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 sub-sample 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,
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; Tommyr, 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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