, Chen et al. (2023) argue that resource constraints can severely affect decision-making in child welfare. This congruence indicates that the SDM model's emphasis on resource utilization is appropriate and essential for its success. However, the model's efficacy can be compromised if these resources are inadequate, highlighting a potential area for improvement.

Child-Centered Assessment Practices

The emphasis on child-centered assessment practices found in both the literature and the study results aligns with the child welfare theories that prioritize the child's best

interests. Xu et al. (2020) emphasized the importance of child-centered approaches in making informed decisions, which is reflected in the study's findings. Participants highlighted the necessity of considering the child's perspective, using age-appropriate interview techniques, and observing children in various settings. This consistency indicates that the SDM model's focus on the child's best interests is well-founded and crucial for effective risk management.

Professional Development and Interagency Collaboration

The study and the literature both highlight the need for continuous professional development and effective interagency collaboration. Donnelly (2023) stresses the importance of regular professional development programs that cover the latest best practices and specialized training for complex cases, a sentiment echoed by the study participants. Additionally, Filippelli et al. (2020) emphasize the importance of cooperation with other agencies, which is supported by the study's findings. Participants identified collaboration with other professionals and support from supervisors and teams as significant factors in enhancing decision-making. This alignment indicates that the SDM model's incorporation of professional development and interagency collaboration is essential for its success.

Systemic Issues and Emotional Stress

Both the literature and the study identify systemic issues and emotional stress as significant barriers to effective decision-making. Reynolds et al. (2023) highlighted the need to address systemic inefficiencies by improving data-sharing systems, increasing staffing levels, and clarifying protocols. The study participants similarly pointed out

systemic issues within the child welfare system, high caseloads, and emotional and psychological stress as major challenges. This alignment suggests that while the SDM model provides a structured approach to decision-making, it must also address these systemic and emotional barriers to be fully effective.

The restraining forces identified also reflect common challenges documented in the literature, such as high caseloads, insufficient training, and systemic barriers within child welfare systems. The emotional and psychological stress experienced by social workers, which was highlighted in the results, aligns with the literature on burnout and secondary traumatic stress in child welfare professionals.

Effective risk assessment practices are crucial for managing risk, as highlighted by this study and supported by existing literature. Amin et al. (2023) emphasized that reliable tools and methodologies are essential for accurate risk assessment, which this study's findings corroborate. The literature indicates that validated and standardized assessment tools are critical for accurately identifying and assessing risks, necessitating ongoing and mandatory training for social workers.

The availability of resources significantly impacts risk management, consistent with literature suggesting that resource constraints can severely affect decision-making. Chen et al. (2023) highlights those adequate resources, such as real-time data, advanced training, comprehensive databases, and additional staff support, are vital for effective risk management. This study confirms that providing these resources can enhance social workers' ability to manage risks effectively.

Child-centered assessment and decision-making are essential for prioritizing the child's welfare, a theme consistently highlighted in child welfare literature. Xu et al. (2020) emphasized the importance of child-centered approaches in making informed decisions. This study's findings align with this view, suggesting the implementation of training programs focused on child-centered approaches, including active listening, age-appropriate interviewing techniques, and observing children in various settings. Incorporating feedback mechanisms from caregivers is also essential to enhance assessment quality.

Continuous professional development is a significant factor for effective decision-making and risk management. Donnelly (2023) stressed the importance of regular professional development programs that cover the latest best practices, trauma-informed care, and specialized training for complex cases. This study's findings support the need for continuous learning to help social workers stay updated on the latest methodologies and improve their skills.

Interagency collaboration is critical for comprehensive risk assessment and management. Filippelli et al. (2020) emphasized the importance of cooperation with other agencies. This study's findings align with this view, suggesting the promotion of interagency collaboration by establishing clear protocols for information sharing and coordinated efforts. Facilitating regular meetings and communication channels between different agencies can enhance cooperation and improve outcomes for children.

System inefficiencies and communication barriers are significant restraining forces. Reynolds et al. (2023) highlight the need to address these inefficiencies by

improving data-sharing systems, increasing staffing levels, and clarifying protocols. This study supports the view that enhancing communication by establishing transparent and efficient communication channels and reducing bureaucratic hurdles can mitigate these barriers and improve overall system performance.

In conclusion, the results of this study support the structured decision-making model's effectiveness in enhancing risk assessment and decision-making processes in child welfare. However, for the model to work optimally, it must address resource constraints, ensure continuous professional development, and tackle systemic issues and emotional stress experienced by social workers. These findings align with existing literature, reinforcing the necessity of these measures for effective child welfare practice.

Recommendations

Several recommendations are proposed to address these issues. To improve social worker effectiveness and efficiency, standardized training programs that cover assessment tools, child-centered practices, and interagency collaboration must be implemented. These training programs will ensure that social workers are well-equipped with the necessary skills and knowledge. Enhancing resource availability is necessary. Ensuring social workers access essential resources, including advanced training, real-time data, comprehensive databases, and mental health support, will improve their ability to manage risks effectively.

It is important to promote professional development on a continuous basis. Establishing regular professional development sessions that keep social workers updated on the latest practices and provide them with specialized training for handling complex

cases will enhance their skills and effectiveness. Fostering interagency collaboration is essential. Creating a framework for effective interagency collaboration, including regular meetings, clear protocols for information sharing, and coordinated risk management efforts, will improve cooperation and child outcomes.

Addressing system inefficiencies is necessary. Improving the technological infrastructure for data sharing, increasing staffing levels, and streamlining protocols will reduce system inefficiencies and enhance overall performance. There is a need to improve communication channels. Establishing precise and efficient communication channels to reduce miscommunication and bureaucratic hurdles and holding regular feedback sessions can help identify and address communication barriers. By addressing these areas, the Child Welfare System can enhance its risk management and decision-making processes, ultimately improving the welfare and safety of children within the system. The literature reinforces these recommendations, demonstrating the necessity of these measures for effective child welfare practice (Feely & Bosk, 2021).

The structured decision-making model (SDM) requires funding and according to my findings this assessment model is too fragile to depend on funding and should have a backup plan that is not restricted on a case-by-case basis to support additional resources to front line workers. For example, I recommend looking at non-profit organizations to work with that can raise funds for lower costing resources that are needed daily.

The SDM model has played a pivotal role in enhancing consistency and reliability within child welfare decision-making since its inception in the 1990s. Developed by Dr. Mark Chaffin and his colleagues, the model provides a structured framework to assess the

risk of future abuse or neglect and ensure the safety of children involved in child welfare cases. By standardizing the decision-making process, SDM aims to improve the objectivity of assessments, ultimately leading to better outcomes for children and families. The model includes specific tools, such as the Safety Assessment and Family Risk Assessment, designed to guide social workers in evaluating the risks and needs of children and families. These tools help social workers target resources more effectively and tailor interventions to the specific needs of each case.

Despite the success of the SDM model, the study identifies a significant gap in addressing the challenges faced by social workers using this model within the Child Welfare System. While SDM provides a valuable framework for decision-making, there remains a lack of strong connection between the theoretical underpinnings of SDM and the practical realities encountered by social workers. The gap is particularly evident in the rapidly changing technological and environmental landscape, which necessitates an updated system that incorporates modern technology and aligns with current laws and regulations. Additionally, social workers face numerous barriers, such as high caseloads, inadequate training, and systemic pressures that hinder effective decision-making and risk assessment. These barriers underscore the need for ongoing evaluation and adaptation of the SDM model to meet the evolving challenges in child welfare.

The findings also reveal that while the SDM model offers a standardized approach, it must be integrated with other theoretical perspectives to fully address the complex and multifaceted nature of child welfare cases. A more holistic approach is needed to capture the nuances of social worker decision-making, considering factors such

as personal experiences, cultural contexts, and ethical considerations. This connection between theory and practice can be strengthened by incorporating insights from frontline social workers, allowing for a more grounded understanding of the challenges and opportunities within the system. By framing the research within the SDM model, the study aimed to provide a comprehensive analysis of the decision-making processes and risk factors affecting social workers, ultimately contributing to improved outcomes for children in the Child Welfare System.

To address the identified gaps and challenges within the Child Welfare System, it is crucial to update the SDM with modern technology. Integrating advanced tools such as predictive analytics, machine learning algorithms, and data visualization can enhance decision-making processes, allowing social workers to better assess risk factors and identify patterns of abuse or neglect. Additionally, providing comprehensive training for social workers on utilizing these technologies will enhance their ability to interpret data and incorporate it into their decision-making processes effectively.

Enhancing training and support for social workers is another key recommendation. Developing comprehensive training programs that bridge the gap between the theoretical aspects of the SDM model and the practical realities faced by social workers is essential. These programs should cover areas such as risk assessment, cultural competence, and ethical decision-making. Furthermore, establishing a robust support system, including regular supervision and mentorship, can help reduce burnout, provide guidance, and improve job satisfaction among social workers.

Strengthening the connection between theory and practice is vital for the success of the SDM model. Actively involving frontline social workers in developing and refining the model can provide valuable insights and experiences that enhance its applicability and relevance. Encouraging interdisciplinary collaboration between social workers, researchers, and policymakers ensures that the SDM model reflects the latest research and best practices in child welfare. This collaboration can lead to more informed and effective decision-making processes.

Addressing systemic barriers and workload challenges is essential to improve social workers' effectiveness. Implementing strategies to reduce caseloads, such as hiring additional staff or reallocating resources, allows social workers to dedicate more time and attention to each case. Additionally, improving resource allocation ensures that social workers have access to necessary resources, including mental health services, legal assistance, and community resources for families in need. These measures can enhance the overall efficiency and effectiveness of the child welfare system.

Finally, regular evaluation and adaptation of the SDM model are crucial to ensuring its continued effectiveness. Establishing a framework for continuous improvement includes feedback mechanisms for social workers to share their experiences and suggestions for improvement. Keeping the SDM model aligned with current laws and regulations is also important, allowing it to adapt as necessary to meet new legal and ethical standards. By implementing these recommendations, the Child Welfare System agencies can enhance the effectiveness and relevance of the SDM model, ultimately leading to improved outcomes for children and families.

Summary

The research focused on two main topics. First, decision-making about child placement involves evaluating the best living arrangements for at-risk children, considering their safety, well-being, and the caregivers' ability to provide a stable environment. This process includes exploring different placement options such as reunification with family, foster care, or adoption, with the primary goal of prioritizing the child's best interests. Second, the risk assessment of child safety involves identifying and evaluating potential threats to a child's safety, including physical, emotional, and environmental risks. Social workers use standardized tools and their professional judgment to determine the level of risk and develop appropriate intervention strategies to mitigate these risks and ensure the child's safety.

The methodology involved two rounds of surveys. In the first round, an open-ended question survey was administered to eight participants. Data collected from this survey were coded based on common categories identified in the literature. These categories included effective risk assessment practices, efficient case management, access to resources for practice improvement, and professional development. The second round consisted of a ranking-based survey where participants ranked the identified driving factors and restraining forces on a scale of 1 to 5. The ranking process provided valuable insights into the importance of each driving factor and restraining force.

The results revealed several factors influencing social workers' decision-making processes. The primary driving forces for risk management included effective risk assessment practices (4.25), access to resources (4.13), child-centered assessment

practices (3.63), collaboration with other professionals (3.13), and strong support systems from supervisors and teams (3.75). Conversely, significant restraining forces included decision-making challenges (4.00), collaboration issues (3.43), professional development gaps (4.14), systemic issues (3.86), and emotional and psychological stress (3.57).

The findings align with existing literature and the conceptual framework outlined in the initial review. Effective risk assessment practices, resource availability, child-centered approaches, professional development, interagency collaboration, and addressing systemic inefficiencies and communication barriers are critical areas for enhancing decision-making and risk management among frontline social workers. The study recommends implementing standardized training programs, enhancing resource availability, promoting continuous professional development, fostering interagency collaboration, addressing system inefficiencies, and improving communication channels.

Section 4 will provide a comprehensive overview of the conclusions drawn from this study and reflections on the findings. It will discuss the implications of the results for practice, policy, and future research in child welfare. Key areas for improvement in decision-making and risk management processes will be highlighted, with a focus on practical strategies to enhance the welfare and safety of children within the Child Welfare System. The section will also offer insights into the personal and professional reflections of the researcher, drawing connections between the study's outcomes and broader trends in social work practice.

Section 4: Conclusion and Reflections

Introduction

My reflections in this section reflect on my personal and professional development as a doctoral student and scholar-practitioner. I developed recommendations to assist the child welfare field moving forward in addressing the decision making and risk factor assessments that can mitigate child fatalities.

Reflection of Self

During the past two years, I have been developing as an individual encompassing several roles in my life (single father, military member, friend, supervisor, and student). A graduate degree added another layer of responsibility. Over the course of this time, I fine-tuned my values and boundaries. Because of a lack of work-life balance in 2022, I found myself spending less time with friends and family. My doctoral studies allowed me to have more intentional control over my time, which improved my work-life balance. The boundaries were challenging at first, but my family, friends, and colleagues were generous with their support, which made this challenging experience more sustainable.

As a non-human service or social worker professional, I have learned to grow and understand what this profession does in terms of child welfare. Within the organizational leadership lens, I learned that different leadership theories and models can be used within the child welfare profession. This allowed me to be more open-minded and understand that the community needs more insight in understanding how social workers make decisions. Despite being challenging and eye-opening, these realizations have helped me

understand the factors in play. In turn, this helped me view the world in a more dialectical fashion.

Reflection of Scholar-Practitioner

My experience as a doctoral student has transformed over the past two years. At the start of my degree, I had no knowledge of the human services field, but I wanted to learn everything I could and apply it to my final capstone. I was fortunate to finish 23 years in the United States Navy during my time working toward this degree. During this time, time management was necessary and when I needed a mentor, I was able to reach out to a good friend of mine or faculty. However, my coursework consistently turned into an opportunity and outlet for me to seek change in the field I want to be in for my next career.

I have noticed my improvement in literature reviews and scholarly writing from the time that I started this journey. This allowed me to have more confidence and continue to humble myself to learn more. I appreciate more now on all the contributions that human service professionals make daily. They help people and this is why I wanted to earn a Doctoral degree in this field. I look forward to growing personal and professionally as a human services practitioner, where I hope to become a Probation Officer and begin to venture into the much-needed areas of policy advocacy for adult and juvenile rehabilitation.

Recommendations for Human Services Organization or Human Services Field Advocacy

Based on the study's findings, I recommend the Child Protective Services (CPS) organization implement comprehensive training programs that focus on both the theoretical and practical aspects of risk assessment and decision-making. These programs should incorporate scenarios and case studies that reflect the real-world challenges faced by social workers. Regular refresher courses are also necessary to ensure that social workers stay updated with the latest best practices and policies. Enhanced training will empower social workers with the knowledge and skills needed to make more accurate and effective decisions.

Moreover, it is crucial to establish robust support systems for social workers. These systems should include access to mental health resources, peer support groups, and regular supervisory meetings. Such support can help mitigate the high levels of stress and burnout reported by social workers, ultimately leading to improved decision-making and risk management. Ensuring that social workers have the necessary emotional and professional support will contribute to more effective child protection practices.

For advocacy, there is a significant opportunity to push for policies that reduce caseloads for social workers, ensuring they have sufficient time and resources to thoroughly assess and manage each case. Additionally, advocating for policies that prioritize the mental health and well-being of social workers can further enhance their effectiveness and job satisfaction. By addressing these systemic issues through policy

changes, CPS can create a more supportive and efficient work environment that ultimately benefits the children and families they serve.

Summary

During my doctoral journey, I experienced significant personal and professional growth, balancing my roles as a single father, military member, and student. This process helped me achieve a better work-life balance and deepened my understanding of the child welfare profession. Through my studies, I transformed as a scholar-practitioner, recognizing the importance of continuous learning and the application of organizational leadership theories in child welfare.

My research provided valuable insights into improving decision-making and risk management in the Child Welfare System. I recommend implementing comprehensive training programs, enhancing support systems for social workers, and advocating for policies that reduce caseloads and improve mental health support. These steps are crucial for addressing systemic inefficiencies and promoting better collaboration and resource allocation, ultimately enhancing the effectiveness of child welfare services.

Reflecting on these experiences, I recognize the importance of ongoing professional development and policy advocacy to ensure the safety and well-being of children in our community. My journey has reinforced my commitment to making meaningful contributions to the field of child welfare and advocating for the necessary changes to support social workers and protect vulnerable children.

References

About. (2024). The Administration for Children and Families. https://www.acf.hhs.gov/cwpm/public_html/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=60

Adeshina, O. O., Nyame, S., Milner, J., Milojevic, A., & Asante, K. P. (2022). Barriers and facilitators to nationwide implementation of the malaria vaccine in Ghana. *Health Policy and Planning*, *38*(1), 28–37. https://doi.org/10.1093/heapol/czac077

Ahn, E., Gil, Y., & Putnam-Hornstein, E. (2021). Predicting youth at high risk of aging out of foster care using machine learning methods. *Child Abuse & Neglect*, *117*, 105059. https://doi.org/10.1016/j.chiabu.2021.105059

Ahn, E., Morstatter, F., Waters-Roman, D., Palmer, L., & McCroskey, J. (2024). Qualitative exploration of child welfare workers' decision-making experiences and perspectives on fairness. *Journal of Public Child Welfare*, 1–24. https://doi.org/10.1080/15548732.2024.2312846

Ajisafe, L. B., Ohaeri, B., Ojo, I. O., & Babarimisa, O. (2023). Child abuse: a significant contemporary community problem. *International Journal of Public Health, Pharmacy and Pharmacology (Print)*, *8*(1), 18–26. https://doi.org/10.37745/ijphpp.15/vol8n11826

AlBadri, H. (2022). Framework model to enhance the effectiveness of blockchain technology through the knowledge management processes. *Tehnički Glasnik*, *16*(3), 293–298. https://doi.org/10.31803/tg-20220305123321

Amin, U., Rashid, B., Jan, R., Jan, R., & Malla, A. M. (2023a). Child abuse and neglect. *Indian Journal of Continuing Nursing Education*, *24*(2), 104–109. https://doi.org/10.4103/ijcn.ijcn_40_22

Ashley-Binge, S., & Cousins, C. (2019). Individual and organisational practices addressing social workers' experiences of vicarious trauma. *Practice*, *32*(3), 191–207. https://doi.org/10.1080/09503153.2019.1620201

Assini-Meytin, L. C., Fix, R. L., & Letourneau, E. J. (2020). Child sexual abuse: The need for a perpetration prevention focus. *Journal of Child Sexual Abuse*, *29*(1), 22–40. https://doi.org/10.1080/10538712.2019.1703232

Assini-Meytin, L. C., Kaufman, K. L., Mathews, B. P., Palmer, D. A., Ingram, M., & Letourneau, E. J. (2021). Preventing and responding to child sexual abuse: Organizational efforts. *Child Abuse & Neglect*, *112*, 104892. https://doi.org/10.1016/j.chiabu.2020.104892

Bagdasaryan, S. (2012). Social work education and Title IV-E program participation as predictors of entry-level knowledge among public child welfare workers. *Children and Youth Services Review*, *34*(9), 1590–1597. https://doi.org/10.1016/j.childyouth.2012.04.013

Baker, A. J. L., LeBlanc, S. S., Adebayo, T., & Mathews, B. P. (2021). Training for mandated reporters of child abuse and neglect: Content analysis of state-sponsored curricula. *Child Abuse & Neglect (Print)*, *113*, 104932. https://doi.org/10.1016/j.chiabu.2021.104932

Benbenishty, R., & Fluke, J. D. (2020). Frameworks and Models in Decision-Making and Judgment in Child Welfare and Protection. In *Oxford University Press eBooks* (pp. 3–26). https://doi.org/10.1093/oso/9780190059538.003.0001

Bergman, A., Arnesson, K., & Berggren, U. J. (2022). Child protection investigations by private consultants or municipally employed social workers: What are the differences for children? *Journal of Social Work*, *23*(1), 103–121. https://doi.org/10.1177/14680173221109710

Berlin, L. J., Appleyard, K., & Dodge, K. A. (2011). Intergenerational continuity in child maltreatment: Mediating mechanisms and implications for prevention. *Child Development*, *82*(1), 162–176. https://doi.org/10.1111/j.1467-8624.2010.01547.x

Birungi, N., Berge, K. G., Åstrøm, A. N., & Brattabø, I. V. (2024). Association of child abuse and neglect training with filing reports of concern to child welfare services: a cross-sectional study. *BMC Oral Health*, *24*(1). https://doi.org/10.1186/s12903-024-04222-9

Brinkmann, S., & Kvale, S. (2018). *Doing interviews*. https://doi.org/10.4135/9781529716665

Brun, C., & Rapp, R. C. (2001). Strengths-Based Case Management: Individuals' perspectives on strengths and the case manager relationship. *Social Work*, *46*(3), 278–288. https://doi.org/10.1093/sw/46.3.278

Cain, G., Yang, Y., McKee, L. G., Parent, J., & Jones, D. J. (2024). Mastery of Behavioral Parent Training Skills by Parents with Low Income: The Role of

Mindful Attention. *Mindfulness (New York. Print)*. https://doi.org/10.1007/s12671-024-02322-9

California Penal Code. (2024). Criminal Law Definitions (California). In *California Penal Code* (p. Section 261). https://www.calstate.edu/titleix/Documents/california-penal-code-definitions-for-sexual-assault-dating-violence-domestic-violence-and-stalking.pdf

Los Angeles County Department of Children and Family Services, & Howle, E. M. (2019). *It has not adequately ensured the health and safety of all children in its care* (No. 2018–126). California State Auditor. https://information.auditor.ca.gov/pdfs/reports/2018-126.pdf

Case plans - 0080-502.10 - DCFS Policy Institute website. (n.d.). https://policy.dcfs.lacounty.gov/Policy?id=5757

Chaffin, M., Silovsky, J. F., Funderburk, B. W., Valle, L. A., Brestan, E. V., Balachova, T., Jackson, S., Lensgraf, J., & Bonner, B. L. (2004). Parent-Child Interaction Therapy with Physically Abusive Parents: Efficacy for reducing future abuse reports. *Journal of Consulting and Clinical Psychology*, *72*(3), 500–510. https://doi.org/10.1037/0022-006x.72.3.500

Chambers, R., Crutchfield, R. M., Harper, S., Fatemi, M., & Rodriguez, A. Y. (2018). Family reunification in child welfare practice: A pilot study of parent and staff experiences. *Children and Youth Services Review*, *91*, 221–231. https://doi.org/10.1016/j.childyouth.2018.06.020

Chen, W., Rebbe, R., & Putnam-Hornstein, E. (2023). An analysis of temporal dimensions in maltreatment reporting and child protection responses. *Child Abuse & Neglect*, *139*, 106115. https://doi.org/10.1016/j.chiabu.2023.106115

Child Abuse and Neglect in California - Part I. (2024). https://lao.ca.gov/1996/010596_child_abuse/cw11096a.html

Child Abuse and Neglect Reporting Act (CANRA) - 0050-501.10 - DCFS Policy Institute website. (2024). https://policy.dcfs.lacounty.gov/Policy?id=5766

Child Welfare Information Gateway | Child Welfare Information Gateway. (n.d.). https://www.childwelfare.gov/

Child Welfare Services Case Management System. (2024). https://www.cdss.ca.gov/inforesources/child-welfare-services-case-management-system

Cırık, V. A. (2017). Preventing child abuse and neglect. *New Trends and Issues Proceedings on Humanities and Social Sciences*, *4*(2), 108–113. https://doi.org/10.18844/prosoc.v4i2.2737

Codes display text. (2024). https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=PEN&division=&title=1.&part=4.&chapter=2.&article=2.5

Cohen, C. P. (1989). United Nations: Convention on the Rights of the Child. *International Legal Materials*, *28*(6), 1448–1476. https://doi.org/10.1017/s0020782900017228

Conti, S. (2011). LAWYERS AND MENTAL HEALTH PROFESSIONALS WORKING TOGETHER: RECONCILING THE DUTIES OF CONFIDENTIALITY AND MANDATORY CHILD ABUSE REPORTING. *Family Court Review*, *49*(2), 388–399. https://doi.org/10.1111/j.1744-1617.2011.01379.x

Cuccaro-Alamin, S., Foust, R., Vaithianathan, R., & Putnam-Hornstein, E. (2017). Risk assessment and decision making in child protective services: Predictive risk modeling in context. *Children and Youth Services Review*, *79*, 291–298. https://doi.org/10.1016/j.childyouth.2017.06.027

Cummings, C., Singer, J., Hisaka, R., & Benuto, L. T. (2018). Compassion satisfaction to combat Work-Related burnout, vicarious trauma, and secondary traumatic stress. *Journal of Interpersonal Violence*, *36*(9–10), NP5304–NP5319. https://doi.org/10.1177/0886260518799502

Damaskopoulou, E., Papakonstantinou, E., Bacopoulou, F., Eliopoulos, E., Chrousos, G. P., & Vlachakis, D. (2022). Child abuse: Past, present and future (Review). *World Academy of Sciences Journal*, *5*(1). https://doi.org/10.3892/wasj.2022.181

De La Parte-Serna, A. C., Oliván-Gonzalvo, G., Fratila, C. R., Hermoso-Vallespí, M., Peiró-Aubalat, A., & Ortega-Soria, R. (2020). The dark side of Paediatric dentistry: Child abuse. *DOAJ (DOAJ: Directory of Open Access Journals)*. https://doi.org/10.5281/zenodo.3739084

Decision-Making and judgment in child welfare and protection. (2020). In *Oxford University Press eBooks*. https://doi.org/10.1093/oso/9780190059538.001.0001

Dellor, E., Lovato-Hermann, K., Wolf, J. P., Curry, S. R., & Freisthler, B. (2015). Introducing technology in child Welfare referrals: a case study. *Journal of Technology in Human Services*, *33*(4), 330–344. https://doi.org/10.1080/15228835.2015.1107520

DeLong-Hamilton, T. A., Krase, K., & Bundy-Fazioli, K. (2015). Exploring Child Welfare Workers' Experiences with Neglect Cases: A Qualitative Study. *Journal of Public Child Welfare*, *10*(1), 21–38. https://doi.org/10.1080/15548732.2015.1075454

DeMattei, R., Sherry, J. S., Rogers, J. L., & Freeman, J. (2009). What future health care providers will need to know about child abuse and neglect. *The Health Care Manager*, *28*(4), 320–327. https://doi.org/10.1097/hcm.0b013e3181bded0a

Division, D. C. (2023, May 9). *What is child abuse or neglect? What is the definition of child abuse and neglect?* HHS.gov. https://www.hhs.gov/answers/programs-for-families-and-children/what-is-child-abuse/index.html

Domoff, S. E., & Niec, L. N. (2018). Parent-child interaction therapy as a prevention model for childhood obesity: A novel application for high-risk families. *Children and Youth Services Review*, *91*, 77–84. https://doi.org/10.1016/j.childyouth.2018.05.024

Dovetail Editorial Team. (2023, March 9). *What is inductive coding in qualitative research?* https://dovetail.com/research/inductive-coding/

Dye, H. (2019). Is emotional abuse as harmful as physical and/or sexual abuse? *Journal of Child & Adolescent Trauma*, *13*(4), 399–407. https://doi.org/10.1007/s40653-019-00292-y

Eamon, M. K. (2001). The Effects of poverty on Children's Socioemotional Development: An Ecological Systems analysis. *Social Work*, *46*(3), 256–266. https://doi.org/10.1093/sw/46.3.256

Eastman, A. L., Foust, R., Prindle, J., Palmer, L., Erlich, J., Giannella, E., & Putnam-Hornstein, E. (2019). A descriptive analysis of the child protection histories of youth and young adults arrested in California. *Child Maltreatment*, *24*(3), 324–329. https://doi.org/10.1177/1077559519837667

Eastman, A. L., Schelbe, L., & McCroskey, J. (2019). A content analysis of case records: Two-generations of child protective services involvement. *Children and Youth Services Review*, *99*, 308–318. https://doi.org/10.1016/j.childyouth.2018.12.030

Edwards, F., Fong, K., Copeland, V., Raz, M., & Dettlaff, A. J. (2023). Administrative burdens in child welfare systems. *RSF: The Russell Sage Foundation Journal of the Social Sciences*, *9*(5), 214–231. https://doi.org/10.7758/rsf.2023.9.5.09

Ejim, J. P. (2024). An in-depth investigation of the widespread effects of child abuse on development and wellbeing. *NEWPORT INTERNATIONAL JOURNAL OF CURRENT ISSUES IN ARTS AND MANAGEMENT*, *4*(1), 4–7. https://doi.org/10.59298/nijciam/2024/4.1.4723

Evident Change. (2023, December 15). *SDM® model in Child Protection - evident change*. https://evidentchange.org/assessment/structured-decision-making-sdm-model/child-welfare/

Feely, M., Raissian, K. M., Schneider, W., & Bullinger, L. R. (2020). The social Welfare policy landscape and child protective Services: Opportunities for and barriers to creating systems synergy. *˜the œAnnals of the American Academy of Political and Social Science/□the □Annals*, *692*(1), 140–161. https://doi.org/10.1177/0002716220973566

Font, S. A., & Maguire-Jack, K. (2015). Decision-making in child protective services: Influences at multiple levels of the social ecology. *Child Abuse & Neglect*, *47*, 70–82. https://doi.org/10.1016/j.chiabu.2015.02.005

Garcia, A. R., Pecora, P. J., Schnell, A. H., Burnson, C., Harris, E., & Finseth, A. (2020). Technical reviewing for the Family First Prevention Services Act: Strategies and recommendations. *Children and Youth Services Review*, *119*, 105597. https://doi.org/10.1016/j.childyouth.2020.105597

Geiderman, J. M., & Marco, C. A. (2020). Mandatory and permissive reporting laws: obligations, challenges, moral dilemmas, and opportunities. *Journal of the American College of Emergency Physicians Open*, *1*(1), 38–45. https://doi.org/10.1002/emp2.12011

Griffiths, A., Royse, D., Piescher, K., & LaLiberte, T. (2018). Preparing Child Welfare Practitioners: Implications for Title IV-E education and Training Partnerships.

Journal of Public Child Welfare, *12*(3), 281–299. https://doi.org/10.1080/15548732.2017.1416325

Henson, M., Cain, M., Wilke, D. J., & Radey, M. (2023). What makes a case difficult: Definitions from child welfare workers and implications for workload and caseload management. *Journal of Public Child Welfare*, 1–22. https://doi.org/10.1080/15548732.2023.2219649

Henze-Pedersen, S., & Bengtsson, T. T. (2024). Developing a model for child participation in child welfare services. *Child & Family Social Work*. https://doi.org/10.1111/cfs.13150

Herrera, V. L. M., Spader, H., & Kaufhold, M. (2022). Research in Child Protection Against Abuse and Neglect: at the crossroads of analysis, strategy, and policy. *Acta Medica Philippina*, *56*(15). https://doi.org/10.47895/amp.v56i15.6517

Humphreys, K. L., Piersiak, H. A., Panlilio, C. C., Lehman, E., Verdiglione, N., Dore, S., & Levi, B. H. (2021). A randomized control trial of a child abuse mandated reporter training: Knowledge and attitudes. *Child Abuse & Neglect*, *117*, 105033. https://doi.org/10.1016/j.chiabu.2021.105033

Implementing Structured Decision-Making Procedures at Child Welfare Intake | Office of Justice Programs. (2024). https://www.ojp.gov/ncjrs/virtual-library/abstracts/implementing-structured-decision-making-procedures-child-welfare

Jenkins, B. Q., Tilbury, C., Hayes, H., & Mazerolle, P. (2018). Factors associated with child protection recurrence in Australia. *Child Abuse & Neglect*, *81*, 181–191. https://doi.org/10.1016/j.chiabu.2018.05.002

Joh-Carnella, N., Livingston, E., Kagan-Cassidy, M., Vandermorris, A., Smith, J. W., Lindberg, D. M., & Fallon, B. (2023). Understanding the roles of the healthcare and child welfare systems in promoting the safety and well-being of children. *Frontiers in Psychiatry*, *14*. https://doi.org/10.3389/fpsyt.2023.1195440

Johnson, K., O'Connor, D., Berry, S., Ramelmeier, D., & Pecora, P. J. (2012). Structuring the decision to accept a child protection report. *Journal of Public Child Welfare*, *6*(2), 191–205. https://doi.org/10.1080/15548732.2012.667736

Johnson, W. (2004). Effectiveness of California's Child Welfare Structured Decision-Making (SDM) Model: A Prospective Study of the Validity of the California Family Risk Assessment. *Effectiveness of California's Child Welfare Structured Decision-Making (SDM) Model: A Prospective Study of the Validity of the California Family Risk Assessment*.

Karadağ, F. (2022). DIFFICULT CASES IN THE ASSESSMENT OF CHILD ABUSE. *Toplum Ve Sosyal Hizmet*, *33*(4), 1229–1247. https://doi.org/10.33417/tsh.1020514

Kasimoğlu, N., & Karakurt, P. (2023). Investigation of awareness of students on child neglect and abuse and their attitudes towards reporting child neglect and abuse. *Türk Fen Ve Sağlık Dergisi*. https://doi.org/10.51972/tfsd.1240794

Kellogg, N. D. (2005). The evaluation of sexual abuse in children. *Pediatrics*, *116*(2), 506–512. https://doi.org/10.1542/peds.2005-1336

Kempe, C. H., Silverman, F. N., Steele, B. F., Droegemueller, W., & Silver, H. K. (1962). The Battered-Child Syndrome. *JAMA*, *181*(1), 17. https://doi.org/10.1001/jama.1962.03050270019004

Kerns, S. E. U., Mitchell, C., Rolls-Reutz, J., & Sedivy, J. A. (2023). Documenting the implementation gap: Pre-implementation supports. *Global Implementation Research and Applications*, *3*(2), 85–98. https://doi.org/10.1007/s43477-023-00081-8

Knack, N., Winder, B., Murphy, L., & Fedoroff, J. P. (2019). Primary and secondary prevention of child sexual abuse. *International Review of Psychiatry (Print)*, *31*(2), 181–194. https://doi.org/10.1080/09540261.2018.1541872

Kruglanski, A. W., Bélanger, J. J., Chen, X., Köpetz, C., Pierro, A., & Mannetti, L. (2012). The energetics of motivated cognition: A force-field analysis. *Psychological Review*, *119*(1), 1–20. https://doi.org/10.1037/a0025488

Labella, M. H., Benito-Gomez, M., Margolis, E., Zhang, J., & Dozier, M. (2023). Telehealth delivery of modified attachment and biobehavioral catch-up: feasibility, acceptability, and lessons learned. *Attachment & Human Development*, *25*(2), 240–253. https://doi.org/10.1080/14616734.2023.2179577

Lalayants, M., DePanfilis, D., Merkel-Holguin, L., Baldwin, M., Schmidt, M. C., Treinen, J., Zuñiga, D., Mackereth, C., & Anderson, T. (2021). Building evidence for family group decision-making in child welfare: operationalizing the

intervention. *Journal of Public Child Welfare*, *16*(3), 376–401. https://doi.org/10.1080/15548732.2021.1891185

Levey, E. J., Gelaye, B., Bain, P., Rondón, M. B., Borba, C. P., Henderson, D. C., & Williams, M. A. (2017). A systematic review of randomized controlled trials of interventions designed to decrease child abuse in high-risk families. *Child Abuse & Neglect*, *65*, 48–57. https://doi.org/10.1016/j.chiabu.2017.01.004

Liddle, H. A., Dakof, G. A., Turner, R. M., Henderson, C. E., & Greenbaum, P. E. (2008). Treating adolescent drug abuse: a randomized trial comparing multidimensional family therapy and cognitive behavior therapy. *Addiction*, *103*(10), 1660–1670. https://doi.org/10.1111/j.1360-0443.2008.02274.x

Lifter, K., Kruger, L. J., Okun, B. F., Tabol, C., Poklop, L., & Shishmanian, E. (2005). Transformation to a Web-Based preservice training program. *Topics in Early Childhood Special Education*, *25*(1), 15–24. https://doi.org/10.1177/02711214050250010201

Lines, L., Hutton, A., & Grant, J. (2020). Navigating and negotiating meanings of child abuse and neglect: Sociocultural contexts shaping Australian nurses' perceptions. *Health & Social Care in the Community*, *28*(3), 941–949. https://doi.org/10.1111/hsc.12925

Los Angeles County Department of Children and Family Services. (2024, February 7). *Child fatality data | Los Angeles County Department of Children and Family Services*. https://dcfs.lacounty.gov/resources/child-fatality-data/

MacDuffie, H., & DePoy, E. (2004). Force Field Analysis: a model for promoting adolescents' involvement in their own health care. *Health Promotion Practice*, *5*(3), 306–313. https://doi.org/10.1177/1524839903257994

Mack, B. M. (2022). Addressing Social Workers' Stress, Burnout, and Resiliency: A Qualitative Study with Supervisors. *Social Work Research*, *46*(1), 17–28. https://doi.org/10.1093/swr/svab032

Maddock, A. (2024). Examining potential psychological protective and risk factors for stress and burnout in social workers. *Clinical Social Work Journal*. https://doi.org/10.1007/s10615-024-00924-3

Massullo, C., De Rossi, E., Carbone, G. A., Imperatori, C., Ardito, R. B., Adenzato, M., & Farina, B. (2023). Child Maltreatment, Abuse, and Neglect: An umbrella review of their prevalence and definitions. *PubMed*, *20*(2), 72–99. https://doi.org/10.36131/cnfioritieditore20230201

McCafferty, P., & Taylor, B. K. (2020). Risk, decision-making and assessment in child welfare. *Child Care in Practice*, *26*(2), 107–110. https://doi.org/10.1080/13575279.2019.1703369

McGregor, C., & Devaney, C. (2020). A framework to inform protective support and supportive protection in child protection and welfare practice and supervision. *Social Sciences*, *9*(4), 43. https://doi.org/10.3390/socsci9040043

McNellan, C. R., Gibbs, D. J., Knobel, A. S., & Putnam-Hornstein, E. (2022). The evidence base for risk assessment tools used in U.S. child protection

investigations: A systematic scoping review. *Child Abuse & Neglect*, *134*, 105887. https://doi.org/10.1016/j.chiabu.2022.105887

McTavish, J. R., McHolm, A. E., Niec, A., Pietrantonio, A. M., McKee, C., & MacMillan, H. L. (2024). Case conceptualization in child welfare: an underused resource to improve child, family, and provider outcomes. *Frontiers in Psychiatry*, *14*. https://doi.org/10.3389/fpsyt.2023.1292690

Mendoza, N. S., Rose, R. A., Geiger, J. M., & Cash, S. J. (2016). Risk assessment with actuarial and clinical methods: Measurement and evidence-based practice. *Child Abuse & Neglect (Print)*, *61*, 1–12. https://doi.org/10.1016/j.chiabu.2016.09.004

Mikton, C., & Butchart, A. (2009). Child maltreatment prevention: a systematic review of reviews. *Bulletin of the World Health Organization*, *87*(5), 353–361. https://doi.org/10.2471/blt.08.057075

Miyamoto, S., Romano, P. S., Putnam-Hornstein, E., Thurston, H., Dharmar, M., & Joseph, J. G. (2017). Risk factors for fatal and non-fatal child maltreatment in families previously investigated by CPS: A case-control study. *Child Abuse & Neglect*, *63*, 222–232. https://doi.org/10.1016/j.chiabu.2016.11.003

Navarro, I., Richardson, B. A., Endres, J., Ling, R., Arevalo, Z., & McGrath, S. (2022). STRENGTHS-BASED CASE MANAGEMENT. *Journal of Public Child Welfare*, *17*(3), 628–646. https://doi.org/10.1080/15548732.2022.2085841

Nielsen, M. B., Johannessen, H. A., Christensen, J. O., & Finne, L. B. (2023). Emotional dissonance and burnout among child welfare workers: The moderating role of social support from colleagues, supervisors, and organization. *Journal of Social*

Work/Journal of Social Work, *23*(4), 615–635. https://doi.org/10.1177/14680173221143649

Nolan, E. J., Cost, K. T., Miller, R. T., Wang, L., Chen, Y., Edwards, J., Duku, E., Georgiades, S., Szatmári, P., MacMillian, H., Waddell, C., & Georgiades, K. (2024). Adaptation and validation of the Washington Group/UNICEF Child Functioning Module in a nationally representative sample of Canadian children and youth. *Research Square (Research Square)*. https://doi.org/10.21203/rs.3.rs-3976468/v1

Ogbonnaya, I. N., Martin, J., & Walsh, C. R. (2018). Using the California Evidence-Based Clearinghouse for Child Welfare as a tool for teaching Evidence-Based practice. *Journal of Social Work Education*, *54*(sup1), S31–S40. https://doi.org/10.1080/10437797.2018.1434434

Palmer, L., Font, S. A., Eastman, A. L., Guo, L., & Putnam-Hornstein, E. (2022). What does child protective services investigate as neglect? A Population-Based Study. *Child Maltreatment*, *29*(1), 96–105. https://doi.org/10.1177/10775595221114144

Paquin, J., & Koplyay, T. (2007). Force Field Analysis and Strategic Management: a dynamic approach. *Engineering Management Journal*, *19*(1), 28–37. https://doi.org/10.1080/10429247.2007.11431719

Peacock, S., Konrad, S., Watson, E., Nickel, D., & Muhajarine, N. (2013). Effectiveness of home visiting programs on child outcomes: a systematic review. *BMC Public Health*, *13*(1). https://doi.org/10.1186/1471-2458-13-17

Pekdoğan, S., & Kanak, M. (2021). Child temperament as a predictor of parents' potential for emotional abuse. □*the* □*Journal of Nervous and Mental Disease (Print)*, *210*(5), 330–334. https://doi.org/10.1097/nmd.0000000000001449

Perrigo, J. L., Molina, A. P., Hurlburt, M. S., & Finno-Velasquez, M. (2023). Exploring the drivers of child maltreatment under- and Overreporting: A Qualitative study. *Families in Society*. https://doi.org/10.1177/10443894231187441

Pharris, A. B., Muñoz, R. T., & Hellman, C. M. (2022). Hope and resilience as protective factors linked to lower burnout among child welfare workers. *Children and Youth Services Review*, *136*, 106424. https://doi.org/10.1016/j.childyouth.2022.106424

Phaswana, K., & Erlank, E. C. (2023). RENDERING SERVICES IN CHILD AND YOUTH CARE CENTRES: EXPERIENCES AND CHALLENGES OF SOCIAL WORKERS. *Social Work/Maatskaplike Werk*, *59*(2). https://doi.org/10.15270/59-2-1034

Pisarska, A. (2024). The concept of "Child Welfare": A review of selected theories. *Annales Universitatis Mariae Curie-Skłodowska. Sectio J, Paedagogia-Psychologia*, *36*(4), 183–202. https://doi.org/10.17951/j.2023.36.4.183-202

Putnam-Hornstein, E., Ahn, E., Prindle, J., Magruder, J., Webster, D., & Wildeman, C. (2021). Cumulative Rates of Child Protection Involvement and terminations of Parental Rights in a California birth cohort, 1999–2017. *American Journal of Public Health*, *111*(6), 1157–1163. https://doi.org/10.2105/ajph.2021.306214

Putnam-Hornstein, E., Ahn, E., Prindle, J., & Webster, D. (2021). Contact with the child protection system is pervasive, but are recent estimates correct? *Proceedings of*

the National Academy of Sciences of the United States of America, *118*(49). https://doi.org/10.1073/pnas.2114676118

Radey, M., & Wilke, D. J. (2023). Extent, trajectory, and determinants of child welfare turnover and exit destinations. *Children and Youth Services Review*, *144*, 106733. https://doi.org/10.1016/j.childyouth.2022.106733

Report 2018-126. (2024). https://information.auditor.ca.gov/reports/2018-126/introduction.html

Rienks, S. (2020). An exploration of child welfare caseworkers' experience of secondary trauma and strategies for coping. *Child Abuse & Neglect*, *110*, 104355. https://doi.org/10.1016/j.chiabu.2020.104355

Risk and Protective Factors|Child Abuse and Neglect|Violence Prevention|Injury Center|CDC. (n.d.). https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html#:~:text=Risk%20factors%20are%20characteristics%20that,of%20child%20abuse%20and%20neglect.

Rodríguez, A., Fei, Z., Barrera, W. A., Tsao, E. H., Waterman, J., Franke, T., Mogil, C., Bonilla, B., Cugley, G. M., Gillams, T., & Langley, A. K. (2022). Leveraging leadership in child Welfare Systems: large-scale trauma- and resilience-informed training initiative. *Journal of Behavioral Health Services & Research*, *50*(1), 18–35. https://doi.org/10.1007/s11414-022-09815-2

Rueness, J., Myhre, M. C., Strøm, I. F., Wentzel-Larsen, T., Dyb, G., & Thoresen, S. (2019). Child abuse and physical health: A population-based study on physical

health complaints among adolescents and young adults. *Scandinavian Journal of Public Health*, *48*(5), 511–518. https://doi.org/10.1177/1403494819848581

Russell, D., Higgins, D., & Posso, A. (2020). Preventing child sexual abuse: A systematic review of interventions and their efficacy in developing countries. *Child Abuse & Neglect (Print)*, *102*, 104395. https://doi.org/10.1016/j.chiabu.2020.104395

Russell, J., Kerwin, C., & Halverson, J. (2018). Is child protective services effective? *Children and Youth Services Review*, *84*, 185–192. https://doi.org/10.1016/j.childyouth.2017.11.028

Salloum, A., Choi, M. J., & Stover, C. S. (2018). Development of a trauma-informed self-care measure with child welfare workers. *Children and Youth Services Review*, *93*, 108–116. https://doi.org/10.1016/j.childyouth.2018.07.008

Schols, M. W. A., De Ruiter, C., & Öry, F. (2013). How do public child healthcare professionals and primary school teachers identify and handle child abuse cases? A qualitative study. *BMC Public Health*, *13*(1). https://doi.org/10.1186/1471-2458-13-807

Seshadhri, S. S., Rajavadivel, S., & Hariharasudhan, V. (2024). Family-Focused Therapy: An emerging approach on the treatment of bipolar disorder. *Biosciences Biotechnology Research Asia/Biosciences Biotechnology Research Asia*, *21*(1), 37–44. https://doi.org/10.13005/bbra/3200

Shrivastava, S., Shrivastava, P., & Ramasamy, J. (2017). Force field analysis: An effective tool in qualitative research. *Journal of Current Research in Scientific Medicine*, *3*(2), 139. https://doi.org/10.4103/jcrsm.jcrsm_55_17

Sklar, M., Kenneally, R., Aarons, G. A., & Fettes, D. L. (2023). Applying after-action reviews to child and family teams to improve mental health service linkage within child welfare services: a study protocol. *Implementation Science Communications*, *4*(1). https://doi.org/10.1186/s43058-023-00479-3

Skowron, E. A., Nekkanti, A., Skoranski, A., Scholtes, C. M., Lyons, E. R., Mills, K. L., Bard, D., Rock, A., Berkman, E. T., Bard, E., & Funderburk, B. W. (2023). Randomized trial of parent–child interaction therapy improves child-welfare parents' behavior, self-regulation, and self-perceptions. *Journal of Consulting and Clinical Psychology*. https://doi.org/10.1037/ccp0000859

Smith, N. L., Smith, A. M., Mott, A. G., & Smith, B. D. (2023). Enhancing supports for novice workers in Child Welfare: A study of coaching for child welfare interns. *Families in Society*. https://doi.org/10.1177/10443894231185373

Smithers-Sheedy, H., Badawi, N., Blair, E., Cans, C., Himmelmann, K., Krägeloh-Mann, I., McIntyre, S., Slee, J., Uldall, P., Watson, L., & Wilson, M. (2013). What constitutes cerebral palsy in the twenty-first century? *Developmental Medicine & Child Neurology*, *56*(4), 323–328. https://doi.org/10.1111/dmcn.12262

Solehati, T., Fikri, A. R., Kosasih, C. E., Hermayanti, Y., & Mediani, H. S. (2022). The Current Preventing of Child Sexual Abuse: A Scoping Review. *Social Sciences*, *11*(11), 508. https://doi.org/10.3390/socsci11110508

Sonbol, H. N., Abu-Ghazaleh, S. B., Rajab, L. D., Baqain, Z. H., Ravand, S., & Al-Bitar, Z. B. (2011). Knowledge, educational experiences and attitudes towards child

abuse amongst Jordanian dentists. *European Journal of Dental Education*, *16*(1). https://doi.org/10.1111/j.1600-0579.2011.00691.x

Structured Decision Making Model: An Evidence-Based Approach to Human Services | Office of Justice Programs. (2024). https://www.ojp.gov/ncjrs/virtual-library/abstracts/structured-decision-making-model-evidence-based-approach-human

Swanson, D., & Creed, A. (2013). Sharpening the focus of force field analysis. *Journal of Change Management*, *14*(1), 2847https://doi.org/10.1080/14697017.2013.788052

Taillieu, T., Brownridge, D. A., Sareen, J., & Afifi, T. O. (2016). Childhood emotional maltreatment and mental disorders: Results from a nationally representative adult sample from the United States. *Child Abuse & Neglect*, *59*, 1–12. https://doi.org/10.1016/j.chiabu.2016.07.005

Taquette, S. R., & Da Matta Souza, L. M. B. (2022). Ethical Dilemmas in Qualitative Research: A Critical Literature Review. *International Journal of Qualitative Methods*, *21*, 160940692210787. https://doi.org/10.1177/16094069221078731

Tarasovych, O. (2024). Protection of children's rights in the USA at the end of the 19th – on the beginning of the 20th century: historical excursion. *Analìtično-porìvnâl'ne Pravoznavstvo*, *1*, 51–55. https://doi.org/10.24144/2788-6018.2024.01.7

Testa, M. F., & Kelly, D. (2020). The Evolution of Federal Child Welfare Policy through the Family First Prevention Services Act of 2018: Opportunities, Barriers, and

Unintended Consequences. ˜the œAnnals of the American Academy of Political and Social Science, *692*(1), 68–96. https://doi.org/10.1177/0002716220976528

Thompson, R. A., & Nelson, C. A. (2001). Developmental science and the media: Early brain development. *American Psychologist*, *56*(1), 5–15. https://doi.org/10.1037/0003-066x.56.1.5

Toves, P. R., Graf, L. M., & Gould, D. (2016). Innovative Use of Force Field Analysis: Factors Influencing Technology-Enabled Change. *Journal of Behavioral and Applied Management*, *17*(2), 1183. https://jbam.scholasticahq.com/article/1183.pdf

Travis, D. J., Lizano, E. L., & Barak, M. E. M. (2015). 'I'm So Stressed!': A Longitudinal Model of Stress, Burnout and Engagement among Social Workers in Child Welfare Settings. *The British Journal of Social Work*, *46*(4), 1076–1095. https://doi.org/10.1093/bjsw/bct205

Tsui, K. (1995). Multidimensional Generalizations of the Relative and Absolute Inequality Indices: The Atkinson-Kolm-Sen Approach. *Journal of Economic Theory*, *67*(1), 251–265. https://doi.org/10.1006/jeth.1995.1073

Tufford, L., Bogo, M., & Asakura, K. (2014). How do social workers respond to potential child neglect? *Social Work Education*, *34*(2), 229–243. https://doi.org/10.1080/02615479.2014.958985

Ünal, D. P. (2024). Determination of elementary teachers' opinions on child abuse and neglect training programs developed according to the Quantum Learning Model.

International Journal of Psychology and Educational Studies (Online), *11*(1), 94–114. https://doi.org/10.52380/ijpes.2024.11.1.1278

Van Der Put, C. E., Assink, M., & Van Solinge, N. F. B. (2017). Predicting child maltreatment: A meta-analysis of the predictive validity of risk assessment instruments. *Child Abuse & Neglect (Print)*, *73*, 71–88. https://doi.org/10.1016/j.chiabu.2017.09.016

Vrolijk-Bosschaart, T. F., Brilleslijper-Kater, S. N., Benninga, M. A., Lindauer, R., & Teeuw, A. H. (2018). Clinical practice: recognizing child sexual abuse—what makes it so difficult? *European Journal of Pediatrics*, *177*(9), 1343–1350. https://doi.org/10.1007/s00431-018-3193-z

Waid, J., & Choy-Brown, M. (2021). Moving upstream: The Family First Prevention Services Act and re-imagining opportunities for prevention in child welfare practice. *Children and Youth Services Review*, *127*, 106098. https://doi.org/10.1016/j.childyouth.2021.106098

Walker, K. (2023). Force-Field analysis. In *Springer texts in education* (pp. 197–201). https://doi.org/10.1007/978-3-031-04394-9_32

Walsh, K., Eggins, E., Hine, L., Mathews, B. P., Kenny, M. C., Howard, S., Ayling, N., Dallaston, E., Pink, E., & Vagenas, D. (2022). Child protection training for professionals to improve reporting of child abuse and neglect. *Cochrane Library (CD-ROM)*, *2022*(7). https://doi.org/10.1002/14651858.cd011775.pub2

Warren, J. M., Halpin, S., Hanstock, T. L., Hood, C., & Hunt, S. (2022). Outcomes of Parent-Child Interaction Therapy (PCIT) for families presenting with child

maltreatment: A systematic review. *Child Abuse & Neglect*, *134*, 105942. https://doi.org/10.1016/j.chiabu.2022.105942

Wilkins, D., & Whittaker, C. (2017). Doing Child-Protection Social Work with Parents: What Are the Barriers in Practice? *British Journal of Social Work*, *48*(7), 2003–2019. https://doi.org/10.1093/bjsw/bcx139

Wolfe, D. A., Sandler, J., & Kaufman, K. L. (1981). A competency-based parent training program for child abusers. *Journal of Consulting and Clinical Psychology*, *49*(5), 633–640. https://doi.org/10.1037/0022-006x.49.5.633

World Health Organization: WHO. (2022, September 19). *Child maltreatment*. https://www.who.int/news-room/fact-sheets/detail/child-maltreatment

Xu, Y., Bright, C. L., & Ahn, H. (2017). Responding to child maltreatment: Comparison between the USA and China. *International Journal of Social Welfare*, *27*(2), 107–120. https://doi.org/10.1111/ijsw.12287

Yang, Y., Liu, Q., Jin, S., & Zhou, M. Y. (2021). The influence mechanism of financial shared service mode on the competitive advantage of enterprises from the perspective of organizational complexity: A force field analysis. *International Journal of Accounting Information Systems*, *42*, 100525. https://doi.org/10.1016/j.accinf.2021.100525

Yatake, H., Aoki, A., Numaguchi, A., & Takehara, K. (2022). Barriers, facilitators, and implementation strategies for the initiation of Child Death Review system in Japan: a modified Delphi method study. *BMC Health Services Research*, *22*(1). https://doi.org/10.1186/s12913-022-08668-x

Yelick, A., & Thyer, B. A. (2024). Using a structured decision-making model to inform child welfare practice in Florida: safety versus removal. *Journal of Public Child Welfare*, 1–18. https://doi.org/10.1080/15548732.2024.2312844

Zeidan, N. A., Bukhamseen, F. M., Al-Qassab, A. T., Alsadah, F. Z., & Menezes, R. G. (2022). Cutaneous mimickers of physical child abuse: A brief overview. *Medico-Legal Journal*, *91*(1), 26–29. https://doi.org/10.1177/00258172211062295

Zhou, Q., & Jones, A. S. (2023). Improving retention in child welfare: Comparing needed support for supervisors and caseworkers. *Human Service Organizations, Management, Leadership & Governance*, 1–15. https://doi.org/10.1080/23303131.2023.2271045

Лушин, B., Katz, C. C., Julien-Chinn, F. J., & Lalayants, M. (2023). A burdened workforce: Exploring burnout, job satisfaction and turnover among child welfare caseworkers in the era of COVID-19. *Children and Youth Services Review*, *148*, 106910. https://doi.org/10.1016/j.childyouth.2023.106910

Appendix A: The Survey Questions (Round One)

1. What are the most important factors that help you effectively assess risk in child welfare cases with children under the age of five?
2. What are the most significant barriers you face when identifying high-risk situations involving young children?
3. Which elements of your workflow enhance your ability to prioritize cases efficiently?
4. Reflecting on cases where outcomes were not as desired, what restraining forces were at play, and how could they be addressed?
5. What resources, if available, would most significantly improve your risk assessments?
6. What factors enable you to consider the child's perspective effectively in your assessments?
7. Can you pinpoint the most frequent challenges that hinder your decision-making in high-risk cases?
8. Are there challenges in working with other professionals that complicate your decision-making?
9. What system changes would have the most positive impact on decision-making in high-risk cases?
10. How does your ongoing professional development support your decision-making, and where are the gaps?

The Survey Questions (Round Two)

Instructions:

In this survey you are invited to rank a list of factors in order of what you believe is the most important factor to what you believe is the least important factor related to ensuring the safety of young children when social workers are involved in two areas: a) assessing risk of the situation for the child, and in b) the decision making about the care and/or placement of young children under the age of 6.

There are four sections below for you to rank. Please rank each section independently of the others.

In each section there are a list of factors made up of a number of criteria. The criteria included in each factor is listed below the factor to help define what is meant by that factor. When thinking about that factor, please consider the criteria it includes.

There are 5 Factors in each section to rank in order from 1-5 where **(1 = the least important factor for consideration, and 5 = the most important factor for consideration)**. Please read all the factors in the section and consider how you would rank the factors in order of importance.

Section I

Things that Act as Driving Factors for Risk Management

Instructions: Please rank the importance of these 5 factors for risk management where (1 = least important, and 5 = Most Important by placing the number 1 through 5 in the box beside the factor.

1. **Effective Risk Assessment Practices**
   This factor means the importance of having methods and tools to assess the current risk of the child Examples of this factor are:

   The ability to assess the child's vulnerability

   Knowledge of the family history

   An opportunity to observe family interactions

   An opportunity to provide the family professional input for daily living

   The chance to use validated assessment tools

2. **Having Access to Resources for Practice Improvement**

This factor means the importance of resources in your field. Examples of this factor are:

Real-time data

Advanced training

Comprehensive databases

Additional staff

Mental health support

3. **Practicing Child-Centered Assessment**

This factor means the importance of having child centered assessments and training on these assessments. Examples of this factor are:

Active listening

Age-appropriate interview techniques

Observing children in different settings

Feedback from caregivers.

4. **Having Access to Ongoing Professional Development**

This factor means the importance of having constant access to current professional development. Examples of this factor are:

Examples:

Having updated knowledge and tools

More practical training

Having better trauma support

More specialized training.

5. **Using Interagency Collaboration**

   This factor means the importance of collaboration within agencies. Examples of this factor are:

   Sharing information

   Coordinated efforts to assess and manage risk.

Section II

Driving Factors for Decision Making

1. **Efficient Case Management**

   This factor means the importance of efficiency of case management. Examples of this factor are:

   Prioritization systems

   Having regular team meetings

   Having clear protocols

   Efficient case management technology

   More consulting with supervisors.

2. **Professional Development**

   This factor means the importance of your professional development. Examples of this factor are:

   More practical training

   More trauma support

   Specialized training for complex cases

3. **Child-Centered Decision Making**

   This factor means the importance of a child centered decision-making system. Examples of this factor are:

Active listening

Age-appropriate interview techniques

Observing children in different settings

Feedback from caregivers

4. Access to Data and Technology

This factor means the importance of having access to updated data and technology. Examples of this factor are:

Real-time data and advanced case management technology to make informed decisions

Support Systems

This factor means the importance of having reliable support systems. Examples of this factor are:

Including mental health support, peer support, and supervisory support to aid in decision making.

Section III

You are also invited to rank factors that may be barriers or restraining forces for social workers related to assessing risk and making decisions related to the care/placement of young children under the age of six.

Please rank these factors from 1 to 5 where 1= the least important factor and 5= the most important factor.

Restraining Forces for Risk Management

1. Challenges in Risk Identification

This restraining force means having a significant challenge in identifying risks within your field. Examples of this restraining force are:

Significance of lack of cooperation from family or child

Language barriers

High caseloads

Incomplete family information

Resistance from clients on being honest

2. **Factors Leading to Unsuccessful Outcomes**

This restraining force means what are the factors that lead you or your agency to unsuccessful outcomes? Examples of this restraining force are:

Significance of high caseloads

Delayed interventions

Poor interagency collaboration

High rate of staff turnover

Resistance from clients

3. System Inefficiencies

This restraining force means what are the current organizational system inefficiencies. Examples of this restraining force are:

Lack of integrated service delivery

Poor data sharing

Insufficient staffing

Unclear protocols.

4. Resource Limitations

This restraining force means what are the current internal and external resource limitations. Examples of this restraining force are:

Real-time data

Advanced training

Comprehensive databases

Additional staff

Mental health support (for employees)

5. Communication Barriers

This restraining force means what are the communication barriers. Examples of this restraining force are:

Miscommunication

Differing priorities

Bureaucratic hurdles

Section IV

Restraining Forces for Decision Making

1. Decision-Making Challenges

This restraining force means what are the decision-making challenges. Examples of this restraining force are:

Conflicting information

Time constraints

Limited resources

Emotional stress of high-stakes decisions

2. Collaboration Issues

This restraining force means what are the internal and external agency collaboration issues. Examples of this restraining force are:

Miscommunication

Differing priorities

Bureaucratic hurdles

Lack of mutual understanding

3. Professional Development Gaps

This restraining force means what do you feel are your professional development gaps. Examples of this restraining force are:

Insufficient practical training

Lack of trauma support

Need for specialized training for complex cases

4. System Inefficiencies

This restraining force means what do you feel are the current system inefficiencies. Examples of this restraining force are:

Lack of integrated service delivery

Poor data sharing

Insufficient staffing

Unclear protocols

5. Support System Limitations

This restraining force means what do you feel are the current support system limitations. Examples of this restraining force are:

Lack of mental health support

Peer support

Supervisory support

Appendix B: Consent Form

Anonymous Survey Consent Form (Round 1)

You are invited to complete an anonymous online questionnaire for a Walden University doctoral study. To provide your informed consent, please review the information below and continue on to the survey if you choose to proceed.

Your role:

- is completely voluntary and can end at any time you wish
- is anonymous (your name will not be requested)
- involves completing a questionnaire
- involves little or no risk

Privacy:

To protect your privacy, the researcher will not collect, track, or store your identity or contact info. In place of a consent signature, your completion of the questionnaire would indicate that you consent to your responses being analyzed in the study.

Data will be kept secure by using password-protected devices and platforms. Data will be kept for a period of at least 5 years, as required by the university.

Once the doctoral student graduates, the study's results will be posted online in Scholarworks (a searchable publication of Walden University research).

Contacts and Questions:

Questions about the study can be emailed to the student researcher via (students email address). If you want to talk privately about your rights as a participant or any negative parts of the study, you can call Walden University's Research Participant Advocate at (enter phone number) or email (enter IRB email address)). Walden University's ethics approval number for this study is 05-24-24-1170208.

You might wish to retain this consent form for your records. You may ask the researcher or Walden University for a copy at any time using the contact info above.

Anonymous Survey Consent Form (Round 2)

You are invited to complete an anonymous online questionnaire for a Walden University doctoral study. To provide your informed consent, please review the information below and continue on to the survey if you choose to proceed.

Your role:

· is completely voluntary and can end at any time you wish

· is anonymous (your name will not be requested)

· involves completing a questionnaire

· involves little or no risk

Privacy:

To protect your privacy, the researcher will not collect, track, or store your identity or contact info. In place of a consent signature, your completion of the questionnaire would indicate that you consent to your responses being analyzed in the study.

Data will be kept secure by using password-protected devices and platforms. Data will be kept for a period of at least 5 years, as required by the university.

Once the doctoral student graduates, the study's results will be posted online in Scholarworks (a searchable publication of Walden University research).

Contacts and Questions:

Questions about the study can be emailed to the student researcher via (students email address). If you want to talk privately about your rights as a participant or any negative parts of the study, you can call Walden University's Research Participant Advocate at (enter phone number) or email (enter IRB email address). Walden University's ethics approval number for this study is 05-24-24-1170208.

You might wish to retain this consent form for your records. You may ask the researcher or Walden University for a copy at any time using the contact info above.

Appendix C: Recruitment Flyer Group A

There is a new study about decision-making and risk management in the Los Angeles County Child Welfare services. You are invited to complete a 20-minute anonymous survey.

Seeking 8 volunteers that meet these requirements:

- Child Welfare social worker with more than 3 years of experience

This study is part of the doctoral program for Heath Landress, a doctoral student at Walden University. The survey will be open until June 1, 2024. Questions should be directed to (enter students email address))

Please click https://www.surveymonkey.com/r/2YRC75Z to view the consent form and begin the survey.

Recruitment Flyer Group B

There is a new study about decision-making and risk management in the Child Welfare services field. You are invited to complete a ranking survey to rank a list of the driving and restraining forces in managing risk and in decision making for social workers in the Child Welfare/Child Protective Services.

Seeking 8 volunteers that meet these requirements:

- Child Welfare social worker

This study is part of the doctoral program for Heath Landress, a doctoral student at Walden University. The survey will be open until (insert date once IRB approval is obtained). Questions should be directed to (enter students email address))

Please https://www.surveymonkey.com/r/NK9YC8G to view the consent form and begin the survey.

Appendix D: White Paper

Program Evaluation Report Outline

Introduction

The Child Welfare System has faced ongoing challenges in safeguarding the well-being of children under its care, as evidenced by multiple child fatalities in recent years. Two areas that are key to Child Protective Services (CPS) workers' practice for protecting vulnerable children in the field are 1) a clear understanding the situation that inform the case worker's assessment of the child's risk and, 2) the case worker's decision making. The complexity of child welfare work, characterized by high caseloads, systemic inefficiencies, and varying levels of interagency collaboration, often places frontline social workers in positions where critical decisions must be made swiftly and under intense pressure.

This white paper presents a current look into the findings from research about social workers' perceptions of existing risk assessment and decision-making processes within the CPS, aiming to identify both key barriers and facilitators that impact the effectiveness of child welfare interventions. The goal is to better protect vulnerable children and reduce the risk of serious injuries or fatalities within the child welfare system.

There is a model of Structured Decision Making that suggests better decisions are made when there is a structured approach to considering all the concerns when making complex decisions, such as in identifying risk factors and decision making recommendations to minimize child fatalities. Since 1998 social workers, administrators,

and community representatives have used the Structure Decision Making model but in A Southern state child fatalities are still happening.

Problem Statement

While the Structured Decision Making Model is the current assessment model used for decision making and risk management within the child welfare agency in A Southern state a rise in child fatalities, contradicts what the model is supposed to do. Social workers continue to face barriers, both personal and professional, that needed to be addressed to see if it effects how they make decisions to protect children.

Purpose of the Evaluation

The purpose of this force field analysis was to get feedback and input from those who are in the field on how they make decision and factor risk when working with children and families to mitigate further child fatalities. During the years, technology has evolved, and social and environmental factors have changed. With the rise in child abuse it was important to review the current model, while gathering information from professionals in the field, to see what improvements leadership and law makers can focus on to reduce child fatalities. This was achieved by surveying professionals who have experience in the field to determine their assessment of both facilitators and barriers in their role of protecting children.

Engagement with Stakeholders

After consulting with professionals in the field there are several important points for lawmakers and agency leadership to advocate for improvements within the Child Protective Services (CPS) system. First, there are critical barriers that CPS workers face

in their decision-making processes. The most significant challenge in their daily work is a lack of adequate support and referral resources, including access to advanced training, having comprehensive databases, and having up to date improved case management technology. These resources are essential for conducting effective risk assessments and making informed decisions. Without them, CPS workers often struggle to accurately evaluate risks and respond appropriately to child welfare cases. Additionally, high caseloads and incomplete information further complicate this process. Overwhelming workloads, with the related time constraints, and gaps in family data frequently hinder thorough risk assessments, which can result in potential oversights and jeopardize child safety.

Furthermore, they recommended systemic improvements to enhance the effectiveness of child welfare services. Improved interagency collaboration is crucial in this regard. It is important to enhance data sharing among agencies, provide more staff support, and improve communication and coordination among the various stakeholders involved in child welfare. Poor interagency cooperation has been identified as a significant barrier to effectively managing high-risk cases. Additionally, it is recommended that Child Welfare agencies adopt standardized procedures as is suggested by the Structured Decision Making model and support the use of modern technology that integrates information across social agencies. Standardizing assessment tools and leveraging technology can help ensure consistency and reliability in risk evaluations, ultimately better protecting children and supporting the professionals dedicated to their welfare.

Ethical Considerations

The information that was used to prepare this white paper was collected from CPS professionals who volunteered to share their perceptions confidentially. Their contributions have been collected analyzed and reported in aggregate to protect their individual identity while still capturing their important insights. The summary of their recommendations is presented here for prioritizing outstanding program related issues that will improve practice.

Key Evaluation Process Objectives Summative

Anticipated Outcome Options

The objective of this process was to get input from the child welfare field experts on current program and decision making/risk assessment process. Identifying specific areas where CPS decision-making processes and risk assessment processes can be enhanced, potential policy changes to align with filling gaps in resources, and the development of training programs to specifically targeting working more closely with those in the profession in moving toward the recommended standardized procedures that align with the model.

Process Evaluation Design

For this evaluation a force field analysis methodology was used, which involved gathering data through two rounds of surveys with social workers from multiple child welfare agencies. In the first round, qualitative data was collected using open-ended questions designed to identify their perceptions and experiences with various driving and restraining forces that influence social workers' decision-making and risk assessment

practices. This initial round provided a rich set of data, capturing the personal experiences, challenges, and insights of those working directly in the field.

Description of Data Collection and Analysis

After collecting the data and analyzing the first round of responses, a second, a more focused survey was developed. In this round, participants were asked to rank the identified driving and restraining forces according to the perceived importance in influencing risk management and decision-making processes. This ranking allowed for prioritizing the factors most critical to improving child welfare practices.

The data analysis process involved coding and categorizing the responses to identify key themes and patterns. These findings helped identify targeted areas for improvement, which will guide next steps in enhancing child assessment programs, practices, and outcomes for stakeholders.

Findings

Highlighted below are several insights that can help guide improvements within the child welfare system. First, social workers face significant challenges in their decision-making processes, primarily due to a lack of resources. Many of them reported that they do not have access to advanced training, comprehensive databases, or modern case management technology—tools that are essential for conducting thorough risk assessments and making informed decisions. Without these resources, social workers are often forced to rely on incomplete information and outdated methods, which can lead to less effective risk evaluations and potentially jeopardize child safety.

Furthermore, high caseloads and time constraints are major barriers. Social workers are overwhelmed with the number of cases they handle, which limits their ability to dedicate adequate time and attention to each case. This situation is compounded by the fact that they often do not have complete information about the families they are assessing, making it even more difficult to perform comprehensive risk assessments. These challenges not only strain our workers but also impact the quality of care and protection provided to the children in our community.

Emphasizing the need for improved interagency collaboration is an understatement. Poor communication and lack of cooperation between different agencies involved in child welfare significantly hinder effective risk management. There is a pressing need for better data sharing, more support resources for staff, and enhanced coordination across all stakeholders. By fostering a more collaborative environment, the professionals in the child welfare field can improve their ability to manage high-risk cases more effectively.

Recommendations for Next Steps

Next Steps for the Organization or Community Based Upon Program Evaluation

Based on the findings from my study, the next steps for this organization and community should focus on several critical actions to improve child welfare efforts. Firstly, it's important to implement the recommendations that emerged from the study. This might involve revising current approaches to decision-making and risk management, enhancing assessment methods, and ensuring front line workers have access to the latest tools and technologies needed to make informed decisions. There is a highlighted need

for better interagency collaboration and communication, so fostering stronger partnerships with other stakeholders should be a priority.

There are identified gaps in training and knowledge among social workers; particularly in using advanced risk assessment tools and understanding child development. To address these gaps, there is a need for targeted training programs that provide all staff with the necessary skills and knowledge to manage risks more effectively and help prioritize child safety. By taking these steps, the overall effectiveness of the County child welfare system and ensure the highest level of care and protection to children and families.

Next Steps for Human Services Practice Based Upon Program Evaluation

The first step is to integrate more comprehensive training and development opportunities for social workers and case workers, specifically in advanced risk assessment tools and child-centered assessment practices. This would ensure that case workers are equipped with the skills and knowledge necessary to effectively identify and manage risks in child welfare cases.

The next step is improving interagency collaboration is crucial. The evaluation has highlighted the need for better communication and coordination between different agencies involved in child welfare. Developing standardized protocols for information sharing and case management can help streamline efforts and ensure a more cohesive response to child protection needs.

Next, there is a need to enhance resource allocation, particularly regarding access to updated technology and comprehensive databases. By ensuring social workers have the

necessary tools, you can improve the accuracy and timeliness of risk assessments and decision-making processes.

Lastly, ongoing program evaluation and feedback mechanisms should be established to continually assess and refine practices based on emerging needs and challenges. By adopting these steps, human services practices can better support social workers and ultimately improve outcomes for children and families in the community.