



## Research article

## Deciding on child maltreatment: A literature review on methods that improve decision-making

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## ABSTRACT

Assessment and decision-making in child maltreatment cases is difficult. Practitioners face many uncertainties and obstacles during their assessment and decision-making process. Research exhibits shortcomings in this decision-making process. The purpose of this literature review is to identify and discuss methods to overcome these shortcomings. We conducted a systematic review of the published literature on decision-making using PsychINFO and MEDLINE from 2000 through May 2014. We included reviews and quantitative research studies that investigated methods aimed at improving professional decision-making on child abuse and neglect in child welfare and child protection. Although many researchers have published articles on decision-making including ideas and theories to improve professional decision-making, empirical research on these improvements is scarce. Available studies have shown promising results. Structured decision-making has created a greater child-centred and holistic approach that takes the child's family and environment into account, which has made practitioners work more systematically and improved the analysis of complex situations. However, this approach has not improved inter-rater agreement on decisions made. Shared decision-making may improve the participation of parents and children and the quality of decisions by taking client treatment preferences into account in addition to scientific evidence and clinical experience. A number of interesting developments appear in recent research literature; however, child welfare and child protection must find additional inspiration from other areas, e.g., mental health services, because research on decision-making processes in child welfare and child protection is still rare.

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## Introduction

Assessing whether child abuse or neglect actually occur and deciding on interventions to stop child maltreatment and to diminish its consequences is difficult due to the dynamics of families. Problems often change rapidly, while assessment procedures can be lengthy. Information is often lacking or contradictory. Parents and children do not always cooperate because they may not be aware of their problems or are afraid of a practitioner's power to remove their children (Forrester, Kershaw, Moss, & Hughes, 2008; Munro, 1999). Informants, such as a child's teacher or family doctor, may provide divergent information because they perceive the subtle signs of child maltreatment differently (Munro, 2008).

Many empirical studies show the shortcomings of professional decision-making in child and youth care and child protection (for a survey, see Garb, 1998; Garb, 2005). Practitioners tend to make intuitive decisions, which makes them vulnerable

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to mistakes. Practitioners may overlook relevant information, attach too much importance to irrelevant details or be prone to tunnel vision, a tendency to be biased to information that confirms their previous judgments (Gambrill, 2005; Garb, 1998; Garb, 2005; Munro, 1999; Munro, 2008; Stanley, 2013). Munro (1998) found that practitioners do not easily revise their opinion. Their first impression of a family influences their reaction to new information. Information consistent with their first impression is accepted easily and not reviewed critically, but practitioners deny information that contradicts their first impression. Practitioners react especially to information that is recent, vividly or emotionally laden; they also use spoken information more easily than written information (Munro, 1998).

Practitioners are not especially familiar with utilising theories on child development, child psychopathology and parenting during their assessment and decision-making. Knowledge about 'what works' (i.e., knowledge about effective interventions) is not widespread. Instead, individual preferences and opinions influence practitioners' decisions (Arad-Davidzon & Benbenishty, 2008; Berben, 2000; De Kwaadsteniet, 2009; Gambrill & Shlonsky, 2000; Garb, 2005; Osmo & Benbenishty, 2004; Schuerman, Rossi, & Budde, 1999; Ten Berge, 1998). As a consequence, decisions may be based on a biased image that does not fit both the strengths and weaknesses of a family and the proposed intervention may not fit the problems families experience.

In addition, practitioners do not always engage parents and children in their decision-making process (Baecke et al., 2009; Schreiber, Fuller, & Pacey, 2013). Practitioners often experience a conflict between their role of ensuring child safety, which includes the possibility of out-of-home placement, and their role in supporting families to overcome their problems. Practitioners reduce the tension between those roles by focusing on the forensic aspects of their work (i.e., gathering evidence to establish child maltreatment) rather than engaging parents in the process of behaviour change (Trotter, 2006). Parents often experience a sense of fear during their interactions with child welfare or child protection, and their fears have a major impact on the worker–client engagement process (Kriz, Slyter, Iannicelli, & Lourie, 2012).

As a result of these shortcomings, several problems may occur during the assessment and decision-making process. First, children may not be protected against further child maltreatment and families may not receive effective care. When interventions are not suited to the problems that families face, the problems may not be remedied or even escalate and families may need repeated help. Second, families may end interventions prematurely because they do not feel listened to, the intervention does not work or they are not motivated for the type of intervention that was offered.

Another problem is that practitioners disagree, sometimes strongly, regarding important judgments and decisions (Berben, 2000; Britner & Mossler, 2002; Gold, Benbenishty, & Osmo, 2001; Munro, 2008; Schuerman et al., 1999; Ten Berge, 1998; Van Montfoort, 2004). The reliability, validity and accuracy of clinical judgement prove to be consistently low (Herman, 2005; Herman & Freitas, 2010). Under difficult circumstances (e.g., missing or contradictory information), and due to limited cognitive resources, practitioners' information processing may be compromised. Although some mistakes (i.e., false positives, children deemed at risk and taken into care even though they might have been left safely with their parent; or false negatives, children not deemed at risk though becoming injured at a later point in time) due to a lack of information or due to the complexity of the available information seem inevitable (Munro, 1996), other mistakes might be avoided if practitioners carefully consider available information and critically judge their own opinions and experiences (Gambrill, 2005).

The Council of Europe poses that "social services for children and families should establish the overt goal that the best interest of the child be the primary consideration. Children have the right to access services in their best interests" (Recommendation CM/Rec 2011:12; p. 3). Children and families also have the right to participate in social service delivery, both individually and as a group. Another right children have is a right to protection (Recommendation CM/Rec 2011:12). An effective assessment and decision-making process is a necessary condition to provide protection and effective care and reach successful outcomes for children and their families.

This literature review aims to investigate the evidence for effective assessment and decision-making in child welfare and child protection. According to several guidelines on child and adolescent disorders, evidence-based assessment and decision-making can be recognised by three criteria: 1. research results and empirically sound theories about normal development and psychopathology are used to guide the assessment process; 2. practitioners use psychometrically strong tools during the assessment process; and 3. the entire assessment and decision-making process is evaluated empirically (Evans & Youngstrom, 2006; Fletcher, Francis, Morris, & Lyon, 2005; Klein, Dougherty, & Olino, 2005; McMahon & Frick, 2005; Ozonoff, Goodlin-Jones, & Solomon, 2005; Pelham, Fabiano, & Massetti, 2005; Pliszka & AACAP Work Group on Quality Issues, 2007; Silverman & Ollendick, 2005; Youngstrom, Findling, Youngstrom, & Calabrese, 2005; Youngstrom, Freeman, & McKewon Jenkins, 2009). This paper focuses on decision-making methods: Which methods improve individual decision-making regarding child maltreatment cases in child welfare and child protection? The objective of this review is to identify how these methods contribute to effective care and protection for parents and children experiencing child maltreatment. Methods can be defined as frameworks, procedures, protocols, and instruments (checklists, questionnaires) that support assessment or decision-making.

## Methods

### Search Strategy

We conducted a literature search for meta-analyses, reviews and empirical research studies on the effectiveness of assessment and decision-making methods. The databases of PsychINFO and MEDLINE were searched for relevant studies using

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