



Racial disparities in the proportion of needed services maltreated children received

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ABSTRACT

This secondary analysis of data describing 1186 maltreated children, drawn from the National Survey of Child and Adolescent Well-Being II, examined racial disparities in their access to and receipt of needed services and in their caseworkers' case planning and engagement with caregivers. We used generalized least squares random-effects modeling for panel data, separately with 3 ethnicity subsamples, to estimate associations between proportion of needed services received and several explanatory variables. Children in these subsamples had been substantiated for maltreatment and had had at least one needed service identified by a caseworker. Results showed Hispanic children to receive proportionally fewer needed services versus White children. Moreover, across all subsamples, proportion of needed services received was associated negatively with client refusal of services and positively with interview wave. Results showed that proportionally more needed services were received by the subsample of 719 African American children living in poverty, relatively young, able to access services with little difficulty, and associated with case plans identifying relatively more needed services. For the subsample of 712 Hispanic children, negative associations were observed between services receipt and perceived collaborative engagement with caseworker reported by caregiver, as well as with service unavailability and with difficulty accessing services. Finally, results for the subsample of 720 White children who were physically maltreated and experienced service unavailability showed them to receive proportionally fewer needed services; however, White children whose case plans included needed services received proportionally more services. Implications for child welfare services and for caseworkers are discussed.

1. Introduction

In 2016, over 3.4 million children were reported for maltreatment, with 676,000 of these reports substantiated. Some 60% of the children in substantiated cases received services from a child welfare system, and 22.6% of children in substantiated cases were removed from biological parents (Children's Bureau, 2018). Whether they were or were not removed from home, African American and Latino children in the child welfare system were less likely than White counterparts to receive needed services (Clark, Yampolskaya, & Robst, 2011; Garland et al., 2000; Garland & Besinger, 1997; Garland, Landsverk, & Lau, 2003; Horwitz et al., 2012; Kim & Garcia, 2016). Such racial disparities in maltreated children's receipt of services make it more important than ever to understand how ethnicity may impact factors associated with services receipt by children involved in child welfare system. The present study was intended to seek out distinct patterns of factors in such children's services receipt that were associated with their ethnicity.

2. Literature review

Maltreated children in the child welfare system have needs and problems requiring relevant services. Unsurprisingly, such children's

receipt of services appears to be associated positively with developmental/behavioral need (Fong, French, Rubin, & Wood, 2015; Garcia, Kim, & DeNard, 2016; Horwitz et al., 2012; Stahmer et al., 2005) and with need for mental health care (Fong et al., 2015; Garcia et al., 2016; Horwitz et al., 2012; Mennen & Trickett, 2007; Stein et al., 2016), dental care (Finlayson, Chuang, Baek, & Seidman, 2018; Stein et al., 2016), and health care (Jolles & Wells, 2017; Pasztor, Hollinger, Inkelas, & Halfon, 2006). However, one study (Stahmer et al., 2005) reported that although 42–68% of maltreated children had behavioral/developmental need, not quite 23% of maltreated children received the appropriate related services. Studies (Stein et al., 2016; Zima, Bussing, Yang, & Belin, 2000) have indicated that, while 80% of maltreated children had a diagnosed mental disorder, no more than half had received appropriate mental health or education services following diagnosis. While as many as 26% of children in the child welfare system used substances and needed treatment (Cheng & Lo, 2010a, 2010b, 2011, 2012; Aarons, Brown, Hough, Garland, & Wood, 2001; Fettes, Aarons, & Green, 2013; Kobulsky, Holmes, Yoon, & Perzynski, 2016; Leathers & Testa, 2006; Traube, Yarnell, & Schragger, 2016), only 22% of such children reportedly had received any substance abuse treatment (Wells, Chuang, Haynes, Lee, & Bai, 2011). The literature also shows that, while 37.5–46% of children in the child welfare system reportedly

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have participated in delinquent acts, only 4.8% had received counseling or services addressing delinquency (Cheng & Li, 2017; Lalayants & Prince, 2014; Postlethwait, Barth, & Guo, 2010; Williams, Van Dorn, Bright, Jonson-Reid, & Nebbitt, 2010).

Children in the child welfare system receive various services case-workers find to be helpful for them. From 10% to 32% receive special education services (Haight, Kayama, Kincaid, Evans, & Kim, 2013; Ringeisen, Casanueva, Cross, & Urato, 2009; Stein et al., 2016); 50% receive health care services (Jolles & Wells, 2017); 88% receive routine health screening; 66% receive immunizations (Schneiderman, Kools, Negriff, Smith, & Trickett, 2015; Schneiderman & Villagrana, 2010); and 66–82% receive dental care (Finlayson et al., 2018; Stein et al., 2016). Moreover, among youth in the child welfare system who are approaching aging-out, only 50–70% receive any training or services fostering independent living skills (Chor, Petras, & Perez, 2018; J. S. Lee & Ballew, 2018; Thompson, Wojciak, & Cooley, 2018). Other services needed by children in the child welfare system are disability services, needed by 22–33% (Lightfoot, 2014; Seltzer, Johnson, & Minkovitz, 2017); hearing screening, needed by 12.3% (Berg & Serpanos, 2011); and vision screening, needed by 32% (Takayama, Wolfe, & Coulter, 1998). It is not clear from the literature how likely it is that children needing some services will actually receive them.

Receipt of services by maltreated children in the child welfare system may be related to factors other than identified needs. Those other factors include the case plan and the social worker–client relationship. The *case plan* is a child welfare tool that many caseworkers use, when maltreatment is substantiated, to detail which services a family needs or has been mandated (Casanueva, Cross, & Ringeisen, 2008; Reich, 2005). Often, however, services addressing children's needs are omitted from case plans (Casanueva et al., 2008; Estefan, Coulter, VandeWeerd, Armstrong, & Gorski, 2012). The low proportion of children actually receiving the services they need may be related to such omission, which itself may stem from poor documentation. While case plans often omit children's needs, they can also err in assigning parents *unnecessary* services. One study showed above 30% of parents to have experienced this (D'Andrade & Chambers, 2012). Such a finding supports the argument that many parents working with the child welfare system lack a collaborative working relationship with a caseworker (Lietz, 2011; Staudt, Scheuler-Whitaker, & Hinterlong, 2001). Collaborative parent–caseworker relationships are built on positive, responsive interactions with families in the effort to address identified needs (Jolles & Wells, 2017; Lietz, 2011). Such a relationship is a key factor in receipt of needed services and in parent's desirable outcome (Cheng & Lo, 2016b), child's desirable outcome (Cheng & Lo, 2016a), and subsequent successful permanency (Cheng, 2010; Cheng & Lo, 2010a, 2010b, 2011, 2012; Choi & Ryan, 2007). The present researchers speculated that maltreated children's receipt of needed services would be fostered by the use of a case plan specifying these services and by the presence of a collaborative parent–caseworker relationship.

Additionally, receipt of services by those in the child welfare system may be related to the availability and accessibility of services as well as to client refusal of services. Many parents turn to child welfare services with an expectation of help for their families (Bolen, McWey, & Schlee, 2008). Some, however, refuse services for children, believing no need for them (Estefan et al., 2012; Smithgall, Mason, Michels, LiCalsi, & Goerge, 2009). It seems likely that service refusal reflects limited parental participation in developing the case plan. Furthermore, where access exists to needed services, likelihood that maltreated children get those services rises (Fong et al., 2015). While access to some services, such as early intervention programs, is common nationwide (Stahmer et al., 2005), in rural areas other services may be unavailable to maltreated children (Garcia et al., 2016). Exacerbating the situation is the real potential for caregivers to lack awareness of the services that are available (Coleman & Wu, 2016; Swanke, Yampolskaya, Strozier, & Armstrong, 2016). Four more barriers to maltreated children's receipt

of services are service eligibility rules, unstable funding of services (Kerker & Dore, 2006; Schneiderman & Villagrana, 2010; Smithgall, Yang, & Weiner, 2013), transportation availability, and child care availability (Garcia, Circo, DeNard, & Hernandez, 2015; Kerns et al., 2014; Pasztor et al., 2006; Schneiderman & Villagrana, 2010; Smithgall et al., 2009; Smithgall et al., 2013; Staudt et al., 2001).

Type of maltreatment experienced may also impact the services received. Neglect may be the most widespread form of maltreatment, reportedly involved in 61% of substantiated cases (Children's Bureau, 2017). At the same time, some studies (Clark et al., 2011; Farmer et al., 2010; Garland et al., 2000; Garland, Landsverk, Hough, & EllisMacLeod, 1996; Swanke et al., 2016) report that children maltreated in physical and sexual ways, versus any other way, have better odds of receiving needed services. Other studies (Casanueva et al., 2008; Coleman & Wu, 2016; Finlayson et al., 2018; Garcia et al., 2016; Petrenko, Culhane, Garrido, & Taussig, 2011; Ringeisen et al., 2009; Smithgall et al., 2013; Stahmer et al., 2005), in turn, found no significant association between maltreatment type and children's services receipt.

Additionally, services receipt appears related to the setting in which the child welfare system places maltreated children. Children in out-of-home care (e.g., foster home, group home, residential care) are more likely to receive needed services than those not removed from home (Deck & Vander Ley, 2006; Farmer et al., 2010; Horwitz et al., 2012; Stahmer et al., 2005). In addition, maltreated children in foster homes (excluding those provided by relatives) are more likely to receive services than those in kinship care (Petrenko et al., 2011; Swanke et al., 2016). Phrased differently, maltreated children placed out-of-home with non-relatives are more likely to receive needed services than maltreated children with caregivers related to them, whether parents or other.

Complicating the picture, maltreated children's services receipt exhibits racial disparities. Many studies (Clark et al., 2011; Garland et al., 2000; Garland et al., 2003; Garland & Besinger, 1997; Horwitz et al., 2012; Kim & Garcia, 2016) report Hispanic and African American children in child welfare to be less likely than White counterparts to receive needed services. However, in two studies whose scope was limited to just one of the fifty states (Petrenko et al., 2011; Swanke et al., 2016), maltreated Hispanic children appeared more likely than maltreated White children to get the services they needed. Other research exists (Finlayson et al., 2018; Ringeisen et al., 2009; Smithgall et al., 2013; Stahmer et al., 2005; Yasui, Hipwell, Stepp, & Keenan, 2015) that indicates no association between ethnicity and receipt of services by children in the child welfare system. The mixed results in the literature may reflect the variation in research design from one study to another. There are cross-sectional analyses of children in foster care (Clark et al., 2011; Garland et al., 2000; Garland et al., 2003; Garland & Besinger, 1997), of children in kinship care (Smithgall et al., 2013), and of girls only (Yasui et al., 2015); some samples were limited to a single city or metropolitan area. In addition, while some studies that have been incorporated in multi-wave national longitudinal data sets (describing children in the child welfare system) reported results of analyses conducted with data from one interview wave only (Finlayson et al., 2018; Kim & Garcia, 2016; Stahmer et al., 2005), others in these same data sets comprised temporal-ordered causal analysis of data from two interview waves (Horwitz et al., 2012; Ringeisen et al., 2009). A variety of analytical approaches and samples characterizes the research record. To us, this hinted at a need for further investigation of ethnicity-based disparities in maltreated children's receipt of needed services—investigation (like the present one) based on a national data set involving multiple interview waves.

Along with ethnicity, other characteristics of maltreated children and their caregivers may influence these children's receipt of services. Several studies (Clark et al., 2011; Garland et al., 2003; Ringeisen et al., 2009; Smithgall et al., 2013) report that boys are more likely than girls to receive needed services. Many others (Casanueva et al., 2008; Farmer

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