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Are Family Needs and Services Aligned?

Evaluating the Bureau of Milwaukee Child Welfare

ANDREW E. ZINN

Chapin Hall Center for Children at the University of Chicago

MARK E. COURTNEY

Partners for Our Children

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Chapin Hall Center for Children at the University of Chicago

1313 East 60th Street

Chicago, IL 60637

773-753-5900 (phone) 773-753-5940 (fax)

www.chapinhall.org

INTRODUCTION

Public child welfare systems struggle to address the problems facing the families they serve in part because of the myriad reasons families come to the attention of child welfare authorities. Neglect, sexual abuse, and child behavior problems, to name a few, arise for different reasons and require equally different remedies.

Within this context, public child welfare systems must make decisions about how to allocate scarce resources, including which types of services merit their support. Often complicating those decisions is a lack of information about the populations served and the efficacy of different types of services. In an increasingly performance-based environment, in which states and local agencies are being held accountable for family outcomes, it is imperative that the system gain a better understanding of who is served and how their needs can best be met.

To this end, the State of Wisconsin contracted with Chapin Hall Center for Children and its partners at the University of Wisconsin to conduct a comprehensive evaluation of the Bureau of Milwaukee Child Welfare (BMCW). As part of the evaluation, we conducted two sets of surveys. The first concerned families served by the bureau's in-home family preservation program (Safety Services) ($N=480$), and the second focused on the families served by the BMCW's Ongoing Services program ($N=494$), which serves families whose children have been removed from their home as a result of child maltreatment. We surveyed parents, children, BMCW case managers, and substitute care providers within one month of case opening and again one year later.¹ Surveys began in fall 2000 and continued through spring 2003.

The findings described here are derived from the surveys of case managers and parents. Response rates for each of the four surveys are detailed in Table 1. Complete study findings are detailed in evaluation reports (Courtney et al., 2002, 2004).²

Table 1
Survey Response Rates

Program	Respondent	Survey Wave			
		One month post-intake		One year post-intake	
		Freq	Percent	Freq	Percent
Safety Services ($N=480$)	Case Managers	450	93.8	411	85.6
	Parents	316	65.8	317	66.0
Ongoing Services ($N=494$)	Case Managers	463	93.7	411	83.2
	Parents	289	58.5		n.a. ^a

a. Follow-up interviews were not conducted with parents.

¹ If cases closed within one year of case opening, we conducted surveys at case closing.

² Reports can be accessed at http://www.chapinhall.org/article_abstract.aspx?ar=1350

FINDINGS IN BRIEF

- The families served by BMCW are of very limited means. This is particularly true for Ongoing Services families, of whom four in ten had reported annual incomes of \$5,000 or less.
- The service needs of BMCW families varied. Ongoing Services families had a broader array of service needs than Safety Services families, and a greater reported need for concrete services.
- Parents tended to report a higher number of service needs, both for themselves and for their children, than case managers. Although discrepancies between case manager and parent service recommendations tended to be more pronounced for Ongoing Services families, discrepancies in recommendations for concrete services were evident for both programs.
- Findings from statistical analyses predicting reinvestigation (that is, a future incident of purported child maltreatment) and family reunification underscore the importance of parental economic deprivation and add support to the argument that child welfare families would be well served by close collaboration between child welfare authorities and other social service systems.

Economic Circumstances

The majority of parents served by BMCW report incomes below the poverty line, with a sizable minority reporting an annual family income of \$5,000 or less, which is less than the federal definition of extreme poverty for a family of two (\$5,625 at the time of the surveys). Table 2 displays the economic circumstances of both Safety Services and Ongoing Services families. The severity of families' financial distress is underscored by the material hardships they endure. Approximately one-half of BMCW families reported not having enough money to pay their bills, and almost one-third reported not having enough food to eat in the past 30 days. The economic circumstances of families served by the bureau's Ongoing Services are particularly dire. More than twice as many of these families (29% vs. 11% of Safety Services families) report having been homeless at some time during the previous year, and more than three times as many (39% vs. 11% of Safety Services families) report annual incomes of \$5,000 or less. Under these circumstances, it is not surprising that these families have had difficulties providing safe home environments for their children.

Table 2
Parent Reports of Income, Poverty, and Homelessness

	Safety Services (% of parents)	Ongoing Services (% of parents)
Income / poverty		
Income below poverty line	68.5	71.3
Annual income \$5,000 or less	11.2	39.4
Not enough food to eat (past 30 days)	28.7	33.9
Not enough money to pay a bill	50.3	52.6
Housing		
Homeless during previous year	10.8	29.1
Evicted during previous year	13.9	26.0

Service Needs

According to both case managers and parents, parents needed a mix of therapeutic and concrete services and supports (e.g., housing assistance, help with transportation), as shown in Tables 3 and 4. However, parents served by Ongoing Services had, according to case managers, much broader needs than those served by Safety Services. Specifically, case managers recommended only four service categories (parenting assistance, counseling, social or emotional support, and help with finding housing) for a significant portion (more than 20%) of Safety Services families (Table 3). Conversely, case managers recommended a dozen different types of services for a significant portion of Ongoing Services families. Among the types of services recommended in significant numbers for these families, but not for Safety Services families, were employment and financial assistance and basic life skills and home management.³

Table 3
Case-Manager-Recommended Services for Parents

Service Type	Safety Services Parents (% recommended for service)	Ongoing Services Parents (% recommended for service)
Parenting assistance	56.2	50.7
Substance abuse evaluation	12.1	43.0
Social or emotional support	32.2	41.5
Mental health evaluation	7.5	40.2
Home management	17.4	35.0
Finding housing	26.7	31.7
Finding or maintaining a job	13.0	30.0
Substance abuse services	10.7	24.1
Basic life skills	5.7	22.8
(Ongoing) mental health services	16.4	22.6
Help applying for financial assistance	15.1	21.1
Anger management services	5.9	20.9
Transportation	16.7	20.0
Counseling	35.2	10.4

The breadth of service needs among Ongoing Services families underscores the utility of cross-system collaboration between child welfare and other service providers. Such collaboration, in fact, would likely be not only more efficient but more cost-effective, given the prohibitive cost to child welfare systems of developing the resources and expertise needed to provide services that traditionally have fallen under the purview of other service systems (e.g., health and mental health services and income support).

³ The fact that Ongoing Services families were reported to have broader service needs than Safety Services families may reflect differences in program eligibility and design: Safety Services was intended as a short-term family preservation program, whereas Ongoing Services was intended to serve families whose children had been removed from their homes.

Discrepancies Between Parent and Case Manager Recommendations

Services for Parents

Although many of the same needs were identified in both parent and case manager reports, two important differences emerged. First, parents reported higher service needs in general--that is, the percentage of parents who report needing services exceeded case managers' assessments on most services. For instance, almost three-quarters (73.0%) of Ongoing Services parents indicated a need for parenting classes (Table 4), while case managers recommended parenting assistance for approximately one-half (50.7%) of all families (Table 3). Similarly, the proportion of parents reporting a need for mental health counseling (72.0%) well exceeded the proportion (22.6%) that, according to case managers, needed ongoing mental health services.

Second, although discrepancies between case manager and parent service recommendations tended to be more pronounced for Ongoing Services families than for Safety Services families, the discrepancy in recommendations for concrete services was evident across both programs. In particular, the proportions of parents reporting a need for employment assistance (58.5% for Ongoing Services) and help finding a place to live (58.5 %) were well in excess of those reported by case managers (30.0% and 31.7%, respectively).

Table 4
Parent-Recommended Services for Parents

Service Type	Safety Services Parents (% recommended for service)	Ongoing Services Parents (% recommended for service)
Help with transportation	54.6	69.6
Applying for financial assistance	50.3	63.0
Help with basic food or clothing needs	48.1	58.8
Housing services (home repair/maintenance)	47.5	47.6
Counseling	46.9	72.0
Finding a place to live	46.0	58.5
Parenting classes	44.4	73.0
Finding employment	43.8	59.5
Day care services	36.8	54.0
Home management skills	33.6	49.5
Medications for emotional/mental health	25.0	36.0
Respite care	24.7	21.5
Substance abuse treatment	8.3	23.2

Given the clearly difficult economic circumstances confronting both Safety Services and Ongoing Services families, the discrepancies between case manager and parent recommendations is intriguing. One possible explanation is that case managers responded

to the questions concerning service needs with an eye toward the types of services they knew to be available. Alternatively, case managers may not have viewed these types of concrete services as relevant to the issues that lead to child welfare services involvement.

Regardless of why they occur, these discrepancies suggest room for additional engagement with parents concerning unmet needs. Prior research has shown that one predictor of successful child welfare service outcomes is the degree to which families cooperate with child welfare service providers. If providing services for parent-identified needs can encourage cooperation—even if these needs did not precipitate involvement with the child welfare system—then identifying and addressing these needs may have an important effect on service outcomes.

Services for Children

Differences between the types of services recommended by case managers and parents were also evident in services for children, as shown in Tables 5 and 6. Parents again reported more service needs for their children than did case managers. For instance, the proportion of case managers recommending counseling for children (37.1% for Ongoing Services and 17.6% for Safety Services) (Table 5) was substantially lower than that of parents (55.1% for Ongoing Services and 55.5% for Safety Services) (Table 6).

Table 5
Most Common Case-Manager-Recommended Services for Children

Service Type	Safety Services (% recommended for service)	Ongoing Services (% recommended for service)
Counseling	17.6	37.1
Mental health evaluation	6.9	23.3
Medical services	5.8	20.2

Table 6
Most Common Parent-Recommended Services for Children

Service Type	Safety Services (% recommended for service)	Ongoing Services (% recommended for service)
Health care services	81.8	91.7
Educational services	61.7	48.1
After-school program/activities	60.2	46.0
Counseling	55.5	55.1
Group counseling or therapy	38.0	37.7
Medications for emotional/mental health reasons	23.1	21.5

It is noteworthy that a large number of parents cited a need for services that are typically thought to be outside the mission of child welfare agencies, including educational services (48.1% of Ongoing Services and 61.7% of Safety Services parents) and afterschool services (46.0% of Ongoing Services and 60.2% of Safety Services parents). For these services in particular, parents' recommendations may reflect the marginal quality of the local institutions in their neighborhoods (see Table 7). For example, when asked about the quality of local schools and recreational services, more than one-third of Safety Services families rated these institutions as fair to poor.

Table 7
Parent Ratings of Neighborhood Institutions

Institution	Rated Fair to Poor	
	Safety Services Parents (%)	Ongoing Services Parents (%)
Schools	40.5	31.9
Parks	45.1	43.9
Recreational Services	36.1	31.1

Correlates of Service Outcomes

To develop a better understanding of the correlates of service outcomes for BMCW families, we used statistical models to predict subsequent investigation and reunification for both Safety and Ongoing Services families.⁴ The observation period for outcomes varied between 3 and 4 years, depending on when a case was initially opened. We included variables for caregiver characteristics, child protective services history, household and community characteristics, and child characteristics (as shown in Table 8) in each model. Table 9 lists those variables that reliably predicted (as indicated by statistical significance) reinvestigation or reunification. Several findings merit further discussion.

⁴ Hazard models have been developed for the specific purpose of analyzing the “risk” of an event happening over time (Allison, 1984). The parameter of interest in these models is called the *hazard ratio*, which describes the proportional increase or decrease in the rate of re-referral or reunification associated with a unit shift in the variable of interest, net of the effects of all other included variables. For nonnumeric variables such as race, the estimated effect is in relation to a reference category, and for numeric variables such as age, the estimated effect describes the change associated with a one-unit increase in the variable of interest. Values greater than 1 denote an increase and values less than 1 denote a decrease.

Table 8
Variable Domains Included in Hazard Models

Caregiver Characteristics

Demographics
Mental Health and Substance Abuse
Health and Disability
Education and Income

Parent Disposition, and Child Protective Services History

Parenting Skill / Practice (Child Well-Being Scales)^a
Maltreatment (Conflict Tactics Scales)^b

Prior Substitute Care History

Household/Community Characteristics

Household Structure
Social Support

Child Characteristics

Demographics
Disability Status
Externalizing Behavior / Developmental Delays
(Achenbach Child Behavior Checklist^c and
Motor and Social Development Scale^d)

^a Child Well-Being Scales (Magura and Moses, 1986)

^b Straus et al., 1998

^c Achenbach (1991)

^d National Center for Health Statistics (1984)

Table 9
Significant Predictors of Re-Investigation and Reunification

Predictor	Re-investigation		Reunification	
	Hazard Ratio	Significance	Hazard Ratio	Significance
Parent Characteristics				
Caregiver gender (vs. female)	3.26	***	—	
CWBS parental disposition ^a	0.80	***	1.05	***
Conflict Tactics Scales ^b				
Neglect of child	—		0.43	**
Physical aggression	1.67	**	—	
Psychological aggression	—		1.99	**
Substance abuse disorder ^c	1.76	**	—	
Caregiver disabled	1.42	*	—	
Episode of homelessness (past 12 months)	—		0.54	**
Child Characteristics				
Child age	0.96	**	—	
Child Behavior Checklist – Motor and Social Development percentile score ^d	—		0.99	*

*** $p \leq 0.01$, ** $p \leq 0.05$, * $p \leq 0.10$; — not significant or not included in model

^a Variable has been standardized. CWSB = Child Well-Being Scales (Magura and Moses, 1986).

^b Straus et al., 1998.

^c Caregivers were coded as having substance abuse problems if their scores on either the Composite International Diagnostic Interview (CIDI) alcohol or CIDI drug use scales (Nelson et al., 1998) indicated a “caseness” (i.e., the probability that a clinical diagnosis would be indicated if the entire diagnostic instrument were administered) of .80 or above.

^d The CBCL percentile score increases as raw problem score increases, whereas the MSD percentile score increases as raw child developmental score increases. Hence, to make these scales comparable, we report the valence of the MSD percentile score was reversed (i.e., $100 - \text{MSD percentile score}$) in these analyses; Achenbach (1991) and National Center for Health Statistics (1984).

First, we found that higher scores on parental disposition, which measures parenting skill and nurturance, are associated with a lower likelihood of reinvestigation and a higher likelihood of reunification.⁵ That this measure of parenting was the only variable found to have a consistent effect for both reinvestigation and reunification reminds us of the basic salience of parenting skills for successful child welfare outcomes.

Second, prior homelessness and a history of child neglect both significantly lower the likelihood of reunification. Both are also strongly associated with poverty, which suggests that the material hardships of parents discussed above may serve as significant barriers to reunification.

⁵ As indicated by a subscale of the Magura and Moses (1986) Child Well-Being Scales (CWBS).

Finally, the breadth of significant predictors, including child behavioral issues, parental substance abuse, material hardship, and caregiver disability, adds strength to the argument that family outcomes would be much improved if child welfare agencies were better able to collaborate with other social service systems.⁶

⁶ Caregiver gender and the level of caregiver's self-reported psychological aggression (as reported on a Conflict Tactic Scale [Straus et al., 1998]) were also found to be significant predictors of reinvestigation and reunification, respectively. The finding regarding gender and reinvestigation should be considered with some caution, however, given that male caregivers represented only a small fraction of the overall sample (2.1%). The positive relationship between higher levels of caregiver self-reported psychological aggression and reunification is thought to proxy cases in which older children were placed as a result of child behavior problems or parent-child conflict; these cases may lead to more rapid family reunification because child safety is a less pressing concern.

SUMMARY

The families served by BMCW are of very limited means, and their economic circumstances--particularly among Ongoing Services families, many of whom live in severe poverty or have been recently homeless--appear to impede children's progress toward reunification. The service needs of families, and the factors affecting reinvestigation and reunification, however, suggest that child welfare agencies must grapple with a broad set of problems. To more effectively engage families, and to develop a deeper service capacity, child welfare jurisdictions would do well to develop strategic partnerships with other child- and family-serving institutions.

In this vein, BMCW has subsequently implemented several reforms that explicitly recognize the importance of assessing and attending to a broad range of family service needs. Policy and procedural changes have been made that are intended to encourage a more comprehensive approach to family assessment and the inclusion of a broader array of community partners. Also, as part of a pilot project between BMCW and Wisconsin Works (W-2), certain families in need of family support services can now be referred directly by W-2 screeners to the bureau's Healthy Families Service Integration Project.

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