Children and Youth Services Review 82 (2017) 139–148

Contents lists available at ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth

Role specialization and service integration in child welfare: Does organizational structure influence the decision to refer to supportive services?

Carrie Smith[a,*], John D. Fluke[b], Barbara Fallon[c], Faye Mishna[c], Barbara Decker Pierce[d]

[a] School of Social Work, King's University College at Western University Canada, 266 Epworth Ave., London, Ontario N6A 2M3, Canada
[b] Kempe Center, Department of Pediatrics, University of Colorado School of Medicine, 13123 East 16th Avenue, B390 Aurora, CO 80045, USA
[c] Factor-Inwentash Faculty of Social Work, University of Toronto, 246 Bloor Street West, Toronto, Ontario M5S 1V4, Canada
[d] School of Social Work, King's University College at Western University, 266 Epworth Ave., London, Ontario N6A 2M3, Canada

ARTICLE INFO

Keywords:
Child welfare
Decision-making
Organizational structure
Specialization
Service integration

ABSTRACT

The objective of this study was to contribute to the understanding of the child welfare organization by testing the hypothesis that the characteristics of organizations influence the decision to refer clients to additional services. Two aspects of organizational structure were examined: 1) role specialization, or the division of tasks intended to accomplish the mandate of the organization; and 2) service integration, or whether child welfare organizations and other services such as children's mental health are integrated. Other organizational factors proposed by the theoretical and empirical literature as salient to understanding child welfare decisions were included in the analyses (e.g., proportion of investigations of Indigenous children). Secondary data analysis of the Ontario Incidence Study of Reported Child Abuse and Neglect – 2013 was conducted. A subsample of 4949 investigations from 16 agencies was included in this study. Multi-level modeling was used to test the relative contribution of case and organizational factors to the referral decision. The results confirm the importance of clinical factors to child welfare decisions. Differences in organizational structure also influence the decision to refer clients to treatment and supportive services. Investigations conducted at agencies with a specialist structure were *less* likely to include a referral to other services, while investigations at multiservice agencies were *more* likely to include a referral. The proportion of investigations regarding Indigenous children influenced the decision to refer. The study contributes to the limited empirical evidence regarding the association between organizational structure and decisions.

1. Introduction

Children and caregivers identified to child welfare agencies as a result of a child maltreatment concern are among the most vulnerable groups in society and typically present with exceptionally complex needs. While the primary needs of this population of children are related to a child maltreatment concern, they may also present with physical, emotional, cognitive, and behavioral disturbances and delays (Burns et al., 2010; Fluke & Casillas, 2015; Trocmé et al., 2010). Caregivers may present with addictions, physical health issues, cognitive impairments, mental health concerns, homelessness, poverty, and intimate partner violence (Bromfield, Lamont, Parker, & Horsfall, 2010; Burns et al., 2010; Fluke & Casillas, 2015; Trocmé et al., 2010).

In order to address the complex needs of families reported to a child welfare organization, other community organizations and service providers must be engaged in the provision of services (Foster, Wells, & Bai, 2010; Mirwaldt, Perron, & Thomas, 2004; Trocmé & Chamberland, 2003). The decision to refer children and families to treatment and supportive services is therefore a critical task. Child welfare organizations exist within a cluster of human service organizations designed to assist vulnerable children and families. Mental health service providers, juvenile justice, police, and substance abuse treatment centers, among others, may assist with reducing violence and addressing concerns that place children at risk of maltreatment (e.g., parental substance misuse and caregiver mental health issues) (Burns et al., 2010; D'Andrade, 2015; Drabble & Poole, 2011; Grella, Needell, Shi, & Hser, 2009; Staudt & Cherry, 2009; Wells, Jolles, Chuang, McBeath, & Collins-Camargo, 2014). Referrals to supportive services may also be made to address the clinical needs of children, including mental health concerns (He, Lim, Lecklitner, Olson, & Traube,

* Corresponding author.
E-mail addresses: csmit486@uwo.ca (C. Smith), john.fluke@ucdenver.edu (J.D. Fluke), barbara.fallon@utoronto.ca (B. Fallon), f.mishna@utoronto.ca (F. Mishna), Barbara.DeckerPierce@kings.uwo.ca (B. Decker Pierce).

http://dx.doi.org/10.1016/j.childyouth.2017.08.031
Received 12 June 2017; Received in revised form 24 August 2017; Accepted 24 August 2017
Available online 12 September 2017
0190-7409/ © 2017 Elsevier Ltd. All rights reserved.

2015).

The decision to refer to supportive services should be based on the promotion of the safety and wellbeing of the child, the clinical needs of children and caregivers, and evidence regarding the most effective treatment approach (Fluke & Casillas, 2015). The characteristics of the child welfare organization are also assumed to influence this decision (Benbenishty et al., 2014; Regehr, Stern, & Shlonsky, 2007); however, limited research is available to support this assumption (Wulczyn, 2011; Yoo, Brooks, & Patti, 2007). A characteristic assumed to influence decisions is organizational structure, or the manner in which work is coordinated in order to accomplish the goals of the organization (Mintzberg, 1979). In the child welfare context, a common way to structure organizations is by function or by specialized departments based on phases of the service continuum. For example, workers may specialize in the investigation phase of service, which includes collecting information about a reported concern and making substantiation and service decisions that could include initiating a court application, bringing a child into out-of-home care, or closing a case (LeBlanc, Ballantyne, Swift, Chaze, & Crockford, 2007). Alternatively, agencies may organize work through a generalist structure with workers who perform the investigation and, where necessary, also provide ongoing services to the family. A second characteristic of the organization assumed to influence decisions is service integration (Yoo et al., 2007). Child welfare organizations may integrate with other service providers (e.g., children's mental health providers or intimate partner violence experts) or stand alone in the provision of child protective services.

While a beginning understanding of the influence of organizational structure on child welfare decisions has been demonstrated by recent studies examining the decision to provide longer-term services and the decision to bring a child into out-of-home care (Fallon, 2005; Fallon & Trocmé, 2011; Fluke, Chabot, Fallon, MacLaurin, & Blackstock, 2010), very few studies have specifically examined the decision to refer. None has done so with the explicit purpose of examining the influence of organizational structure. The objective of this study is to examine the contribution of case and organizational factors to the decision to refer to supportive services, with a particular focus on two aspects of the structure of the child welfare agency: specialization and service integration.

1.1. Theoretical framework

This research applies an integrated theoretical framework adapted from two existing frameworks: 1) the Decision-Making Ecology Framework (DME) (Baumann, Dalgleish, Fluke, & Kern, 2011) and 2) Yoo et al.'s (2007) conceptual framework of organizational constructs as predictors of service effectiveness. According to the DME framework, child welfare can be understood as a series of decisions influenced by case (e.g., child age, type of maltreatment), organizational (e.g., policy, structure), decision-maker (e.g., worker education, worker experience), and external factors (e.g., legislation, media scrutiny) (Baumann et al., 2011). Decision thresholds, or the point at which information is sufficient to justify taking action, are thought to vary based on a combination of these factors (Baumann et al., 2011). The DME framework suggests that several organizational factors influence decision-making, but these factors are not accounted for explicitly in the model. Yoo et al. (2007) presented a conceptual framework of the organizational factors most likely to predict service effectiveness (worker characteristics, work conditions, worker responses, and structure and contingency). Child welfare decisions are an important aspect of effective services (Fluke & Casillas, 2015).

The adapted framework tested by the current study incorporates the organizational factors identified by Yoo et al. with the DME (Fig. 1). By incorporating Yoo et al.'s (2007) model, the adapted framework takes into account theoretically and empirically identified organizational factors that influence service effectiveness in child welfare. Several organizational theories inform Yoo et al.'s (2007) model, including human resources theory, contingency theory, and rational systems theory. Rational systems theory emphasizes the importance of organizational structure including how organizations arrange themselves in order to accomplish goals (Mintzberg, 1979). These arrangements include role specialization and the flow of information and resources across organizational boundaries (e.g., service integration) (Bolman & Deal, 1985; Mintzberg, 1979; Parsons, 1960). Role specialization is common in child welfare organizations and can include assigning workers to perform tasks related to a specific phase of the service continuum (e.g., "intake" or investigation services, ongoing family services) (Ellett & Leighninger, 2006; LeBlanc et al., 2007). The flow of information and resources across organizational boundaries can be structured through service integration. Child welfare organizations are increasingly required to integrate with organizations providing related services, such as children's mental health services, or drug and alcohol counseling (Commission to Promote the Sustainability of Child Welfare, 2010; Wells et al., 2014). This study assesses the extent to which role specialization and service integration influence a case decision-maker's decision to refer a family to supportive services. Although the case decision-maker is generally described as a child protection worker or caseworker, child welfare decisions occur within a supervisory context and, depending on the organization and policy context, may involve supervisors, administrators, other social workers, judges, and family members (Fluke & Casillas, 2015; Graham, Dettlaff, Baumann, & Fluke, 2015).

1.2. Literature review

1.2.1. The child protection worker's decision to refer

A growing body of research comprises studies examining several decisions along the service continuum, including the decisions to investigate (Wells, Fluke, & Brown, 1995), to provide ongoing services (Fallon & Trocmé, 2011; Jud, Fallon, & Trocmé, 2012), and to place a child in out-of-home care (Chabot et al., 2013; Fallon, Chabot, et al., 2015; Fluke et al., 2010; Graham et al., 2015). Very few studies have examined the decision by child welfare workers to refer a family to community services or services within the agency that go beyond the child welfare mandate (e.g., Fallon, 2005; Jud et al., 2012; Rivaux et al., 2008). Rivaux et al. (2008) demonstrated that African-Americans were 20% more likely to have their case acted upon than Anglo-Americans. Having their case acted upon included the decision to place and the decision to provide Family Based Safety Services, which may include referrals to community services. Hurlburt et al. (2004) examined mental health service use among children involved with child welfare services, which may be a proxy for the decision to refer to supportive services. Children in out-of-home placements and older children (i.e., children above the age of 11) were more likely to receive services. Interagency linkages between child welfare organizations and mental health service providers increased service use for children with the greatest need, which the authors suggest may promote more efficient use of services. Garcia and Courtney (2011) also examined service use, finding white Americans more likely to receive mental health services than African-Americans.

One of the most relevant studies found that intake specialists were less likely than generalist workers to initiate any type of intervention, including making referrals to services (Fallon, 2005). The researcher proposed that despite the highly prescribed approach to practice, perhaps specialist and generalist workers perform different activities (Fallon, 2005). More recently, Jud et al. (2012) studied ongoing child-welfare service provision and referrals to specialized services. The clinical needs of the family and other case characteristics (e.g., child functioning concerns, caregiver risk factors, low socioeconomic status) predicted who received services. Provision of ongoing services or referral to specialized services showed notable variation among agencies from a low of 13% to a high of 96%. However, the only organizational

Download English Version:

https://daneshyari.com/en/article/4936185

Download Persian Version:

https://daneshyari.com/article/4936185

Daneshyari.com