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Full length article

## Effectiveness of family group conferencing in preventing repeat referrals to child protective services and out-of-home placements



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### ABSTRACT

Rigorous research on the efficacy of family group conferencing is rare. This randomized control trial study used an intent-to-treat approach to examine whether a referral to a family group conference (FGC) was associated with re-referrals, substantiated re-referrals, or out-of-home placements among child welfare-involved families receiving in-home services. We found no significant associations between treatment and control group assignment and the three outcomes for the sample as a whole. However, families with more children had higher odds of a re-referral and a substantiated re-referral, families with more than one parent had higher odds of re-referral, and families where a substance abuse services referral was noted had higher odds of out-of-home placement. In interaction models with race, we found that families with African American mothers who were referred for an FGC were more likely to be re-referred compared to other families, but no differences were identified with respect to their rates of substantiated re-referrals or out-of-home placements. Implications are discussed.

## 1. Background

### 1.1. Value of study

Child welfare lags behind other human service fields in terms of the use of evidence-based or evidence-informed practice (Barth, 2008). One source of this predicament is the lack of funding for research and evaluation, which is fragmented and limited in size, scope, and rigor (Institute of Medicine and National Research Council, 2013). Among the hundreds, if not thousands of interventions and programs across the country serving a child welfare population, only 19 are rated with the highest level of evidence, and many of these have not been specifically tested on a child welfare population (California Evidence-Based Clearinghouse for Child Welfare, n.d.). Worldwide, child welfare agencies are embedding implementation science frameworks into their service delivery constructs and increasingly testing and adopting various promising practices to build evidence and serve families with greater effectiveness. One such set of promising practices—family group conferencing, team decision making and other forms of family-centered meetings—have saturated international child welfare practice and policy environments since the early 2000s (Nixon, Burford,

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Quinn, & Edelbaum, 2005). Still, the expansion of these family meeting practices has far outpaced the research examining various models, resulting in significant knowledge gaps in implementation, including fidelity, and outcomes.

To that end, this analysis reports results from a three-year randomized control trial (RCT) that evaluated the impact of family group conferences (FGCs) on families receiving in-home child welfare services around three outcomes of interest available in administrative data: re-referrals (also known as re-reports), substantiated re-referrals, and out-of-home placements. Other outcomes and practice principles, however, guide the use of FGCs within child welfare agencies. While the bulk of research around the use of FGCs in child welfare has focused on the out-of-home services population, i.e. those youth already in placement, this analysis is distinct as it seeks to determine whether the use of such meetings in an earlier stage of service would prove beneficial. Further, family group conferencing is a family-centered practice that is intended to elevate the voice and the role of participants in the decision-making process and address the power differential between agency staff and families inherent in child welfare practice. As such, this analysis also seeks to understand how FGCs might mitigate racial disproportionality (e.g., the disproportionate involvement of families of color throughout the various stages of service) in the jurisdiction of interest. The importance of the current study's rigorous evaluation of a commonly used and clearly defined practice in child welfare should not be underestimated.

### 1.2. Family group conferencing

Although many models of family meetings exist (See Center for the Study of Social Policy [CSSP], 2002 and Allan & Maher, 2014 for a more detailed overview), one model of family-centered meetings that has been commonly adopted is the FGC. First introduced and legislated in 1989 through the Children, Young Persons and Their Families Act, the New Zealand government's response to child protection and youth justice concerns, the FGC was based on Maori traditional decision-making processes and was a response to the disproportionate representation of Maori children and families in various public systems, including child welfare, youth justice, and corrections. The New Zealand FGC model created a construct that privileged the family group to lead decision making, in partnership and with the support of the state. The 1989 legislation and resultant practice and policy changes noted the institutional racism that existed within various public systems and offered the FGC as one mechanism to combat such treatment of marginalized and disenfranchised groups.

In more recent years, there have been efforts to distinguish FGCs from other family meeting models (CSSP, 2002) and define standards for practice (Kempe Center for the Prevention and Treatment of Child Abuse and Neglect [Kempe], 2013). A more thorough discussion of the specific FGC practice elements can be found elsewhere (CSSP, 2002; Kempe, 2013), but pertinent to the context of this study, FGC practice is generally distinguished from other meeting types by the utilization of an independent coordinator who: 1) implements the FGC process, including widening the family and community circle to participate in decision making; 2) organizes the family group to lead the development of the initial plan, including the provision of private family time; and 3) engages in follow-up and monitoring activities to support the family's and agency's progress toward achieving the agreed upon goals (Kempe, 2013).

### 1.3. Child welfare outcomes research

Of late, a common triad of outcomes tends to be examined in the context of child welfare involvement: re-referrals, substantiated re-referrals, and out-of-home placements. Several characteristics of families have been shown to be associated with these outcomes. Historically, research on correlates of repeat maltreatment focused on substantiated re-referrals (recurrence); increasingly, however, research has raised questions about whether substantiating a report is in part an artifact of policies (e.g., evidentiary requirements for substantiation) and practices (e.g., failure to formally investigate new reports on open cases) or other ecological factors (Fluke et al., 2001; Hollinshead, 2012; Drake, Jonson-Reid, Way, & Chung, 2003; Flango, 1991; Putnam-Hornstein, 2011). Similarly, although some distinctions exist, numerous analyses suggest that factors that predict re-referrals are quite similar to those associated with recurrence (Fluke, Shusterman, Hollinshead, & Yuan, 2005; Fluke, Shusterman, Hollinshead, & Yuan, 2008; Marshall & English, 1999; Drake, 1996; Drake & Jonson-Reid, 2000; English, Marshall, Brummel, & Coughlin, 1998).

#### 1.3.1. Re-referrals as an outcome

Research examining re-referrals, which are thought to reflect concern by a community or family member about the welfare of a child without regard for government definitions of the types of maltreatment cases an agency serves, has increased in recent years. Regardless of whether or not re-referrals are substantiated, families in which a child has a disability or for whom the initial report is for neglect are more likely than other families to repeatedly come to the attention of child protective services, as are parents who have a history of substance abuse and/or domestic violence, or previous child welfare involvement (See Helie, Laurier, Pineau-Villeneuve, & Royer, 2013 for a comprehensive review). Families with younger children who receive child welfare services may also be more likely to experience child maltreatment recurrence (Putnam-Hornstein, Simon, Eastman, & Magruder, 2015).

#### 1.3.2. Out-of-home placement as an outcome

The research literature on predictors of out-of-home placement has tended to start with general population samples. This research finds that significant predictors of children being placed in out-of-home care include: families with younger children, single parents, parents with lack of access to prenatal care, and children with birth abnormalities (Needell & Barth, 1998; Perlman & Fantuzzo, 2013). One study of a sample of families receiving in-home services identified two factors associated with a subsequent out-of-home placement—lower family income and higher family risk scores (Horwitz, Hurlburt, Cohen, Zhang, & Landsverk, 2011).

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