



The influence of differential response on decision-making in child protective service agencies[☆]



Colleen E. Janczewski^{*}

University of Wisconsin-Milwaukee, USA

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ABSTRACT

Differential response (DR) profoundly changes the decision pathways of public child welfare systems, yet little is known about how DR shapes the experiences of children whose reports receive an investigation rather than an alternate response. Using data from the National Child Abuse and Neglect Data System (NCANDS), this study examined the relationship between DR implementation and decision outcomes in neglect cases, as measured by investigation, substantiation, and removal rates in 297 U.S. counties. Multivariate regression models included county-level measures of child poverty and proportions of African American children. Path analyses were also conducted to identify mediating effects of prior decision points and moderating effects of DR on poverty and race's influence on decision outcomes. Results indicate that compared to non-DR counties, those implementing DR have significantly lower investigation and substantiation rates within county populations but higher substantiation rates among investigated cases. Regression models showed significant reductions in removal rates associated with DR implementation, but these effects became insignificant in path models that accounted for mediation effects of previous decision points. Findings also suggest that DR implementation may reduce the positive association between child poverty rates and investigation rates, but additional studies with larger samples are needed to confirm this moderation effect. Two methods of calculating decision outcomes, population- and decision-based enumeration, were used, and policy and research implications of each are discussed. This study demonstrates that despite their inherent complexity, large administrative datasets such as NCANDS can be used to assess the impact of wide-scale system change across jurisdictions.

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Introduction

Public child protective services (CPS) systems make a series of decisions for each child maltreatment allegation they receive, including whether to screen in a referral, to substantiate an allegation of maltreatment, and to remove a child from his or her home when necessary. Although decision making is presumably driven by the same principles across CPS

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^{*} Correspondence to: Helen Bader School of Social Welfare, Department of Social Work, University of Wisconsin-Milwaukee, 2400 East Hartford Road, Milwaukee, WI 53201, USA.

agencies (e.g., assessing risk of harm), substantial variation exists in decision outcomes across states and counties. In 2010, for example, the nation's average rate of CPS cases that resulted in some type of CPS response was about 25 cases per 1,000 children. However, among states, this rate varied by a factor of more than five, ranging from a low of 10 to a high of 51 cases per 1,000 (U.S. Department of Health and Human Services, [DHHS], 2011a). Substantiation rates varied even more widely, from 2.2 to 28.8 per 1,000 children, as did the percentage of children with substantiations who were placed into out-of-home care (ranging from a low of 6% to a high of nearly 70%). Some of this variation is because of local factors such as population density, racial composition, and poverty levels, which produce regional clusters of children experiencing high levels of risk (Wulczyn & Brunner Hislop, 2003). Still, at least some of the variation results from different decision-making policies and practices adopted by CPS agencies.

Differential response (DR) is one such policy that may contribute to variations in patterns of county-level decision making. In general terms, DR involves diverting some moderate-risk children to services without launching a formal CPS investigation. DR agencies therefore have different decision options for CPS cases than non-DR agencies, which suggests that DR may lead to changes in agency-wide patterns of CPS involvement across decision points. Although some studies have examined outcomes for children who receive DR services, little is known about broader system changes that may result from the implementation of DR. This study tests several hypotheses about CPS decision making by examining the influence of DR on county-level rates of investigation, substantiation, and removal decisions while accounting for local demographic characteristics.

Analyzing differential response

DR and related terms such as *alternative response* and *family assessments* refer to an array of options offered in the early stages of CPS involvement. Authors such as Merkel-Holguin, Kaplan, and Kwak (2006) have sought to identify the minimal core elements of DR, but for this study, the most salient element is that an alternate track is available for eligible families after a case has been screened in and without a formal investigation occurring. Much of the existing DR research has examined the extent to which families receiving an alternate response are as safe as those families receiving a traditional investigation and whether they differ from other families on outcomes such as service receipt and satisfaction (Conley & Berrick, 2010; Loman & Siegel, 2005; Ruppel, Huang, & Haulenbeek, 2011). Studies have also shown that DR reduces the number of investigations (Westat, 2009) and the rate of substantiation (Loman & Siegel, 2005). Most of these studies, however, evaluated DR within one state or in a small number of states and did not make comparisons among DR agencies or between DR and non-DR agencies. Finally, DR research thus far has given less than full attention to child neglect, which is the most commonly reported type of maltreatment and represents the largest portion of cases diverted to DR (DHHS, 2011b).

Decision making in cases of neglect

Over three quarters of all child maltreatment victims (78%) experience neglect (DHHS, 2011a), yet it is the least clearly defined maltreatment type and possibly a major source of decision-making variability (Dubowitz, 2007; Straus & Kantor, 2005). Numerous strategies have been developed to improve the accuracy of decision making in CPS, including family group decision making and algorithmic-based assessments (Chor, McClelland, Weiner, Jordan, & Lyons, 2013; Crea, 2010; DePanfilis, 2006). Still, studies have uncovered undesirable variability in decision making across CPS staff (Munro, 1999; Rossi, Schuerman, & Budde, 1996) and different rates of decision outcomes across agencies (Fluke, Chabot, Fallon, MacLaurin, & Blackstock, 2010; Yoo & Brooks, 2005). Neglect cases may be particularly difficult to assess reliably because they are characterized by an omission of care, which is distinct from other maltreatment types that are usually defined by acts of harm. One difficulty is that the legal definition of neglect varies by state (Child Welfare Information Gateway, 2011), and there are various subcategories, including physical, medical, educational, and emotional neglect that are used in some but not all states (Barnett, Manly, & Cicchetti, 1993; Sedlak et al., 2010).

A further concern is that some children experience conditions similar to neglect that are caused by poverty, incapacity, or other circumstances unrelated to a caregiver's intent to maltreat (DePanfilis, 2006), and no clear consensus has emerged among scholars as to whether the intent to maltreat is a necessary part of the definition of neglect (Dubowitz, 2007; Hearn, 2011).

Neglect and poverty

The relationship between child neglect and poverty is well-documented. Longitudinal studies have found poverty, unemployment, public assistance, and other measures of economic risk among cases reported for neglect (Slack et al., 2011) and substantiated or indicated for neglect (Mersky, Topitzes, & Reynolds, 2009). Also, a study of U.S. maltreatment incidence rates found that socioeconomic status was a significant predictor for neglect (Sedlak et al., 2010).

CPS decision making appears to be influenced by poverty not only at the family level, but also at the neighborhood- and community-level. Areas with concentrated poverty are more likely to have structural and social problems such as low-quality schools, high incidents of violence and criminal activities, few job opportunities, and high rates of social isolation (Coulton, Crampton, Irwin, Spilsbury, & Korbin, 2007). One study included poverty among several indicators of social disorganization and reported that children residing in counties with low levels of organization are more likely to enter substitute care during

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