



Case management for child protection services: A multi-level evaluation study



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ABSTRACT

This article presents an evaluation study of a case management method for child protection services, the Delta Method for Family Supervision, in terms of supervision order duration and occurrence and duration of out-of-home placements. Additionally, case and case manager characteristics were examined. Data was collected about 224 cases, 58 case managers and 30 team managers of all 15 offices of the Child and Youth Protection Services in the Netherlands. In all cases the Delta Method was applied. Data were obtained by interviews, questionnaires and case files. Multi-level analysis was performed to study the influence of independent variables on supervision order duration, and the occurrence and duration of out-of-home placements. Case characteristics related to 87% of the differences in the duration of supervision order, case manager characteristics to 13% of the differences. Some case manager characteristics about applying the Delta Method were significantly related to shorter duration of the supervision order and the occurrence and duration of out-of-home placement. Case characteristics also showed strong relations. Together with the more general aspects of case management supported by this study, such as a one family and one worker approach, this contributes to a more effective practice of case management for child protection services.

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1. Introduction

In the Netherlands, families with parenting problems are generally referred to local help. However, if a child's safety is jeopardized, a family supervision order can be issued.¹ Family supervision is a compulsory, but temporary child protection measure that can be imposed for a maximum of twelve months. When safety is not met within this period, the supervision order can be extended by the court with an extra 6 or 12 months. During supervision, parents retain parental responsibility for their child, even in case of temporary out-of-home placement (e.g., residential placement or foster care), but must accept the help and support of a case worker.

The coordination and supervision of care provided under the supervision order forms part of a case management approach. Case management aims to increase access to the resources people need for living and functioning in the community, to foster their participation and to reduce attrition from the care needed (Hall, Carswell, Walsh, Huber, & Jampoler, 2002). Characteristics of case management are the assessment of problems and needs, planning of and referral to care, and

ongoing support during the trajectory (Burns, Fioritti, Holloway, Malm, & Rössler, 2001; Hall et al., 2002).

Although there is a growing body of literature on programs that aim to prevent or reduce the risk for child maltreatment (Euser, Alink, Stoltenborgh, Bakermans-Kranenburg, & Van IJzendoorn, 2015; Swenson, Schaeffer, Henggeler, Faldowski, & Mayhew, 2010; Turnell & Edwards, 1999), little knowledge exists about the effectiveness of routine services, such as case management provided within the child protection system (Euser et al., 2015; O'Brien, 2011). According to a review by Holwerda, Reijneveld, and Jansen (2014), the effectiveness of only two case management methods for multi-problem families have undergone evaluation, both in the United States, with inconclusive results (Goodson, Layzer, St Pierre, Bernstein, & Lopez, 2000; Lowell, Carter, Godoy, Paulicin, & Briggs-Gowan, 2011). One study was a randomized control trial, which showed that families allocated the program received more adequate services, their needs were better met, and there was a significantly lower chance of involvement with child protection at a follow up 36 months later (Lowell et al., 2011). The other randomized control trial showed that case management was not effective in referring families to the appropriate services, and there were no differences in cognitive and social development of the children, parenting behavior and socio-economic outcomes, such as work and income between families receiving the program and the control group. A five year follow-up study showed that most families were still facing

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¹ For more information about the Dutch child protection system see <http://www.youthpolicy.nl>.

problems (Goodson et al., 2000). However, both case management programs in this review were not applied as a compulsory supervision order, which may have resulted in additional challenges, such as resistance and distrust of parents (Forrester, Westlake, & Glynn, 2012; Kalsbeek, 2008).

In 2005, a family supervision order in the Netherlands lasted on average four years (Bartelink, 2010), much longer than the intended 12 months. The placement of children in out-of-home care was also not applied as intended: out-of-home care was often characterized by multiple consecutive placements. In addition, more than one third of all children under supervision had three or more changes in placement during supervision, and the percentage of children in out-of-home care increased from 28% at start to 51% when two to three years under supervision (Slot, Theunissen, & Duivenvoorden, 2002). Questions were raised about the performance of the existing child protection organizations and professionals. Therefore, in 2005, a new working method was introduced to address the long lasting family supervision orders and the number and duration of out-of-home placements in the Netherlands, coordinated nationally by the Child and Youth Protection Services (CYPS). Nevertheless, between 2004 and 2007, the number and length of supervision orders and out-of-home placements continued to increase (Ministry of Justice, 2008). Although similar trends were found internationally (Gilbert, 2012), this increase was partly due to a number of fatal child maltreatment incidents in the Netherlands for which case workers were held responsible (e.g., Inspection Youth Care, 2005). These incidents were followed by an intensified focus on child safety and rigorous registration measures about all meetings and phone calls with children and caregivers to monitor child safety. These developments resulted in an increased focus on the effectiveness of family supervision orders (Ministry of Justice, 2005), and after several pilots between 2004 and 2007, the nationwide implementation of the Delta Method for Family Supervision came into effect in 2008 (Van Montfoort & PI Research, 2009).

The Delta Method was the first national case management method for child protection and was the starting point for a uniform and methodical approach for child protection in the Netherlands. The Delta Method is applied by social workers who work as case managers. They meet regularly with the family to assess risk factors and the needs of the family, and they refer the family to specific interventions. Case managers also coordinate the work of other professionals, and monitor and support the family during interventions. They do not provide care themselves. Although the Delta Method for Family Supervision was developed to improve case management in child protection services, comparable approaches can be found internationally, such as the Signs of Safety approach (Turnell & Edwards, 1999).

Two key aspects of the Delta Method had to improve the child protection services in the Netherlands: a systematic assessment of child safety and a methodical, stepwise work approach for the evaluation of goal attainment. Both elements were nonexistent. More specifically, case managers did not systematically make use of (risk) assessment tools to determine the level of risk for child maltreatment in their decisions to end or continue supervision orders or out-of-home placements. Without the formal evaluation of child safety and goal attainment, it often remained unsure whether safety was at stake or not, and supervision orders were sometimes unnecessarily extended or ended without insight into child safety. In addition, the introduction of the Delta method demanded a more intensive collaboration of the case manager with the family. Therefore, the implementation of the Delta Method was accompanied by a case load reduction of 23 to 15 cases per full time professional (Van Montfoort & PI Research, 2009).

The Delta Method includes four consecutive steps for the professional to complete with the family, which is designated as the Four Steps Model (Van Montfoort & PI Research, 2009): 1) formulating concerns, strengths and the family's perspective on the problems, 2) translating the concerns into possible threats for child development, 3) addressing the desired child development outcomes and 4) formulating concrete

goals, and appropriate methods to reach these goals (such as meetings, specific interventions or out-of-home placement) in an Action Agenda. A supervision plan that includes the Four Steps is used to monitor progress on goals and child safety.

Two central competencies used by case managers, and which are assumed to increase the effectiveness of the Delta Method, are 'engaging' and 'positioning' (Van Montfoort & PI Research, 2009). Engaging means that the case manager collaborates with and relates effectively to the child and its family by matching the family's wishes to their strengths. Research shows that families referred to child protection services are often resistant to services (Forrester et al., 2012) or distrustful towards social workers (Kalsbeek, 2008; Forrester et al., 2012). Therefore, engaging skills are needed for the professional to create a good working alliance (Dawe, Harnett, & Frye, 2008; Orobio de Castro, Veerman, Bons, & Beer, 2002; Rots-de Vries, van de Goor, Stronks, & Garretsen, 2011).

Positioning means that case managers hold a clear position in their contact with the child's caregiver and address how safety and a healthy child development should be warranted. They are focusing on the roles, tasks, responsibilities and obligations of each person involved to improve or maintain child safety (Van Montfoort & PI Research, 2009). Professionals are explicit about the risks for the child and actions that are needed, while preserving a good working alliance with the parents (Forrester et al., 2012). It is suggested that understanding the viewpoint of parents, even when there is no agreement, promotes an empathic and caring working relationship (Forrester et al., 2012). By alternately switching between engagement and positioning techniques, the professional can work effectively with the family while ensuring the child's safety (Van Montfoort & PI Research, 2009).

The aim of the present study was to examine whether the newly introduced Delta Method was related to reducing the duration of the supervision order and occurrence and duration of out-of-home placements by means of multi-level analysis. The Delta Method meant an enormous change for professionals by the introduction of a structural assessment of safety, and a more systematic work approach. We hypothesized that all aspects of the Delta Method were related to outcomes in terms of shorter duration of supervision orders and fewer and shorter out-of-home placements. Additionally, we examined the influence of child, family and professional characteristics, as it can be expected that these variables are related to the outcomes (Glisson, Bailey, & Post, 2000; Inkelas & Halfon, 1997; Pritchett, Gillberg, & Minnis, 2013).

2. Methods

2.1. Design

A multi-level model was used to examine the relation between case characteristics, case manager and team characteristics and the outcome measures, that is, duration of supervision order and occurrence and duration of out-of-home placement during supervision. Data were obtained at case level (level 1), at case manager level (level 2) and at team level (level 3): cases were nested in case managers and case managers in teams, with their respective team managers. It was not possible to include a control group in this study, as the Delta Method had been implemented at all offices of the CYPS.

2.2. Participants

2.2.1. Selection

Data were obtained between September and December 2009. From all 15 offices of the Dutch CYPS, two team managers were randomly selected ($N = 30$) and for each team, two case managers with at least one year experience as a case manager ($N = 60$). For each case manager, four completed family supervision cases were selected ($N = 240$). In 2009, there were approximately 1600 case managers and 30,000 cases of family supervision in the Netherlands. A parallel random selection of team managers, case managers and cases took place, when

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