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Family Involvement Interventions in the U.S.

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Presentation Objectives

• Background on child maltreatment in the U.S.

• Where family involvement interventions fit in

• Evidence base supporting intervention use

• Theory of change & evaluation design for Baltimore City team decision-making (TDM) program

• Conclusions
What constitutes child maltreatment in the U.S.?

“Any recent act or failure to act on the part of a parent or caretaker, which results in the death, serious physical or emotional harm, sexual exploitation; or an act of failure to act, which presents an imminent risk of serious harm” (U.S. DHHS, 2008).
Child Maltreatment Types

• States primarily recognize five categories of child maltreatment.
  ▪ Neglect: Failure to meet a child’s basic needs (64.1%).
  ▪ Physical abuse: Child’s body is injured as a result of physical assault (16.0%).
  ▪ Sexual abuse: Engaging a child in a sexual act (8.8%).
  ▪ Emotional/Psychological abuse: Behaviors that harm a child’s sense of self-worth and well-being (6.6%).
  ▪ “Other” maltreatment: Includes abandonment, perinatal drug exposure, educational & medical neglect (14.3%).

Source: CDC, 2008; DHHS, 2008
In 2006, there were an estimated 905,000 child maltreatment victims in the U.S.
Child Maltreatment Consequences

• 1,530 child maltreatment related fatalities in 2006 (DHHS, 2008).

• Over half a million (513,000) children placed in foster care as of 2006 (AFCARS, 2007).

• 2003 NSCAW: 19-28% of children in foster care for one year were determined to have special needs that would qualify them for special-ed. Youth in foster care also had a significantly higher incidence of delinquent behaviors than other youth.

• Kaiser studies: Graded associations between exposure to adverse childhood experiences (ACE) and odds of chronic health conditions, risk behaviors, and mental health status (Edwards et al., 2003; Felitti et al., 1998).
Family-level Risk Factors

- Poverty
- Social support/isolation
- Family disorganization & violence
- Parenting skills
- Substance abuse
- Mental health

Source: CDC, 2008
Team Decision-Making (TDM)

Multi-disciplinary meetings with families, extended families, community members, providers of services, and child welfare staff that are held when [out-of-home] placement is contemplated, when a change in placement may occur, or when reunification is imminent. The goal [of TDM] is to reach consensus about a plan which protects the children and preserves or reunifies the family (DeMuro, 1997).
Evidence Base

• A handful of peer-reviewed journal articles.

• Findings primarily based on retrospective, administrative data related to long-term case-level outcomes.

• Limitations of findings- selection bias, small sample sizes.

• Bottom line (1)...inconclusive evidence base supporting the utilization in terms of long-term child welfare outcomes.

• Bottom line (2)...similarities between family involvement interventions with respect to short-term & intermediate goals.
Crosscutting historical, political, economic, environmental trends at societal, community, neighborhood, and/or family levels

**Theory of Change**

**Child Maltreatment Family-level Factors**
- Income level
- Perceived social support
- Family violence, disorganization
- Engagement with helping services
- Mental health/Substance abuse issues
- Parenting skills

**Child Maltreatment Initial or Recurrent**

**Child Protective Services (CPS) Response**
- Child at-risk of removal

**Family Involvement Intervention:**
- Team Decision-Making

**Family Collaboration**
- Family Perceived Social Support
- Initial Child Placement & Custody

**Family Compliance**

**Child welfare case outcomes**
- Maltreatment recurrence
- Placement stability
- Length of stay in out-of-home care
- Permanency (i.e., custody & placement)

**Outcomes**

- Initial
- Intermediate
- Long-term
Evaluation Design

• **Setting:** Baltimore City Department of Social Services

• **Sample:** Families with substantiated maltreatment whose children are at-risk of removal from East Baltimore (experimental group) & families with substantiated child maltreatment from West Baltimore whose children are at-risk of removal (control group).

• **Design:** Quasi-experimental nonequivalent control group

• **Null hypothesis:** No difference between groups in terms of change in social support, collaboration, and compliance.

• **Alternative hypothesis:** Difference observed between groups in terms change in social support, collaboration, and/or compliance.
Limitations & Strengths

• Selection bias, regression to the mean, contamination, testing, & attrition are all possible threats to internal validity.

• This evaluation design does not include a comprehensive process evaluation component.

• This is a politically & logistically feasible design.

• By using an internal control group, the equivalence of comparison groups may be increased.
Conclusions

• Currently, there is insufficient evidence indicating that these interventions are efficacious for children and families.

• The proposed research is intended to provide more evidence with respect to the initial and intermediate outcomes of family involvement interventions, specifically team decision-making.

• Research indicating that family involvement interventions elicit positive psychosocial and behavioral outcomes among families may be sufficient to warrant continued utilization of these interventions.

• If more children are diverted to relative foster/kinship care as a result of family involvement interventions, then more resources will need to be allocated to these caregivers.
References


