



The role of race, socioeconomic status, and System of Care services in placement decision-making



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ABSTRACT

A $2 \times 2 \times 2$ experimental design was used to examine the potential influence of race (African American vs. Caucasian), socioeconomic status of the foster care environment (Low vs. High), and System of Care (SOC) services (System of Care/Wraparound Services vs. Treatment as Usual) on social workers' placement decisions within the child welfare system. Two hundred thirty-one social workers from Illinois (86.8% female, 85.4% European-American; mean age of 50.6 years) read a vignette of a child in foster care and were asked to recommend whether the child should remain in his current community-based foster care placement or be stepped up to a residential placement. Workers then completed a demographic form and rated the child's clinical and treatment needs. No main effects of race, SES of the foster care environment, or treatment history on placement decisions were found. Subsequent exploratory analyses indicated that clinical factors, environmental factors, participants' experience in child welfare, and vignette condition interacted in nuanced ways to predict placement recommendations. While clinical variables were the primary factors that social workers considered when making placement decisions, the decisions were also influenced by perceptions of the availability of community and family resources. Future research should consider using more open-ended approaches in order to further assess the processes by which social workers make placement decisions in the child welfare system.

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1. Introduction

Child welfare placement decisions can have significant implications for both children and society (Courtney, 1998). These decisions often involve a complex consideration of the youth's child welfare goals (e.g., permanency plan) and his or her mental health needs. In response to these placement decision-making challenges and evidence that many children were not receiving necessary care or were placed in inappropriate settings (Knitzer, 1982), the System of Care (SOC) approach to treating children and adolescents with behavioral and emotional difficulties was introduced (Stroul & Friedman, 1986; Stroul & Friedman, 1994). The SOC approach promotes coordination between multiple agencies and the family or foster family in order to emphasize the best interests of the child when making decisions. Ideally, SOC seeks to achieve placement permanency for children within their own communities whenever appropriate. Though more intensive services may become necessary in some cases, decision-making in the SOC approach is guided by the least restrictive environment criterion. For example, children should only be placed in residential treatment following unsuccessful attempts at community-based care.

The SOC approach and its focus on community-based, least restrictive, family-centered placement decision-making is now the prevailing philosophy in many communities in the U.S. Within this approach, demographic variables should have little influence on placement decisions, as they are unrelated to youths' treatment needs. However, research indicates that non-clinical factors such as race/ethnicity and socioeconomic status (SES) may in fact influence the placement decision-making process. For example, prior research has indicated that African-American or non-white children are more likely to be in out-of-home care for longer periods of time compared to Caucasian children (Finch, Fanshl, & Grundy, 1986; Glisson, Bailey, & Post, 2000; Jenkins & Diamond, 1985; McMurtry & Lie, 1992; Olsen, 1982), less likely to be adopted (Finch et al., 1986) and more likely to be considered for treatment foster care, a more intensive alternative to other community placements (Courtney, 1998). Though other studies have not found significant effects of race on decisions regarding return to biological parent versus out-of-home care (Zuravin & DePanfilis, 1997) or on time in state custody (see Glisson et al., 2000), on the whole, race appears to be a significant non-clinical factor in placement decisions. Similarly, socioeconomic status of the foster care environment is another demographic variable that may influence placement decisions. Previous research on the relationship between SES and income and decision-making has been limited to the biological family's SES, as prior studies have primarily examined the influence of SES on decisions regarding maintaining children in the child welfare system or returning them to

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their biological parents (Britner & Mossler, 2002; Lindsey, 1991; Zuravin & DePanfilis, 1997). While there is evidence that biological family SES predicts placement decisions (Lindsey, 1991), to date no research has explored the role of SES of the foster care environment on child welfare placements.

In addition to demographic variables, caseworkers may consider children's prior service involvement when making placement decisions. As previously noted, the dominant model in community-based treatments of children and adolescents in the child welfare system is the System of Care (SOC) approach (Stroul & Friedman, 1986; Stroul & Friedman, 1994). SOC and Wraparound Services encourage inter-agency coordination, involve the foster families as treatment team members, and are centered on the child's individual needs. Despite findings that children and adolescents assigned to SOC versus "Treatment as Usual" do not differ with regard to clinical outcomes (Bickman, Noser, & Summerfelt, 1999), because of the popularity and perceived treatment intensity of the SOC model in today's child welfare system, it is likely that children and adolescents who receive community-based SOC services yet continue to demonstrate emotional or behavioral disturbances are more likely to be recommended for residential treatment (due to apparently greater treatment needs) than children who have not received these services. Similarly, professionals may be more likely to recommend children who are not receiving SOC services to these more intensive levels of community-based treatment as opposed to stepping up to residential care. Thus far, however, research has not tested the hypothesis that current services received within the community-based SOC will influence future placements. Thus, the present study includes receiving SOC services as one of three experimentally manipulated variables.

In addition to these demographic and service variables of children and their foster care placements, caseworkers' characteristics may also play a role in placement decisions. Although research in this area is limited and has yielded mixed results, there is some evidence to suggest that individuals with more experience in child welfare are less likely to recommend that children be removed from their homes and more likely to prioritize children's clinical characteristics over other factors when making placement decisions (Britner & Mossler, 2002; Mandel, Lehman, & Yuille, 1995). For example, in a study examining child welfare professionals' (including social workers) decisions to place children in out-of-home care after an experience of child abuse, Britner and Mossler (2002) found that those with more years of experience placed less importance on the availability of quality placement options relative to their less experienced counterparts.

While previous research clearly points to the influence of non-clinical factors on placement decisions in child welfare, much of this work has been naturalistic, making it difficult to draw conclusions regarding causality. Most often, these studies rely on descriptive statistics to evaluate placement decisions retrospectively (Zuravin & DePanfilis, 1997). As a result, it is not possible to assess possible influences of confounding variables that may account for apparent effects of non-clinical factors. For example, confounding clinical factors may be responsible for observed racial differences in placement decisions; alternatively, race may influence clinical severity ratings, with a tendency toward over-pathologizing ethnic minority individuals (Lopez, 1989). Thus, experimental research is needed to clarify the role of race and other non-clinical factors in caseworkers' placement decisions by directly manipulating these variables. Moreover, research on decision-making has tended to address variables that influence remaining in the foster care system versus exiting the system (Britner & Mossler, 2002; Brooks, James, & Barth, 2002; Drury-Hudson, 1999; Earth, 1997; Lindsey, 1991; Lindsey, 1992; Pellegrin & Wagner, 1990; Snowden, Leon, Bryant, & Lyons, 2007; Zuravin & DePanfilis, 1997). In contrast, the present study manipulates children's demographic characteristics to examine their influence on decisions regarding placement within

the foster care system; thus, it seeks to address two gaps in the literature.

2. Method

2.1. Participants

One thousand licensed clinical social workers in the state of Illinois who are members of the National Association of Social Workers (NASW) were recruited for participation in this study out of a total of 8100 members of the NASW Illinois Chapter (12.3%). The study oversampled for social workers who indicated specialization in child/family welfare. Five hundred social workers who specialized in child/family welfare were randomly selected for solicitation to participate (51.4% of those who indicated the child/family welfare specialization), and 500 social workers who specialized in other areas or did not indicate a specialization were randomly selected for solicitation to participate (7% of the remaining population of Illinois NASW social workers). Because a large portion of members did not indicate a specialty, it is likely that some of the members who were randomly selected for inclusion from the non-child welfare specialty still work in child welfare. Demographic information of the participants, including age, length of time at job, and experience with child welfare (including experiences making placement decisions), and response rate details were collected.

Two participants were excluded from the study because they participated in the development of the vignette, and one participant was excluded because he had collaborated extensively with the author on several clinical cases. Of the 997 surveys mailed to participants, 232 were returned, yielding a response rate of 23.5%, which was below the expected rate (approximately 30–40%) based on previous studies utilizing a similar methodology (Dillman, 2000; Kaplowitz, Hadlock, & Levine, 2004; Stevanovic & Rupert, 2004). One survey was returned but not completed, and two surveys had extensive missing data, resulting in a final sample of 229 surveys included in all data analyses. The response rate did not differ based on the assigned experimental condition $\chi^2(7, N = 231) = 3.49, p = ns$.

The sample was largely female ($n = 198, 86.8\%$) and European-American ($n = 194, 85.4\%$). Further ethnic breakdown was as follows: African-American ($n = 12; 5.3\%$), biracial/multiracial ($n = 7; 3.1\%$), Latino/a ($n = 6; 2.7\%$), Asian-American ($n = 4; 1.8\%$), Native-American ($n = 1; .4\%$), not reported ($n = 2; .8\%$). The average age of the participants was 50.6 ($SD = 15.3$, range 24–80). Participants reported working in the following regional areas: Chicago suburbs ($n = 99; 43.4\%$), Chicago ($n = 72; 31.9\%$), central Illinois ($n = 26; 11.5\%$), southern Illinois ($n = 8; 3.5\%$), out of state ($n = 4; 1.8\%$), Rockford area ($n = 4; 1.8\%$), St. Louis region ($n = 4; 1.8\%$), other/unemployed/retired ($n = 10; 4.4\%$). The majority of participants reported their highest degree as an MSW/master's level degree ($n = 201; 88.1\%$), 19 participants (8.4%) possessed doctoral level degrees, and 7 participants (3.0%) reported that their highest degree was a BA/BS.

The participants reported an average of 21.1 years in the social work field ($SD = 14.5$); they had been at their current jobs for an average of 9.4 years ($SD = 10.3$). Ninety-one participants (39.9%) reported zero years' experience in child welfare. Among those that had at least one year of experience in child welfare, the mean was 15.0 years ($SD = 14.0$).

The majority of participants had never made a child welfare placement decision either in their career ($n = 118; 53.6\%$), or in the past year ($n = 193; 85.4\%$). The average number of career-to-date placement decisions made among the participants was 65.32 ($SD = 221.4$); when just including individuals who had made at least one placement decision in their careers, the mean was 140.9 ($SD = 309.1$). The average number of placement decisions made in the past year was 2.12 ($SD = 10.8$); when just including individuals who had made at least one placement decision in the past year, the mean was 14.55 ($SD = 25.26$). Ten participants (4.4%) were currently working for the Department of

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