

Service Use by Parents in Child Welfare: Current Knowledge and Future Needs

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A number of studies have documented that parent mental health and substance abuse problems are associated with child abuse and neglect (e.g., Brown, Cohen, Johnson, & Salzinger, 1998; Chaffin, Kelleher, & Hollenberg, 1996; Dinwiddie & Bucholz, 1993; Kelleher, Chaffin, Hollenberg, & Fischer, 1994). In addition, parents involved with the child welfare system typically have higher rates of poverty, stress, and unemployment than do parents not involved with child welfare (Epstein et al., 1998; Whipple & Webster-Stratton, 1991), and families with more risk factors have higher rates of child maltreatment (Wu et al., 2004). Despite the needs of these parents, there is evidence to suggest they do not always receive appropriate or adequate services and treatments.

Francis and Wolfe (2008) found that none of the abusive fathers in their study had received services other than Child Protective Services (CPS), despite having elevated scores on mental health, anger, and parenting stress measures. Smith and Marsh (2002) identified the unmet service needs among mothers involved with the child welfare system who were also receiving substance abuse treatment. These were especially high for legal help, housing assistance, medical check-ups, and job training. Yet, there is evidence that the receipt of needed services is positively related to outcomes (Choi & Ryan, 2007), and research also supports the effectiveness of specific treatments for parents. Thus, it is important to better understand patterns of service utilization by parents involved with child welfare. The literature on service utilization by parents in child welfare is scant, but it is timely to summarize what is known and to make suggestions for future research.

This article summarizes the findings from studies on service utilization by parents involved with the child welfare system, and it makes recommendations for future research. Services are defined broadly to include mental health and substance use treatment, as well as other social services. The studies included in this review were identified by searching primary databases (e.g., PsychLit, Social Work Abstracts) with keywords (e.g., parents, child welfare, service use, parents, child maltreatment). Reference lists included in these articles were also examined for relevant articles. Studies were included in this review if they examined the use of services by parents who were referred to or involved with child welfare. Studies that examined use of services by children were included if parent service use was also included.

Current Knowledge

Existing studies can be categorized by one of three broad purposes: (1) to describe the services used and the percentage of parents who used services, (2) to examine the correlates of service use, or (3) to examine the impact on case outcomes of matching services to needs.

Services Used and Percentage of Parents Using Services

Kolko, Seleyo, and Brown (1999) examined the past treatment histories and current service use of 86 youth and their parents when there had been an allegation of physical or sexual abuse. The study found that the most frequent prior treatment used by parents had been inpatient treatment (32.9%) followed by outpatient treatment (22.4%), with no significant differences by type of abuse. Of potential parent services, including group therapy, marital therapy, and parent education, the most frequently used service was individual therapy (37.7%). No significant changes were found in the services used at a second interview, which occurred 4–8 months after receiving an initial service. Drug and alcohol services were used infrequently.

Staudt and Cherry (2009) used data from the *1994 National Study of Protective, Preventive, and Reunification Services Delivered to Children and Their Families* to examine whether once child welfare caseworkers had identified a mental health or substance use problem, they subsequently offered services, and whether these services were then provided. Among parents with mental health problems, 77.9% were offered mental health services, and 84% of these received services. Approximately 66% of parents with substance use problems were offered services, and services were provided to 67.5% of persons offered services. Caregivers who had both substance use and mental health problems were more likely to be offered substance abuse services than parents identified with only a substance use problem. This study highlighted that the services were not always well targeted. For example, mental health services were offered to 26.8% of parents with no identification of mental health problems, parenting services were offered to 24.4% of parents with no identification of parenting problems, and some parents with identified problems were not offered services.

Correlates of Service Use

Most of the studies that have examined the correlates of service use have consisted of secondary analyses of data from the National

Survey of Child and Adolescent Well-being (NSCAW). Anne Libby and colleagues (2006 and 2007) studied disparities in the use of specialty mental health and drug-alcohol treatment, specifically whether American Indian caregivers received needed services.

Among caregivers with mental health or substance use problems, American Indian caregivers were significantly less likely to receive mental health treatment than were whites, blacks, or Hispanics, but they were not less likely to receive substance abuse treatment (Libby et al., 2007). Caregivers of preschool children were more likely to receive mental health treatment compared with caregivers of adolescents. Caregivers with children in the home (compared with children in out-of-home placement) were less likely to receive substance abuse treatment. Other analyses of the NSCAW data examined the relationship between child and family characteristics and use of services by caregivers with mental health or substance abuse problems (Libby, Orton, Barth, & Burns, 2007). Caregivers of children with externalizing problems were significantly more likely to receive mental health services than were parents of children with internalizing problems. Caregivers of neglected children were more likely to receive substance abuse and mental health treatment than were caregivers of abused children. When children were in the home, caregivers were less likely to receive substance abuse treatment, and caregivers of children aged 2–5 were less likely to receive substance abuse treatment. Hispanic caregivers were more likely than other ethnic groups to receive substance abuse services and blacks were less likely to receive mental health services.

In a study of 27 Medicaid-eligible children with substantiated physical abuse and their caregivers, those maltreating caregivers who acknowledged the abuse were significantly more likely to be in treatment than were caregivers who denied the abuse (Swenson, Brown, & Sheidow, 2003). Among maltreating caregivers, 60% received mental health treatment, and for most, this treatment focused on the abuse; at a 6-month follow-up, only 16% of the maltreating caregivers were receiving treatment. Fifty-one percent of the children had at least one caregiver receiving mental health treatment, but by the 6-month follow-up, only four children had at least one caregiver in treatment.

Matching Services to Need and the Relationship to Outcomes

Illinois researchers examined whether matching services to needs had an impact on reunification (Choi & Ryan, 2007; Marsh, Ryan, Choi, & Testa, 2006). These studies consisted of mothers with substance abuse problems whose children were placed out of the home. Most of the mothers were African American with limited resources and multiple needs. Mothers were described as “chronic substance abusers” (Choi & Ryan, 2007, p. 1400). Mothers who had services matched to their needs ($n=354$) had a significantly higher likelihood of being reunified with their children (Choi & Ryan, 2007). Specifically, the need-service match included mental health treatment, substance abuse treatment, housing, and family counseling. The study also documented high levels of unmet service needs. Moreover, it is not only the provision of individualized ser-



ices that is important but also progress in meeting goals for those services. More progress toward meeting goals in matched services (as rated by caseworkers in the areas of domestic violence, mental health, substance abuse, and housing) was related to a higher likelihood of reunification (Marsh et al., 2006). Notably, of 724 mothers, only 18% had achieved complete progress toward goals in substance abuse treatment, with limited progress in the other areas, as well (Marsh et al., 2006). In family preservation services, Ryan and Schuerman (2004) documented that families with the problem “difficulty paying bills” who received financial services had decreased maltreatment and out-of-home placement rates, though there was no significant change in family functioning.

Summary of Current Studies

Despite lack of studies and various study limitations, the findings suggest that parents involved with the child welfare system have significant unmet needs, and that parents with substance use problems may be especially likely not to receive services. Parents of children living at home may be less likely to receive needed services when compared with parents whose children were placed out of the



home. This is problematic because services to parents may improve their well-being and prevent out-of-home placement of children (Libby et al., 2007). Findings to date point to disparities in service use by race/ethnicity for parents involved with child welfare, just as for the general population. Matching services to needs has a positive impact on outcomes, but little is known about how

frequently this occurs, or how caseworkers make decisions about which services are needed. The next section highlights some possible future directions for continued study of service use by parents.

Research Needs

First, more comprehensive data are needed about parental needs. Marcenko, Lyons, and Courtney (2011) stated that “the changing policy and economic landscape requires periodic studies of sufficient breadth and rigor to detect changes in the needs of the population as a basis for more effectively targeting services” (p. 431). More studies such as theirs, which incorporated standardized measures and examined multiple need domains of parents in one state, would inform the field about what services are needed to address the issues and problems of parents in child welfare. The researchers were able to compare needs of parents whose children were still at home with the needs of parents whose children had been placed out of the home. Knowledge gaps exist about how needs and service use vary by different groups of parents, such as by mothers and fathers, by the maltreating parent and other caregivers in the home, by parents who acknowledge and parents who deny the abuse, and by the reason for referral to child welfare. The focus needs to extend beyond parent or child needs to include family need for services, such as family counseling (Marcenko et al., 2011). More information is also needed to understand the impact of parent and family functioning on parenting behaviors and children’s well-being.

Second, little is currently known about how child welfare workers conduct parent and family assessments, intervene with parents and families, or make referrals for services, and more research is needed. This should include a focus on the degree to which services match needs and how these services are subsequently related to outcomes. Some work has been done on the role of child welfare

workers in helping youth access specialty mental health services (Stiffman, Pescosolido, & Cabassa, 2004). This work needs to extend to how child welfare workers facilitate access to and use of a variety of services by parents. Moreover, the quality of caseworker-parent collaboration and agreement in assessing needs and making decisions about service use may ultimately determine whether parents actually receive or use the recommended services. Yet, the working relationship between child welfare workers and parents has not been a research priority. Whether parents are court ordered to receive services or receive them in response to an expressed need should also be considered.

Third, it is important to know whether services are actually accessed and used after referrals are made. Research questions might include the following: What are the factors that influence service access and continued use? Does access and use vary by service type, geographic region, and characteristics of parents and helping professionals? Also, little is known about how parents experience services and the factors that contribute to treatment satisfaction, motivation, and adherence. Alpert (2005, p. 362) noted that studies to date have focused on variables related to what a parent “is or does,” but these are static variables that are generally not amenable to change. Knowing whether and how demographic variables are related to service use sensitizes us to groups that may be underserved. Understanding how parents experience and perceive services may lead to increased understanding of parental motivation and adherence to service plans. Research could illuminate both the barriers to service use and the factors that increase the likelihood of service utilization. Of course, once parents access and use services, it is important to know what factors lead to progress in attaining desired outcomes.

Fourth, the field needs a more complete understanding of service effectiveness. Research has often focused on the effects of a package of services (e.g., family preservation services) on child welfare outcomes, such as recurrence, reunification, or re-entry into care. More information is needed on individual components of the service package, such as the specific treatments or interventions provided and how they are related to parent and child outcomes, including improvements in parent functioning. Further, the child welfare literature tends to oversimplify the complexity of services, and the quality of services has not been a focus. Prior research often utilized a dichotomous measure of services—received, or not. A next step is to examine the specific treatments or interventions provided. It is one thing to know a parent received services from a behavioral health agency; it is quite another to know what treatments were provided, the treatment intensity and dosage, how closely the treatment matched the need, the quality and integrity of treatment, and so on. Moreover, because parents may receive services from multiple providers, the coordination of services and collaboration among providers may influence how parents experience services as well as their effectiveness.

Although these are presented as discrete research aims, they are all part and parcel of the process of service usage. Understanding how the process unfolds—from identification of need, to service referral, to service usage, to whether intended outcomes are achieved—could substantially increase knowledge that drives improvements in policies and programs. A broad research agenda that includes many conceptual and methodological challenges is in order. For example, parents may not recall the types of services used or the agency names (Kolko et al., 1999); secondary data are unlikely to include information on service quality or specific treatments provided. Quantifying and assessing the quality of services is a complex and challenging process, yet such efforts will help to define practice standards and expectations across the states and agencies. It is well worth the effort to begin dialogue and collaboration across disciplines and research teams to increase the knowledge related to the service needs and use by parents involved with the child welfare system. Such knowledge may ultimately improve the well-being of children and families served by child welfare.

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