

Research article

Decision-making in child protective services: Influences at multiple levels of the social ecology[☆]Sarah A. Font^{a,*}, Kathryn Maguire-Jack^b^a University of Texas at Austin, Population Research Center, 1 University Station A2702, Austin, TX 78704, USA^b Ohio State University, 1947 College Road, 325B Stillman Hall, Columbus, OH 43210, USA

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ABSTRACT

Decision-making in the child protection system is influenced by multiple factors; agency and geographic contexts, caseworker attributes, and families' unique circumstances all likely play a role. In this study, we use the second cohort of the National Survey of Child and Adolescent Well-Being to explore how these factors are associated with two key case decisions—substantiation and removal to out-of-home care. Analyses are conducted using weighted hierarchical linear models. We find that substantiation is strongly influenced by agency factors, particularly constraints on service accessibility. Substantiation is less likely when agencies can provide services to unsubstantiated cases and when collaboration with other social institutions is high. This supports the concept that substantiation may be a gateway to services in some communities. Agency factors contributed less to the probability of removal among substantiated cases, though time resources and constraints on decision-making had some influence. For both substantiation and removal risks, county, caseworker, and child characteristics were less influential than agency characteristics and family risk factors.

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Introduction

Rates of confirmed child maltreatment and out-of-home care placement vary across every level of geography. In 2012, the incidence of substantiated (confirmed) child maltreatment ranged from a low of 1.2 victims per 1,000 children in Pennsylvania (a state that routes the majority of neglect cases to a separate system that is external to CPS) to a high of 19.6 in the District of Columbia (U.S. Department of Health and Human Services, 2013a). That same year, the number of children in out-of-home care on September 30 ranged from 2.5 per 1,000 children in Virginia to 14.2 per 1,000 in the District of Columbia (U.S. Department of Health and Human Services, 2013b). Prior research suggests that variation in child maltreatment rates may partly reflect differences in the characteristics of different geographic regions, including poverty (Ben-Arieh, 2010; Coulton, Korbin, & Su, 1999; Drake & Pandey, 1996), concentration of different racial minorities (Freisthler, Gruenewald, Remer, Lery, & Needell, 2007; Fromm, 2004; Molnar, Buka, Brennan, Holton, & Earls, 2003), population size (Ben-Arieh, 2010; Deccio, Horner, & Wilson, 1994), and others. However, differences in maltreatment substantiation and out-of-home care rates may also be influenced by variation in policy, given that state legislators are able to define child maltreatment as broadly or narrowly as they choose (Child Welfare Information Gateway, 2011). Moreover, differences in practices across agencies

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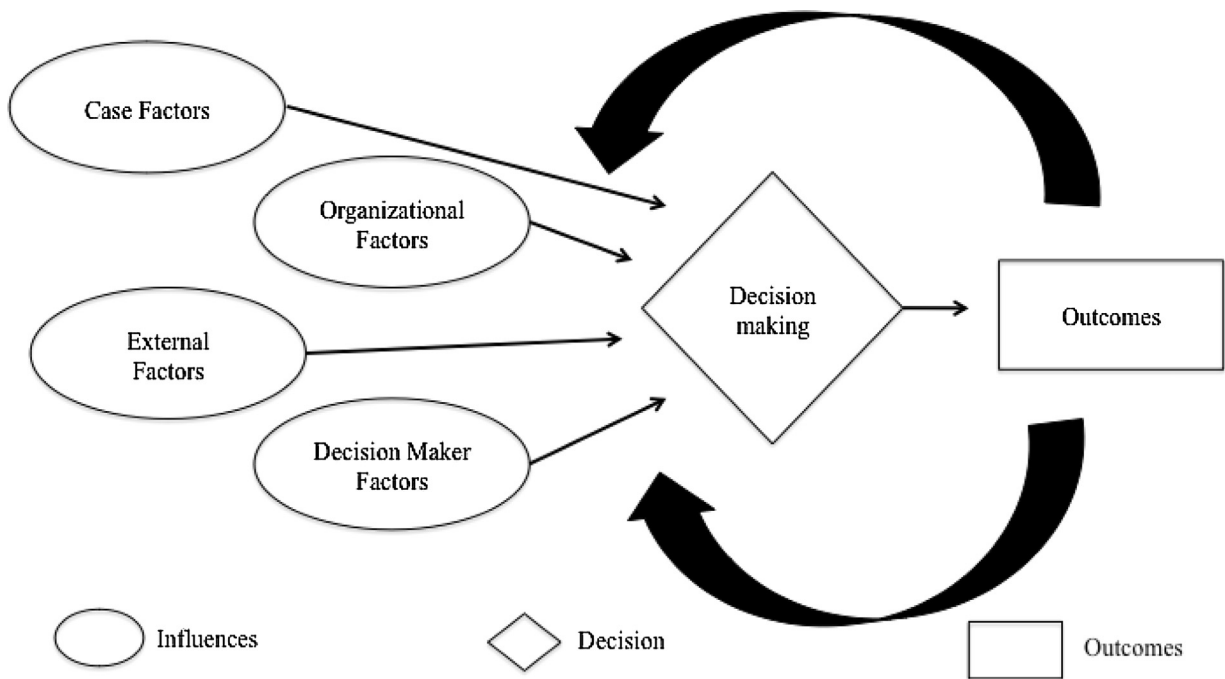


Fig. 1. Decision-making ecology framework (Baumann et al., 2011).

may contribute to variation in decision-making. Specifically, agencies face different constraints on their time, resources, and decision-making autonomy. Although these factors have received little attention to date, the organizational context warrants consideration as federal and state governments exercise explicit control over the policies of child welfare systems. That is, organizational factors can be directly altered by policy decisions to a greater degree than community or individual factors. This study contributes to the current research on risks for maltreatment substantiation and entry into out-of-home care by focusing not only on individual or family risk factors, but also on caseworker, county and agency factors. Specifically, we use multi-level modeling and a dataset that is nationally representative of child welfare investigations to examine the extent to which individual, agency and community factors contribute to the risk of substantiation and removal to out-of-home care among a sample of child protective services (CPS) investigations.

Theoretical Framework

A dedicated body of research has sought to understand how CPS workers make their decisions (e.g., Baumann, Dalgeish, Fluke, & Kern, 2011; Davidson-Arad & Benbenishty, 2010; Munro, 2005; Wells, Fluke, & Brown, 1995). In the current study, we seek to extend this work by relying on the decision-making ecology (DME) framework to guide our understanding of how child welfare professionals make decision within the context of actual CPS operations (Baumann et al., 2011). As shown in Fig. 1, the DME framework consists of three separate components: the factors that influence decisions, the decision-making process itself, and the outcomes of the decision. In the first part of Fig. 1, the model stipulates that there are multiple influences for CPS decisions, including factors related to the individual case, the specific CPS agency (their policies and procedures, time and resource constraints, caseload size, and organizational culture), the CPS worker him/herself (education, background, personal experiences, and attitudes), and external forces (laws and attitudes; characteristics about where the family resides) (Baumann et al., 2011).

The diamond that is labeled “decision-making” in Fig. 1 includes both the decision-making continuum (which includes the range of decisions CPS workers make, beginning with intake and ending at case closure) as well as the psychological process of decision-making (Baumann, Fluke, Dalgeish, & Kern, 2014; Fluke, Baumann, Dalgeish, & Kern, 2014). Applied to the field of child welfare, the General Assessment and decision-making model proposes that individual CPS workers have their own personal threshold for a required amount and weigh of evidence to transform a judgment into an action (e.g., the decision to substantiate) (Dalgeish, 1988). This threshold may change over time in response to different influences, such as a policy that specifies an age requirement for cases that must be accepted (organizational factor) or the experience level of the worker, with newer workers likely being more cautious (decision-maker factor) (Baumann et al., 2014; Fluke et al., 2014).

The final component of this model is the actual outcome of the decision, which, in turn, exerts influence back onto the factors that will impact the next decision. Within the DME framework, outcomes are assumed to have consequences to the

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