



# Disentangling system contact and services: A key pathway to evidence-based children's policy

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## ABSTRACT

There is often a disconnect between the best available research and the policy decisions governing the functioning of large child-serving systems. This paper argues that this is, in part, due to conflating system contact with actual service provision. When outcomes are understood in terms of contacts as compared to services, this can lead to inappropriate or inadequate policy responses. Empirical data on contact and services for four large child-serving systems (child welfare, education, juvenile court, and mental health) are presented to illustrate this dilemma. Multi-sector services and need for collaboration are also briefly reviewed. Recommendations are made for improving data infrastructure and research to help bridge the gap between what policy makers see and actual system functioning. This is presented as a key step on the path to achieving evidence-based policy to support children's well-being.

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## 1. Introduction

On a clear night away from the artificial light of urban areas, one can look up and see what appears to be a sky full of stars with only very small spaces in between. In reality, however, astronomers and astrophysicists would tell us that what appears to be a dense system of lights from Earth is actually a collection of various bodies and structures separated by vast amounts of space. Not only does our view obscure the long distances between these tiny points of light, we also lack the capacity to see many aspects of space that are important to understanding the universe. Only about 4% of the energy and matter in the universe is visible in the form of stars or galactic gases (Cline, 2003). Thus for most of us our view of the universe and how dense or full it appears is colored by our perspective and our way of seeing.

Similar to how lay people look at the night sky, policy makers view systems like child welfare or education from a great distance. Like the Milky Way, such systems may appear dense with persons served, when in reality most individuals have brief contacts rather than ongoing services. Individuals who make large scale policy decisions are necessarily too far removed from day to day operations to see such details clearly. This can be problematic if information about outcomes and expectations of services are attached to such long distance views. It needs to be the responsibility of research and evaluation professionals to ensure that policy makers are aware of the discrepancy between large scale views of system caseloads compared to actual service delivery and outcomes. Similar to the person viewing the night

sky, policymakers could look to scientists (albeit social scientists rather than astronomers) who can describe the nature of the services universe and help clarify what is and is not there. Arguably, however, services research has not yet reached the stage where sufficient information is available to bridge the gap between policy makers and local system functioning.

This paper argues that services research must make important distinctions between those contacted by these vast systems and those for whom services are actually provided. This is especially vital when studying outcomes, so as to support evidence-informed policy. For example, arguments have been made that services may offset later untoward outcomes (Jonson-Reid, 2004; Staudt, 2003). Surely the logical expectation of such outcomes can only occur for those actually receiving services. Yet much of the writing linking outcomes to children in service systems allows the reader to assume that all children are receiving equivalent treatment or sufficiently blurs the distinction between system contact (e.g., eligibility or report to a system) and actual participation in ongoing services. Sometimes this is because the meaning of variables about services offered or provided in a given data set is unclear (Staudt & Cherry, 2009). If services are instrumental in better outcomes, then failure to disaggregate served from unserved cases will at best dilute effects and at worse result may reverse the direction of effects if the unserved group is sufficiently large. This means that a policy maker or advocate may erroneously ascribe failure to an entire system because it is not possible for them to see the difference in outcomes for those receiving particular services compared to those who never move beyond an initial contact or assessment.

To elucidate the current problem, this paper summarizes what is known about system contact and actual service use in four major public funded child-serving systems: education, child welfare, juvenile justice,

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and mental health services. Next, the dilemma of considering how to research multi-system use is discussed. Finally a brief discussion of how academic “silos” also contribute to the problem is reviewed. Ramifications for research aimed at informing evidence-based policy and practice flow from this discussion.

## 2. Example 1: special education

While all children in this country have access to public education, some children require additional services to benefit from universally available classroom instruction. One such service is so large and governed by policies both within and outside education that it is a type of system of its own, special education. Special education is mandated and broadly guided by the *Individuals with Disabilities in Education Improvement Act* (2004) and also informed by the *Americans with Disabilities Act* (1990). Children who meet eligibility criteria based on physical, cognitive or emotional disabilities are to be provided services that enable them to benefit from education. For the purposes of this article we will focus on that subset of children classified within this policy as “emotionally disturbed”. The latest available national data indicate there were over 430,000 students eligible for special education for emotional disturbance in 2007 (*Data Accountability Center*, 2009). Research indicates that long-term outcomes for many children classified as emotionally disturbed are quite poor (*Wagner, Kutash, Duchnowski, Epstein, & Sumi*, 2005). Viewed from the distance of the policy world, such outcomes could be interpreted as evidence that the services provided by schools for this population are ineffective – perhaps at the extreme, a waste of resources. On closer examination, however, an alternative story emerges.

For many children who enter the special education system for reasons of emotional disturbance, this designation means little more than contact, assessment and periodic re-assessment (*President's New Freedom Commission on Mental Health*, 2003; *Lee & Jonson-Reid*, 2009). Data suggest that if these children do not receive school-based services it is unlikely they are receiving services elsewhere that meet their mental health needs (*Bliss*, 2005; *Lee & Jonson-Reid*, 2009). Yet, less than 60% of all public schools provide any type of psychological services (*President's New Freedom Commission on Mental Health*, 2003). What proportion of youth designated as emotionally disturbed receive services beyond assessment? Unfortunately, there are currently no national tracking systems for services, as compared to eligibility, for children designated as emotionally disturbed. The closest national figure is the proportion of students with a disability that receive some educational services outside the regular classroom. It is impossible to tell what such services entail and whether those educated primarily in the regular classroom (about 37% of ED students, *Data Accountability Center*, 2009) are receiving any type of psychological intervention.

It seems likely that some school districts are providing excellent psychological services, others inadequate services, and many none at all. From the viewpoint of policy, the documented outcomes for these children clearly indicate unmet need, but without the information about who received what services, it is easy to categorize the entire system as ineffective. One might imagine decision-making about resources based on such limited information might range from eliminating special education for this group as an ineffective program to blanket provision of more funds without any direction as to how they are best to be used.

## 3. Example 2: child welfare

The current child welfare system is governed by a series of policies including the *Child Abuse Prevention Treatment Act of 1996* (P.L. 104–235) the *Foster Care Independence Act*, 1999 (P.L. 106–169), the *Adoption & Safe Families Act*, 1997 (P.L. 105–89) and other federal and state policy. Together they guide the detection and reporting of child

abuse and neglect and the in-home or out of home (foster care) services that may follow such reports. While research exists suggesting that a substantial amount of abuse and neglect goes unreported (*Sedlak & Broadhurst*, 1996; *Theodore et al.*, 2005), much of the etiological work follows children who have had reports to child welfare agencies because of the researcher's ability to easily identify this population. This work indicates that many children with alleged histories of abuse or neglect have higher rates of numerous untoward social and developmental outcomes (*Widom*, 1999; *Jonson-Reid, Drake, & Kohl*, 2009; *Stahmer et al.*, 2005; *Thornberry, Ireland, & Smith*, 2001). Given the existence of the modern child welfare system for about 30 years, some view this as an indictment of the failure of this system (e.g., *Melton*, 2005). Yet once again, as one examines the system more closely one finds a possible alternative story.

Of six million children subjects of 3.3 million referrals (initial reports), only 60% resulted in accepted reports (*U.S. Department of Health and Human Services [US DHHS], Administration for Children and Families*, 2009). Even if we begin with the assumption that the 40% that were not accepted were correctly screened out, the number of remaining accepted reports is large. National data indicate that among those children with accepted referrals, about 59% of children who are substantiated and 30% of children with unsubstantiated cases receive some sort of post-investigation services. Unlike the prior example of special education, recurrent referrals to child welfare are common (*Drake, Jonson-Reid, & Sapokaite*, 2006). National data do not separate out cases that have multiple reports prior to a first service (*U.S. Department of Health and Human Services [US DHHS], Administration for Children and Families*, 2009) and services are more likely following multiple reports. For example, about 21% of children with substantiated reports enter care over time, but a relatively small proportion of children (4–6%) are removed from the home after a single report of maltreatment (*Lipien & Forthofer*, 2004). This means that the estimates of children receiving services following any referral do not show the much lower rate of services received by children after a first referral. Additionally, there are vast differences between in-home and out of home care so to understand how services might be associated with outcomes, one must go beyond a mere indication of service or not. Much of the focus of child welfare research has been on foster care and older models of family preservation (e.g., *Schuerman, Rzepnicki, & Littell*, 1994; *Staudt & Drake*, 2002). We know relatively little about the longer term outcomes of those receiving only assessment or investigation or those receiving less intensive in-home services. For example, some studies suggest that some forms of in-home services may decrease maltreatment recurrence, at least in the short term (*Drake, Jonson-Reid, Way, & Chung*, 2003; *Drake et al.*, 2006) while others have not found this association (*Fluke, Shusterman, Hollinshead, & Yuan*, 2008).

Compared to special education, the availability of data on services within child welfare is better. Proper interpretation of the data, however, is complicated. First, provision of child welfare services varies by region. While federal policy provides broad guidance for child welfare, states and even counties within states have very different definitions, criteria and funding for services (*Drake & Jonson-Reid*, 2000; *Saracella, Bess, Zielewski, & Geen*, 2006). Data available at the national level often lacks the detail necessary to tease out regional differences or is not linked to outcome information over time. Further, anticipated outcomes are often dependent on collaboration with other services. For example, contact with child welfare frequently results in referrals to other ancillary services such as mental health care or parenting programs (*Jonson-Reid*, 2004), but there is no systematic way to document follow through on such referrals in current tracking systems. The task of developing evidence for policy therefore requires decoupling contact from services, understanding regional variation in how services can be delivered, and understanding what other services case management may trigger for the family.

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