

# Journal Highlights

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## Protective Supervision in Public Child Welfare and Juvenile Courts

In Minnesota statute, Protective Supervision grants the child protection agency authority to supervise a child, while granting a parent permission to retain custody under certain conditions. Protective Supervision allows the state to fulfill the federal mandate of maintaining children safely in their own homes whenever possible and appropriate. Further, Protective Supervision reinforces the goal of providing the least restrictive, most appropriate service a child needs at any point during intensive case management.

A research study on services to young children had brought critical attention to Protective Supervision, reporting that children living at home under the agency's legal supervision were less likely to receive services for developmental or behavioral problems than children in foster placement. After the first round of federal Child and Family Services Reviews (CFSR), summary findings cited similar discrepancies. As a result, the Minnesota Department of Human Services (MDHS) funded an exploratory study on Protective Supervision in Minnesota. Researchers conducted separate focus groups and interviews with child protection and judicial personnel throughout the state to assess both systems' knowledge of Protective Supervision and its use. Respondents also shared observations about the relationship between child protection and the court system in their counties. After compiling data, authors determined that personnel in both systems lacked a common understanding of the concept, definition, or use of Protective Supervision. Vague wording in the Minnesota statute complicates things further by failing to provide guidelines for implementation, and the court system and child protection agency have used the intervention quite differently.

This article offers insight into a complicated partnership between two complex systems. Notwithstanding the inherent stressors between the two systems, county child protection and judicial systems in Minnesota are together exploring the potential and experiencing limitations of Protective Supervision. In conclusion, the authors noted growing recognition that collaboration between child welfare and the courts requires attention, probably in all states.

Wattenberg, E., Troy, K., & Beuch, A. (2011, February). Protective supervision: An inquiry into the relationship between child welfare and the court system. *Children and Youth Services Review*, 33, 346–350.

## Substance-Exposed Infants, Mothers, and Family Reunification

Substance-exposed infants experience a range of negative outcomes including physical and mental health problems, poor parenting, risk of maltreatment, and low rates of achieving permanency. Substance-abusing mothers face serious co-occurring problems that include mental health issues, inadequate housing, domestic violence, and low reunification rates.

This study examines the association between substance abuse treatment components, treatment progress, and family reunification. The authors focused on services for mothers who had a substance-exposed infant and investigated the association between types of intervention and the likelihood of making progress in treatment and achieving family reunification. The study focuses on transitional services after traditional substance abuse treatment to determine whether mothers could achieve better outcomes when community-based services followed more structured services. Using a subset of data from the 2000–2009 Illinois Title IV-E Alcohol and Other Drug Abuse (AODA) Waiver demonstration, the authors gathered data on 160 mothers with substance-exposed infants living in Cook County, Illinois. The longitudinal design of this smaller study follows families over time, analyzing data in placement records, medical invoices, and caseworkers' quarterly reports.

Treatment variables included the following: (1) receiving treatment services other than residential, (2) receiving residential treatment only, and (3) receiving residential treatment combined with other community-based transitional services. The authors found that the type of intervention not only affected the probability of treatment progress but also influenced the rate of reunification. This study clearly identifies the combination of residential and transitional treatment components as having significant and positive effects on treatment progress (directly) and family reunification (indirectly). In contrast, residential services provided without a transitional component had no significant effect on treatment progress.

Regarding practice application, it is critical to refer mothers with substance abuse problems to both residential and community-based transitional services. The order and length of each specific treatment component should correspond with severity of mothers' substance use and pace of treatment progress.

Huang, H., & Ryan, J. (2011, February). Trying to come home: Substance exposed infants, mothers, and family reunification. *Children and Youth Services Review*, 33, 322–329.

## A Peer-to-Peer Approach to Supporting Kinship Caregivers

Relatives are caring for almost a quarter of the 510,000 children in the U.S. child welfare system; however, new kinship caregivers frequently do not receive the support and services they need. This article highlights a 5-year U.S. Children's Bureau demonstration project in Clark County, Nevada, that utilized a peer-to-peer approach to services for caregivers. The program paired new kinship caregivers with full-time, paid kinship liaisons who were current or former caregivers. The liaisons augmented primary casework services by mentoring and supporting relative caregivers, participating in case staffings and child and family team meetings, and copresenting training workshops.

The study examined the effects of services to 74 kinship families during 2008, the final year of the demonstration project. Researchers conducted baseline telephone interviews with caregivers within 30 days of initial liaison contact and again 90 days later, and they analyzed service logs that detailed liaison services provided to each caregiver. Participants were administered two instruments, Relative Caregiver Self-Assessment Scale and Peer-to-Peer Measure, in advance of scheduled interviews.

The most requested service by kinship caregivers was an explanation of their rights and responsibilities. Other services used by at least

half of sample families included information and referral, explanation of permanency options, and assistance with foster care licensure. The responses of kinship caregivers were positive; findings showed that (1) kinship caregivers who felt engaged with their liaisons were more likely request help for safety concerns, and (2) as caregivers reported greater satisfaction with their liaison, safety conditions improved.

The study highlights a direct relationship between the degree of information and referral provided by liaisons and an increase in caregivers' overall coping abilities, knowledge of permanency, and ability to access needed services. Moreover, caregivers' reported satisfaction with their liaison also significantly increased their willingness to become a permanent resource for children in their care. Kinship caregivers expressed a high degree of trust and acceptance from their liaison and reported that the personal experiences shared by their liaison helped them transition into the caregiver role. However, despite their satisfaction with kinship liaison services and supports, many caregivers reported high stress levels at both baseline and follow-up, expressing their concerns about kinship parenting and dealing with children's emotional needs. This finding is consistent with previous studies citing kinship caregivers' tendency to experience long-term and ongoing stress.

Denby, R. W. (2011, February). Kinship liaisons: A peer-to-peer approach to supporting kinship caregivers. *Children and Youth Services Review*, 33, 217-225.



## Intergenerational Continuity in Child Maltreatment

Previous research confirms that parents' history of abuse or neglect in childhood elevates their risk of maltreating their own children. To stop this cycle of intergenerational continuity in maltreatment, prevention and protective interventions must address the associations between parents' childhood abuse and neglect and victimization of their children.

This prospective, longitudinal study was intended to improve prevention strategies by examining two factors: (a) direct associations between the mothers' history of childhood abuse and neglect and maltreatment of their infant or toddler, and (b) mothers' mental health problems, social isolation, and social information processing patterns. The study participants included 499 mothers recruited by health clinics and obstetric medical practices during their pregnancy, and their infants from birth to 26 months of age. Participants completed a face-to-face interview to assess their history of childhood maltreatment and mediating conditions. Participants consented to reviews of county protective service records up to 7 years after their child's birth. Researchers reviewed county records through 2006 for allegations and substantiations of maltreatment of participants' infants.

Study findings indicated that mothers' childhood physical abuse significantly predicted victimization of their own child, but was mediated by mothers' social isolation and tendencies to respond with aggression when stressed. In contrast, there was no direct association between a mothers' experience of childhood neglect and her own child's maltreatment. The mothers' experience of maltreatment in childhood also predicts problematic adult relationships, while problematic adult relationships and social isolation were also predictors of their child's maltreatment. Isolated mothers may perceive they would not have help in times of need, mediating the association between physical abuse and child victimization. This study is the first to examine social isolation as a mediator of intergenerational continuity in child maltreatment.

Finally, the authors examined two aspects of mothers' social information processing, hostile attributions and aggressive response biases. A mother's hostile attribution bias was not significant as a mediator associated with her child's maltreatment; but aggressive response biases were significant and predicted mothers' adult aggression. For mothers who had been physically abused, aggressive response biases also predicted aggressive parenting, thus indicating these mothers may be intergenerationally not only repeating maltreatment but also modeling the harsh behavior of their own abusers.

The authors recommend future research on moderators as well as mediators of intergenerational continuity in child maltreatment to identify factors that will help physically abused women to develop supportive friendships and reduce their isolation.

Berlin, L., Appleyard, K., & Dodge, K. (2011, February). Intergenerational continuity in child maltreatment: Mediating mechanisms and implications for prevention. *Child Development*, 82(1), 162–176.

## Worker Confidence and Judgment in Assessing Risk

Although actuarial risk assessment instruments with strong empirical backing are available, assessing risk still involves subjective judgment by the worker. Research has not adequately investigated the influence of specific context or caseworker variables on professional judgment. The goal of this study was to examine consistency in risk assessment decisions, worker confidence when assessing risk, and subjective factors that influenced both confidence and judgment.

In the research simulation, 96 participants read two case scenarios, completed risk assessment forms, and then conducted two interviews based on the scenarios. The simulated interviews used trained actors and were acutely stressful clinical encounters, one with a cooperative client and the other, a confrontational client. Participants had completed a series of questionnaires

related to prior work history and emotional state. After the simulation, they completed an anxiety assessment scale, and they discussed their performance with a researcher. The study demonstrated high variability in participants' assessment of risk, confirming that workers assess risk differently, even when using validated measures to assess the same two families.

The level of confidence felt by individual workers was related to one's age, acute levels of stress, and perceived ability to engage family members. The level of perceived confidence in judgment and clinical ability was consistent between interviews and risk assessments but did not relate to the appraised level of risk. The participants felt equally confident whether they appraised the child to be at high risk or low risk. Older participants expressed more confidence in their performance and assessment of risk, and experienced lower stress. Participants felt that their ability to engage parents influenced their confidence level, and more confident participants reported that a parent's confrontational behavior did not affect their confidence. They attributed high levels of confidence to training, past supervision, and length of experience. In contrast, participants with lower confidence levels experienced higher anxiety and a further eroding of confidence when the parent was confrontational.

In conclusion, the authors highlighted the variation in levels of appraised risk in this study, even with high levels of worker confidence. They feel these results indicate a need for ongoing consultation with workers and more attention to critical thinking skills. They further contend that policy makers and managers must recognize the limitations of risk assessment tools and understand the importance of training workers in engagement and assessment process.

Regehr, C., Bogo, M., Shlonsky, A., & LeBlanc, V. (2010, November). Confidence and professional judgment in assessing children's risk of abuse. *Research on Social Work Practice*, 20(6), 621–628.



## Adapting Child Welfare Practice With Immigrant Latino Children

Immigrant Latino children and families represent the largest and fastest-growing ethnic group in the United States. This article describes the application of an existing evidence-based framework, “systems of care,” to child welfare practice with immigrant Latino children and families. A system of care is a family-focused, community-based, and culturally competent practice framework, implemented by multiple-partner agencies in a community in a team approach to serving families. It involves developing individualized, culturally relevant service plans to address family issues, and it considers extended family as team members and potential placement resources, including those who still reside in the country of origin.

Culturally competent practice requires that child welfare practitioners understand the effects of immigration and acculturation on immigrant families, and that services are provided in families’ native language using interpreters where needed. Caseworkers should address concerns about immigration status, clearly stating that their work with families is independent of immigration status and that staff do not report information on immigration status to other governmental authorities, and that practitioners must understand how federal and state immigration policies may affect service delivery. Agencies should also recruit bilingual caseworkers and create policies to promote interagency collaboration in immigrant communities. When undocumented children enter the system, agencies should be able to access potential forms of immigration

relief, such as Special Immigrant Juvenile Status, when reunification is not an option.

The authors review specific engagement and practice guidelines for culturally competent interaction with Latino families, such as using a conversational approach with the family and involving the family in deciding how to share information. Reciprocity is important, and families may ask caseworkers questions about their own families as part of relationship development. Latino families may offer small gifts of food, religious articles, or mementos from their home country in appreciation of services. Caseworkers should be respectful of elders and acknowledge the importance of extended family, understand the role of gender in family relationships, and understand how a family handles decision making. Workers should also understand that many Latino cultures view physical discipline as an appropriate form of punishment by parents who care about the welfare of their children.

The authors stress that administrators must ensure adequate training for practitioners on issues and experiences affecting immigrant populations. A systems of care framework is effective with children and families facing multiple challenges and involved in multiple systems. It must be responsive to cultural values and differences and emphasize individualized and strengths-based service planning. Research is needed evaluate outcomes of this framework in child welfare agencies and with immigrant children and families.

Dettlaff, A. J., & Rycraft, J. R. (2011, August). Adapting systems of care for child welfare practice with immigrant Latino children and families. *Evaluation and Program Planning*, 33, 303–310.



## Service Use Among Immigrant Families

This study investigated demographic, individual, and organizational factors associated with service use among immigrant families in the child welfare system. Families with mixed immigration status are a growing demographic group in the U.S. population; currently, 16% of U.S. children below 6 years, and 11% of 6–17-year-olds, live in mixed-status families. This study is first to use a nationally representative longitudinal data set (National Survey of Child and Adolescent Well-being) to examine multiple predictors of Family Support (FS) services by immigrant families in the child welfare system. The

present study used data collected from caregiver and caseworker reports at baseline (11/1999 to 4/2001) and during the 12-month follow-up. The final sample consisted of 5,501 children from 97 countries living in 36 states. Selected children were from families in which either the primary or secondary caregiver or the child was not born in the U.S.

Caregivers reported services used by their families over a 12-month period. Data showed that FS service use by immigrants is multi-determined by demographic, individual, and organizational factors; thus, future strategies to promote service use must consider factors from this research that may hinder access to services. Caregiver characteristics such as prior history of maltreatment, mental health problems, domestic violence, cognitive impairments, and history of arrests were significantly associated with heavy FS service use, but substance abuse was not associated with FS service use, suggesting a need for services for substance-abusing caregivers.

Among child factors, behavior problems and a history of neglect were associated with greater Family Support service use. The absence of a significant association between physical abuse, sexual abuse, and FS service use suggests an unmet need for services among these families.

This research highlights the important role of child welfare workers in enabling access to FS services among immigrants. Caseworker training on cultural issues, their concerns related to bureaucracy, and advocacy for clients was also associated with increased service use among immigrant families. These findings suggest that policy planners and child welfare supervisors need to consider child welfare workers' perception of organizational problems and work out innovative methods to help caseworkers cope with bureaucratic obstacles.

Rajendran, K., & Chemtob, C. (2010, August). Factors associated with service use among immigrants in the child welfare system. *Evaluation and Program Planning*, 33, 317–323.

## Understanding Chronically Reported Families

Child welfare agencies are increasingly concerned with multiple re-reports of child maltreatment. Current research cites negative outcomes of chronic maltreatment (now set at 5 reports), but most studies stop at the first re-report. Given the negative outcomes of chronic child maltreatment and the cost of providing services, understanding dynamics and predictors of recurrence is a priority.

This study continues a previous longitudinal analysis of case characteristics predicting first re-reports of maltreatment. The authors analyzed case data for child, family, services, and community variables found to predict a first re-report, and then compared characteristics of recurring cases. The original study sampled 6,412 children under age 12 in a Midwestern metropolitan area at the time of sampling in 1993–1994. For the current analyses, the authors followed children through 2006 or age 18.

Findings demonstrated that some factors (e.g., tract poverty) that predicted initial recurrence lose their predictive value for later re-reports, whereas others (e.g., Aid to Families with Dependent Children history) remain predictive. One of the most significant findings was that characteristics of a first re-report of maltreatment are helpful but not sufficient to understand the nature of cases that become chronic. For example, children older at the first report were less likely to have a second one, but increased child age was not protective for subsequent reports.

Child characteristics affecting first re-report included child mental health or substance abuse, child disability, special education, younger children in the home, and being a female victim of sexual abuse. Families receiving four or more re-referrals were more likely to have an emotionally disturbed, mentally ill, or developmentally disabled child. Developmental delay and special education status were not significant after the second recurrence, even when both these conditions were associated with higher maltreatment risk. Such cases may reflect services the child received from time of first referral.

Family characteristics varied during subsequent recurrences, with the exception of parents lacking a high-school education, which is a consistent risk factor for re-reports, and no AFDC/TANF history, which is a consistent protective factor. Chronic characteristics included a caregiver with a history in foster care, families with low social support, younger-age parents, and higher rates of domestic violence and mental illness. Substantiation of maltreatment consistently increased the risk of re-report; however, dynamics of chronically re-reported families may not clearly indicate a specific type of maltreatment. For example, both physical and sexual abuse cases were less likely to recur than neglect; but after the second report, there was little relationship between the type of report and subsequent risk.

There is controversy over whether provision of services by child welfare agencies increases or decreases risk for maltreatment recurrence. In this study, in-home child welfare, mental health, and education services emerged as consistent predictors of reduced recurrence. The authors suggest that understanding how the broader social service system is helping chronic families is key to understanding recurrence over time, and they suggest further study to examine how poverty, partner violence, neighborhood factors, and informal supports relate to chronic re-reporting of maltreatment.

Jonson-Reid, M., Emery, C., Drake, B., & Stahlschidt, M. (2010, November). Understanding chronically reported families. *Child Maltreatment*, 15(4), 271–281.

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