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Child welfare organizations: Do specialization and service integration impact placement decisions?

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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 decisions made by child protection staff for vulnerable children. The influence of two aspects of organizational structure on the decision to place a child in out-of-home care were examined: service integration and worker specialization. A theoretical framework that integrated the Decision-Making Ecology Framework (Baumann et al., 2011) and Yoo et al. (2007) conceptual framework of organizational constructs as predictors of service effectiveness was tested. Secondary data analysis of the *Ontario Incidence Study of Reported Child Abuse and Neglect – 2013* (OIS-2013) was conducted. A subsample of 4949 investigations from 16 agencies was included in this study. Given the nested structure of the data, multi-level modelling was used to test the relative contribution of case and organizational factors to the decision to place. Despite the reported differences among child welfare organizations and research that has demonstrated variance in the placement decision as a result of organizational factors, the structure of the organization (i.e., worker specialization and service integration) showed no predictive power in the final models. The lack of variance may be explained by the relatively low frequency of placements during the investigation phase of service, the hierarchical impact of the factors of the DME and the limited information available regarding the structure of child welfare organizations in Ontario. Suggestions for future research are provided.

1. Introduction

Child welfare authorities are legally mandated to promote the protection and wellbeing of vulnerable children (Trocmé, Kyte, Sinha, & Fallon, 2014). In carrying out this mandate, agents of child protection organizations are given the authority to make decisions with potentially momentous and life-long consequences. Although the mandate of all child welfare systems is to intervene for the benefit of children, these decisions are made under a great deal of uncertainty about the potential consequences. An error can be devastating. It can mean, for example, that a child is unnecessarily permanently removed from the care of his or her family or a case is prematurely closed, resulting in serious harm to a child or even a fatality (Baumann, Dalgleish, Fluke, & Kern, 2011). The way in which a child welfare organization systematizes the work in order to facilitate services to children and families is assumed to influence these decisions. There is little if any empirical evidence, however, to support this claim (Blome & Steib, 2014; Fallon,

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Chabot et al., 2015; Fallon, Chabot et al., 2015; Fluke, Baumann, Dalgleish, & Kern, 2014; Fluke, Chabot, Fallon, MacLaurin, & Blackstock, 2010; Wulczyn, 2011). The lack of evidence about the influence of organizational structure can be attributed to several challenges inherent in studying organizations. These include but are not limited to the complexity of their mandates, a lack of consensus around organizational measures, the limited availability of data about both organizations and the children and families they serve, and a limited number of scholars working in this area (Fallon et al., 2013; Yoo, Brooks, & Patti, 2007). Despite the scarcity of empirical literature, child welfare organizations in North America are in a continual process of organizational change in an effort to improve the efficiency and efficacy of service (Auditor General of Ontario, 2015; Commission to Promote the Sustainability of Child Welfare, 2010; Hughes, 2013; McCrae, Scannapieco, Leake, Potter, & Menefee, 2014; Wells, Jolles, Chuang, McBeath, & Collins-Comargo, 2014).

The focus of this study is to assess the influence of organizational structure on the placement decision. Research has clearly and consistently demonstrated that the clinical presentation of children and families is the strongest influence on the decision to place a child in out-of-home care (e.g., child age, caregiver risk factors and physical harm) (Fallon, Chabot et al., 2015; Fluke et al., 2010; Graham, Dettlaff, Baumann, & Fluke, 2015; Horwitz, Hurlburt, Cohen, Zhang, & Landsverk, 2011; Rivaux et al., 2008). Although clinical factors explain a significant portion, the unexplained variance in the placement decision across organizations remains noteworthy. The role of organizational factors in the decision to place a child in out-of-home care has not been fully explored.

1.1. Organizational structure: specialization and service integration

Several constructs comprise the general understanding of organizational structure. Organizations are usually comprised of institutional, managerial, and technical elements that work together to fulfill the mandate of the organization (Parsons, 1985). Mintzberg (1979) delineated that within each of these elements there is an additional division and coordination of work into tasks to accomplish goals. Job specialization requires that the tasks and scope of each position be specifically outlined (Mintzberg, 1979). Within child welfare organizations, specialization involves the division of the tasks among caseworkers employed by the organization, which comprise the complexity of the mandate. This can involve the specialization of clinical skills (infant health specialists, violence against women experts) or caseworker assignment to specific aspects of the service continuum (caseworkers that only conduct investigations or provide ongoing service provision) (LeBlanc, Ballantyne, Swift, Chaze, & Crockford, 2007; Yoo et al., 2007). The focus of this research is a comparison of specialist organizational structures, that include specialist workers who complete intake investigations, to generalist organizational structures that include caseworkers who conduct the investigation and provide longer term services. The development of a specialized structure is based on the assumption that caseworkers acquiring expertise in their particular role will in turn lead to improved services for families and efficiency in completing tasks (LeBlanc et al., 2007; Smith, 1904). However, specialization has been criticized for contributing to the “deprofessionalization” of child welfare by providing opportunities to hire caseworkers with fewer qualifications, while producing staff who have less knowledge regarding the “big picture” concerning helping children and families (Blome & Steib, 2014; Ellett & Leighninger, 2006).

The institutional level of the organization maintains the flow of information and resources across organizational boundaries (Bolman & Deal, 1985; Parsons, 1960). Increasingly, child welfare organizations are required to combine their resources by integrating their services with those provided by related organizations (e.g., children’s mental health centers, violence against women sector, and drug and alcohol counseling) (Wells et al., 2014). The rationale for organizing an integrated service landscape is two-fold: 1) high-risk families often require multiple types of services that if combined and coordinated effectively would increase accessibility and service effectiveness (Bai, Wells, & Hillemeier, 2009); and 2) eliminating redundancies reduces costs. Recent reviews in Canada and the United States have included recommendations for service integration (Commission to Promote the Sustainability of Child Welfare, 2010; Wells et al., 2014).

The purpose of this study is to assess the extent to which role specification and service integration influences the decision to place a child into out-of-home care. Specifically, the questions investigated are whether specialized organizations are more or less likely to place a child than generalist organizations; and whether multi-service agencies are more or less likely than single-service agencies to place a child in care during the investigation phase of service when case characteristics are controlled. The aim is to contribute to our understanding of the child welfare organization and provide evidence to inform the continual change efforts these organizations are undergoing.

2. Literature review

2.1. Clinical factors related to the placement decision

Clinical factors explain much of the variance in the decision to place a child in out-of-home care (Chabot et al., 2013; Fallon et al., 2013; Fallon, Chabot et al., 2015; Graham et al., 2015). Evidence of mental or emotional harm is strongly associated with child placement (Black, Trocmé, Fallon, & MacLaurin, 2008; Tonmyr, Williams, Jack, & MacMillan, 2011) as are the presence of caregiver functioning concerns (e.g., alcohol or drug abuse, mental health concerns) and the condition of the household (Fluke et al., 2010; Rivaux et al., 2008). Compared to children between the ages of 2 and 11, infants (Horwitz et al., 2011; Palusci, 2011; Wulczyn, Hislop, & Harden, 2002) and adolescents (Esposito et al., 2013; Fallon, 2005; Fast, Trocmé, Fallon, & Ma, 2014) experience the highest placement rates. Higher placement rates have also been found for children who have experienced neglect in comparison to other maltreatment types (Drake, Jonson-Reid, Way, & Chung, 2003; Horwitz et al., 2011).

There is evidence that factors other than the clinical concerns of the investigation can influence the placement decision. Studies in

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