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## Research article

# Ongoing child welfare services: Understanding the relationship of worker and organizational characteristics to service provision



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## ABSTRACT

Ongoing child welfare services are put in place after completion of the initial maltreatment investigation when there is a perceived need to mitigate the risk of future harm. The knowledge of how clinical, worker, and organizational characteristics interact with this decision to provide ongoing child welfare services is not well integrated in the research literature. Using secondary data from the Canadian Incidence Study of Reported Child Abuse and Neglect-2008, this study's primary objective is to understand the relationship of clinical, worker, and organizational characteristics to the decision to transfer a case to ongoing child welfare services and their relative contribution to the transfer decision in Canada. Findings indicate that several clinical level variables are associated with families receiving ongoing services. Additionally, organizational factors, such as type of services offered by the organization and the number of employee support programs available to workers, significantly predicted the decision to transfer a case to ongoing services. While no worker factors, such as education, amount of training, experience, or caseload, were associated with ongoing service receipt, the intraclass correlation coefficient of the final three-level parsimonious model indicated substantial clustering at the worker level. Results indicate that Canadian child welfare workers make decisions differently based on factors not available in the current study and that what would be deemed as important worker characteristics do not necessarily predict this outcome. Findings and implications for future research are discussed.

## 1. Introduction

Families involved with child welfare services often have a variety of psychological and physical needs (Simon & Brooks, 2017). The majority of families investigated by Canadian child welfare systems are dealing with long-term issues such as ongoing emotional maltreatment or neglect (Trocmé, Kyte, Sinha, & Fallon, 2014). Fewer families involved with the child welfare system are investigated for acute maltreatment concerns, such as severe physical or sexual abuse (Trocmé et al., 2014). Child welfare systems' mandate to address child safety, well-being, and permanency requires workers to have a wide-ranging set of skills and to understand each families' unique circumstances (Simon & Brooks, 2017; Trocmé et al., 2014).

Ongoing services, those that continue delivery of services after completion of the initial maltreatment investigation, aim to mitigate the risk of future maltreatment (Department for Community Based Services, 2015; McCoy & Keen, 2014; Ministry of Children & Youth Services, 2016). Guidelines may differ across jurisdictions in Canada (Child Welfare Information Gateway, 2018a;

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Department for Community Based Services, 2015; Ministry of Children & Youth Services, 2016); in practice, decisions are often made with consideration of multiple factors, including safety and risk assessments, the severity of verified maltreatment, caregiver risk factors, and child well-being and harm (DePanfilis & Zuravin, 2001; Fast, Trocmé, Fallon, & Ma, 2014; Johnson-Reid, 2002; Jud, Fallon, & Trocmé, 2012).

An estimated 235,842 Canadian child maltreatment investigations were conducted in 2008. While investigation rates vary across provinces, there is little variability in the decision to transfer a case to ongoing services; approximately one in four investigations are transferred to ongoing services (Fallon, Trocmé, MacLaurin, Sinha, & Helie, 2015; Fallon, Van Wert et al., 2015; Trocmé et al., 2010). The rate of cases transferred to ongoing services rose between 1998 (7.27 per 1000 children) and 2003 (11.73 per 1000 children), and has been stable to the most recent study in 2008 (10.41 per 1000 children; Trocmé et al., 2010). Approximately 35% of American children involved with child welfare services in 2015 were opened to ongoing services; while this estimate is based on the number of children versus families opened to ongoing services and may include duplicate counts, the proportion of children, has not varied significantly over time (U.S. Department of Health & Human Services, 2017).

The provision of ongoing services is a resource-intensive decision during which child welfare workers engage with families over an extended period to reduce the risk of future maltreatment. The decision to transfer a case to ongoing services has direct implications for a child and family and for the continuity and stability of the child welfare workforce, within the context of a fiscally constrained system. In order to deploy limited resources to those in most need, it is therefore important to fully understand the decision to transfer a family to ongoing services.

This study aims to fill a gap in the literature by using secondary data from the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2008). The primary objective is to better understand the relationship of clinical, worker, and organizational characteristics to the decision to transfer a case to the ongoing child welfare service provision and their relative contribution to the transfer decision. The following research questions will be addressed:

- 1) Are the characteristics of an investigating child welfare worker related to the ongoing services provision?
- 2) Are the characteristics of a child welfare organization related to the ongoing services provision?
- 3) Does the decision to transfer a family to ongoing services differ among workers?
- 4) Does the decision to transfer a family to ongoing services differ among organizations?

## 2. Theoretical framework

### 2.1. Decision-making Ecology

Multiple factors influence decisions made about children and families in the child welfare system. The Decision Making Ecology (DME; Baumann, Kern, & Fluke, 1997) addresses the context within which child welfare workers work. This ecological approach provides a framework that addresses the reciprocal relationship between families involved with the child welfare system, decision-maker characteristics, the organizational environment, and the wider community within the decision-making process.

The DME framework posits that various multi-level factors influence child welfare workers' decisions (Baumann et al., 1997; Baumann, Dalglish, Fluke, & Kern, 2011). As illustrated in Fig. 1, four factors are presumed to influence the decision-making process: 1) Case factors; 2) External factors; 3) Decision maker factors; and 4) Organizational factors (Baumann et al., 2011).

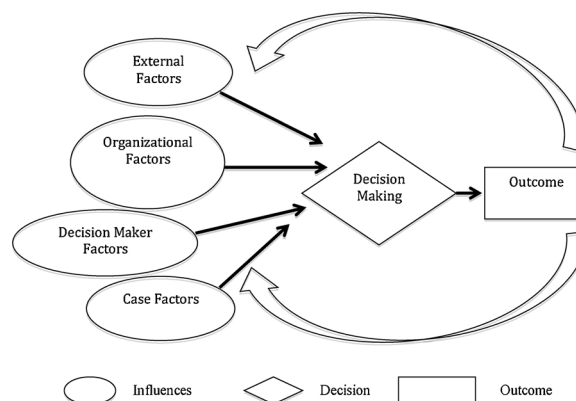


Fig. 1. This figure represents the context of child welfare decisions and the decision maker, including the influences, the decision-making process, and outcomes. (Baumann et al., 2011, pg. 5).

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