



Contents lists available at ScienceDirect

Child Abuse & Neglect

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

Research article

Child protective services utilization of child abuse pediatricians: A mixed methods study

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ARTICLE INFO

Keywords:

Utilization of child abuse pediatricians

Child protection worker

Mixed methods

ABSTRACT

Several children's hospitals and medical schools across Texas have child abuse pediatricians (CAPs) who work closely with child protection workers to help ensure accurate assessments of the likelihood of maltreatment in cases of suspected abuse and neglect. Since the state does not mandate which cases should be referred to a CAP center, we were interested in studying factors that may influence workers' decisions to consult a CAP. We used a mixed methods study design consisting of a focus group followed by a survey. The focus group identified multiple factors that impact workers' decision-making, including several that involve medical providers. Responses from 436 completed surveys were compared to employees' number of years of employment and to the state region in which they worked. Focus group findings and survey responses revealed frustration among many workers when dealing with medical providers, and moderate levels of confidence in workers' abilities to make accurate determinations in cases involving medical information. Workers were more likely to refer cases involving serious physical injury than other types of cases. Among workers who reported prior interactions with a CAP, experiences and attitudes regarding CAPs were typically positive. The survey also revealed significant variability in referral practices by state region. Our results suggest that standard guidelines regarding CAP referrals may help workers who deal with cases involving medical information. Future research and quality improvement efforts to improve transfers of information and to better understand the qualities that CPS workers appreciate in CAP teams should improve CAP-CPS coordination.

1. Introduction

The Texas Department of Family and Protective Services (DFPS) handles a heavy burden of child protection cases each year, with 166,753 completed cases in FY 2016, representing 2.3% of the child population (Texas Department, 2016). The Texas legislature designated funds for a statewide network of child abuse pediatricians (CAPs) in 2006, and a separate grant program in 2010; together

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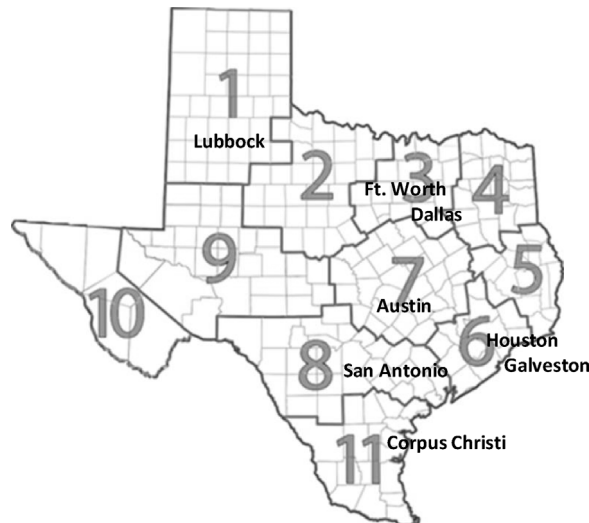


Fig. 1. Locations of centers with at least one child abuse pediatrician during the study period (2014–2016), and the 11 Texas Health and Human Services regions.

the two programs support a total of 10 academic child protection teams as well as some non-academic satellite sites. All Texas counties are covered by at least one team, though services for many rural counties are limited to record reviews rather than in-person examinations. Referral of cases by DFPS to the teams is voluntary. We previously reported low referral rates by DFPS of cases concerning physical abuse, physical neglect, and medical neglect to CAP centers, but also noted variation in referrals by state region (Girardet, Lahoti, Bolton, & Kellogg, 2016). The locations of Texas centers with at least one CAP are illustrated in Fig. 1.

Prior studies have identified a need for increased coordination between medical child protection teams (CPTs) and social welfare workers. Jebwab and colleagues found that nearly a quarter of reports by CPTs to the child protection authority in Israel never reached an investigation worker (Jedwab et al., 2015). In their study of cases referred by Child Protective Services (CPS) to a CPT in Connecticut, McGuire and colleagues found that the CPT made a determination of abuse or neglect significantly less often than CPS and non-expert physicians (McGuire, Martin, & Leventhal, 2011). Anderst and colleagues in Texas found similarly low rates of agreement between their CPT and non-expert physicians for cases of suspected physical abuse, and suggested that non-CAP providers may not have time, resources, or expertise to provide CPS with appropriate abuse evaluations in all cases (Anderst, Kellogg, & Jung, 2009).

The goal of the current study was to identify factors that influence CPS-CAP collaboration. In particular, we wanted to ascertain the degree to which Texas DFPS workers and supervisors are familiar with and utilize CAPs, their levels of confidence in handling cases that involve medical information, and their experiences and attitudes regarding working with CAPs. Because of the manner in which state child abuse systems are organized in Texas (with advocacy centers handling a large portion of sex crime referrals), this study focused on physical abuse and neglect.

2. Methods

We conceptualized this study as laying the foundation for future quality improvement efforts, though recognizing that cycles of change across a large state and involving multiple entities will likely take time. We chose a mixed methods study design, using open-ended questions to identify candidate factors that may affect CPS-CAP collaboration, and a Likert scale survey that we hoped may be re-issued in the future to measure the success of potential improvement efforts.

We began with a focus group in region 6 with a convenience sample of entry level DFPS workers and supervisors to learn about their experiences in working cases that involve medical information. We chose region 6 for the focus group because the region has 7 child abuse pediatricians working at two academic pediatric centers. Region 6 also has a relatively high proportion of cases that are declared by DFPS as “Unable to Determine” (UTD), and we hypothesized that inadequate CPS-CAP collaboration may contribute to the high UTD rate. Authors RG and KB, who serve as the CAP director and nurse coordinator for the statewide network that is funded by DFPS, led the focus group. The authors directed the group in developing a cause and effect (fishbone) diagram to delineate factors that contribute to the problem of cases involving medical information that are ruled “unable to determine” following a CPS investigation. Participants were guided first in identifying major contributing categories (e.g. people and environmental factors), and then asked to suggest possible contributing factors for each major category.

We used the issues identified in the focus group discussion to inform development of a survey of DFPS workers regarding factors that may influence DFPS workers’ decisions to consult a CAP. We designed the survey using the tool created by West and Kelly (2012), which guides researchers in clarifying the objectives of the survey, choosing appropriate response scales, and pilot testing. Both entry-level workers and supervisors pilot tested the survey. The section that records job descriptors was modified according to pilot testers’ feedback; no other questions required modification according to the testers. The final product included 20 Likert-

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