Behavioral Science Interventions in Child Welfare
Challenges and Opportunities

Child welfare is a relatively new program area for testing behaviorally informed interventions. The Behavioral Interventions to Advance Self-Sufficiency – Next Generation (BIAS-NG) research team has spent the past year speaking with child welfare agencies and service providers, exploring opportunities for using behavioral interventions to address challenges to achieving desired outcomes. We define behavioral interventions as those that employ insights from psychology, decision science, and related disciplines to frame a problem, identify the barriers individuals face in overcoming that problem, and design corresponding solutions. One of the goals of BIAS-NG is to go beyond “nudges” (such as a reminder to take action or an implementation prompt to plan for an imminent action) and use behavioral insights to develop more systemic or durable solutions.

Certain aspects of the child welfare system make it a complex one in which to embed behavioral innovations. Child welfare agencies do not have full control over all the processes that affect the progress or closure of a family’s case. For example, decision-making about family reunification is split between the child welfare agency and family court. Key decisions related to services, case duration, and permanency lie with the court. There may be differences between caseworkers’ recommendations and family court judges’ decisions about required services, which can confuse and overwhelm families. In addition, coordination challenges and long wait times may delay a family’s progress through the child welfare system.

There are also challenges outside of the child welfare system — and thus outside the scope of BIAS-NG — that affect child welfare
outcomes, such as a lack of available treatment to address parental substance abuse or mental health problems. Some communities have a limited supply of local providers that can treat clients for substance abuse, which can prolong a pending case. Similarly, parents with mental health concerns may require treatment by community providers that may be in limited supply.

Despite these and other challenges, the agency staff we have spoken with are excited to test strategies to simplify and strengthen elements of the child welfare system and related services that are within their control. Both caseworkers and families must manage a large number of responsibilities and requirements with limited resources. Given the field’s commitment to resolving barriers that limit family well-being, child welfare is ripe for behavioral diagnosis (identifying decision points and psychological barriers to action), intervention design, and testing.

This Behavioral Buzz focuses on opportunities to apply behavioral insights to three common challenges child welfare agencies face, especially in ways that go beyond nudges.

**Challenge #1: Families may perceive child welfare services as punitive rather than beneficial**

Many behavioral science interventions target the gap between an individual’s intention and action, assuming the user wants to take an action but that barriers related to motivation or program design get in the way. However, clients of child welfare agencies do not always desire or see immediate benefits to services that are provided or required. Answering detailed family history questions or having a child welfare worker visit and inspect their home can seem threatening to some parents’ identities, rather than supportive of their children’s safety and the goal of keeping families together or reunifying them. Although child welfare agencies strive to support families and engage them in designing their service plans, families may not always experience it that way.

_Potential intervention ideas:_ One approach to addressing this challenge is to use the behavioral tool of framing. For example, agencies can frame services differently by tapping into parents’ concern for their children. One way to do this could be to use agency communications that notify parents they are involved in a child welfare case as an opportunity to enlist parents’ commitment to keep their children safe and maximize their well-being, in addition to communicating the legal requirements of the case. The agency also can frame services as supports for meeting the parents’ needs and goals, rather than merely as requirements. In addition, caseworkers could use scripted text messages, emails, or phone calls to bring attention to and
encourage strengths that they see parents display.

**Challenge #2: Staff struggle with large workloads and face time constraints**

The social work orientation of the child welfare field emphasizes the importance of individualized, face-to-face interaction. Individualization means that staff exercise professional judgment and discretion when deciding what services and timeline work well for each family. Making complex judgments and assessments of needs is part of the art of social work, especially for families with histories of trauma and unmet basic needs related to food and housing.

Yet staff in child welfare agencies we spoke to report often feeling overwhelmed — with too many clients, too many tasks, and too many complicated and complex decisions to make. Many caseworkers must constantly react to emergencies, meaning that they lack time to attend to the long-term planning often needed to ensure families are on a path to case closure. Workload and time constraints also make it challenging for staff to perform routine but crucial tasks such as filling out numerous forms, entering data in multiple systems, and calling service providers to check whether they have openings. The sheer volume of these types of tasks can create what is known in behavioral science as cognitive overload.

**Potential intervention ideas**: To address limited attention and various hassle factors, child welfare agencies could seek staff input on which tasks are most burdensome and assess whether those tasks can be streamlined or automated. By removing the hassles of manual data entry or duplicative tasks, automation could free up staff time and attention. For example, are there ways to pre-populate forms with basic information? Are there ways to automatically check address or phone number changes from other city agencies’ databases or communications logs? Of course, while automation may simplify some aspects of case practice, it should not make staff feel sidelined or limit their discretion and personal involvement at the expense of the family.

Our conversations with agencies suggest that staff may be more likely to support behavioral interventions when they address time-consuming tasks but do not take away the discretion social work staff highly value. Interventions along these lines could include reducing administrative steps, pre-filling forms, or automatically scheduling clients for meetings and services. These changes could afford staff more time to diagnose and support individual needs more thoroughly.

**Challenge #3: Agencies and families must often coordinate services between government and nonprofit service providers**
A vast network of governmental and nongovernmental entities makes up the child welfare system. In some places, recruiting potential foster caregivers may be the responsibility of the state or county, while in other locations, nonprofit service providers are contracted to handle that function. Similarly, the role of supporting biological families’ needs may be split between government-funded providers and community-based organizations, even within the same category of services, such as mental health counseling.

As a result, both staff and families must often coordinate referrals and appointments and track family progress across multiple providers with different areas of expertise. Such coordination can risk creating several types of information and planning bottlenecks. Caseworkers may not know when and whether families attend appointments if there is a disconnect in case management systems between the government agency and the community providers. Meanwhile, families may have trouble keeping track of appointments with multiple service providers. Finally, one set of providers may set goals with families that could be misaligned or contradictory to what other providers have established with the same family.

**Potential intervention ideas:** Behavioral nudges, such as sending automatic appointment reminders to both providers and clients at the same time to easily track scheduling and attendance, could improve coordination about family progress. Another approach may be encouraging providers to help families collect and track documents before critical deadlines, as was done in the BIAS Oklahoma study. For more system-level interventions, integrated calendars and attendance logs that both families and providers could view may save time by providing real-time information.

The BIAS-NG research team will test a variety of types of interventions at child welfare agencies or organizations across the United States over the next few years. Stay tuned to future editions of the Behavioral Buzz to keep abreast of the studies.

*By Rekha Balu*

*Do you have ideas for behavioral interventions in child welfare? Does your agency want to work with the BIAS-NG team? If so, or for more information on this topic, please contact beinfo@mdrc.org.*
BIAS-NG will be presenting at the upcoming Research and Evaluation Conference on Self-Sufficiency (RECS)! RECS is sponsored by the Office of Planning, Research, and Evaluation in the Administration for Children and Families and will be taking place May 30-June 1 in Washington, DC. Join us for the following sessions:

- More than a Nudge: Engaging TANF Recipients in Welfare-to-Work Programs (May 30 at 4 p.m.)
- Bringing Behavioral Science and Innovative Tools to Social Service Programs: Opportunities and Challenges in Child Welfare (May 31 at 2:30 p.m.)

Check out these new resources from the original Behavioral Interventions to Advance Self-Sufficiency project:

- A compendium of all of the written materials designed and tested as part of the 15 behavioral interventions implemented by the project.
- Briefs on tests of behavioral interventions in child support, child care, and work support programs.
- Commentaries from experts in the field, including Sheldon Danziger, Crystal Hall, Lawrence F. Katz, Philip Oreopoulos, Dilip Soman, Sim Sitkin, and Susan A. Brown.
- Infographic on “Developing SIMPLER Solutions” by applying behavioral principles to human service programs.