HHS Public Access

Author manuscript

Child Youth Serv Rev. Author manuscript; available in PMC 2018 February 26.

Published in final edited form as:

Child Youth Serv Rev. 2014 March ; 38: 93–100. doi:10.1016/j.childyouth.2014.01.015.

Trends in local public child welfare agencies 1999–2009

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Abstract

US public child welfare agencies have faced increasing pressure in the first decade of this century to demonstrate efficiency and accountability, even as the Great Recession increased pressures on millions of families and undermined human service funding. This paper reports on analyses of the two cohorts of local public child welfare agencies from the National Survey of Child and Adolescent Well-Being to identify changes in their structure and practice. Local agency adaptations have included some structural integration and apparently increased use of subcontracting, including investigations. Collectively, these trends appear to be fostering a tighter coupling of local child welfare agencies with other service providers. Some of these connections may improve families' access to a range of services. However, the increased reliance on private providers may also undermine accountability and flexibility to respond to changing needs.

Keywords

Trends; Child welfare agencies; CPS partnerships

1. Introduction

1.1. Challenges facing local public child welfare agencies in the first decade of this century

Among child-serving organizations, local public child welfare agencies are unique in their legal responsibility and authority to respond to all maltreatment reports made within their service area, determine which merit investigations or assessments, identify which children need either preventive or out of home child protective services (CPS), and subsequently determine when these services are no longer needed. Recent decades have presented public child welfare agencies with significant challenges, including increasingly complex family needs (Testa & Poertner, 2010), an economic recession that undermined the well-being of millions of families (Sell, Zlotnik, Noonan, & Rubin, 2010), and an increasing emphasis on

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evidence-based practice despite a limited base of relevant evidence (Barth, 2008). The purpose of this article is to identify some of the environmental factors affecting child welfare between 1999 and 2009, examine how local public child welfare agencies evolved during this time, and consider potential implications for children and families. In so doing, we focus largely on the distinctive attributes of these agencies, including their structure within state and local human services; their approaches to decision-making; and how they facilitate additional needed services.

As a vital part of the safety net, local public child welfare agencies are both supported and scrutinized by a range of stakeholders. These include other local public agencies; state and federal child welfare agencies; legislators; advocacy groups; and courts (Benson, 1975; Testa & Poertner, 2010). Collectively, these other actors shape child welfare's regulative and normative contexts (Scott, 2001). Each of these actors may also mediate the effects of economic trends on resources available to child welfare agencies and their latitude in use thereof.

1.2. Regulative and normative environments

Even among human services, child welfare agencies are affected to an unusual extent by legal decisions. One common means that advocates have used to improve child welfare performance has been class action lawsuits in which agencies are cited as having harmed a group of children due to failure to provide services. Most successful cases seeking broad reform result in consent decrees, through which agencies commit to remediating actions. Courts then oversee implementation of these plans (Oppenheim, Lee, Lichtenstein, Bledsoe, & Fisher, 2012). Between 1979 and 2005, over 25 state child welfare agencies were sued or placed under federal court order (Kosanovich & Joseph, 2005).

Other ways of improving child welfare agency performance have included accreditation, federal reviews, and federal and foundation demonstration programs. The entity now known as the Council on Accreditation has accredited private agencies since 1977. Increasingly over time, public agencies have followed suit, albeit without clear evidence of impact on quality (Mays, 2004; OIG, 1994). In addition, a growing number of states have either encouraged or required local agencies to become accredited (Stoparic, 2005). Since the passage of the Adoption and Safe Families Act in 1997, all state child welfare systems have been required to undergo federal Child and Family Service Reviews (CFSRs), with financial penalties possible for deficiencies. Some public child welfare agencies have also responded to stakeholder pressure by conducting outcome evaluations such as those funded through Social Security Act federal Title IV-E block grants (Solomon, 2002).

The array of mechanisms for maintaining child welfare agency accountability attests to the salience of market and evidence-based institutional logics in US human services. The shift from a previous "logic of confidence and good faith" (Meyer & Rowan, 1977, p. 357) to that of new public management included the landmark Government Performance and Results Act of 1993 (GPRA), which required state agencies receiving federal funding to track goals and objectives for their major programs (Patti, 2008). Since then, human service agencies have been increasingly expected to use data for demonstrating effectiveness as well as efficiency. Even before GPRA, however, states were required to report data on child maltreatment

reports and outcomes, with the National Data Archive on Child Abuse and Neglect serving as a repository for these and other national child welfare data since 1988 (Waldfogel, 2000).

Two major recent economic trends have also shaped child welfare services. First, public children's services have become increasingly reliant on state and federal funding, including Medicaid (Scarcella, 2006). The federal match for state Medicaid spending makes Medicaid-reimbursed services less expensive for child welfare agencies than those funded exclusively from their own budgets. One consequence of increasing child welfare agency referrals to Medicaid-reimbursed services is that eligible families can at least in theory select any Medicaid participating provider for those services, most of which are private. This may not only increase the range of options available to families and buffer service access from vicissitudes in local funding, but can also complicate child welfare coordination challenges.

A second major economic factor was the "Great Recession" beginning in 2007. As tax revenues dropped, many states cut funding for human services (Smith et al., 2009). At the same time, increasing numbers of families experienced poverty (DeNavas-Walt, Proctor, & Smith, 2010), a factor which has previously been found to increase risk of child maltreatment (Shook, 1999). Even when the recession officially ended, its repercussions continued for the millions of un- or under-employed Americans and the agencies struggling to meet their needs (NACCHO, 2012). A GAO report based on four states identified significant gaps in services for families involved in child welfare, most notably in substance abuse treatment and material support such as housing (GAO, 2013).

Local public child welfare agencies have adapted to recent pressures in part through supplementing Title IV-B funds allocated for child welfare services with additional federal funding from Temporary Assistance for Needy Families (TANF), the Social Services Block Grant Program (SSBG), and Medicaid to support services and activities covered by Title IV-B, a part of Title IV focused on child welfare services (GAO, 2013). Other strategies used by public agencies include an increased use of performance-based contracting with private child welfare agencies (Collins-Camargo, McBeath, & Ensign, 2011).

1.3. System integration

The Children's Bureau has recently outlined its vision for the future of child welfare services as "comprehensive evidence-based and evidence-informed community-based services… available to families through their local child welfare agencies and other key public and private partners" (Mitchell et al., 2012, p.551). Although these authors advocate looking "beyond existing organizational boundaries", (p. 552) we believed it would be useful to begin our inquiry by identifying which other health and human services are situated within the same larger agencies as local public CPS and whether these organizational arrangements have changed over time. State and local elected officials have sometimes reorganized human services into "umbrella" agencies in attempts to improve coordination of related services and gain efficiencies. At the state level, most states have departments of social or human services, many of which also include mental health, public health, and other services. We saw any trends toward integration with such services within common umbrella agencies as potential opportunities for improved service access and

outcomes through both direct connections and possible help in improving cooperation with other local public and private providers.

1.4. Structured decision-making

Assessing risk of future maltreatment is a fundamental part of child welfare services, a high stake calculation that despite continuing research remains fraught with uncertainty. Even among families in which children are clearly at risk, child welfare agencies must direct their limited resources toward those in immediate danger. Another reason to provide child protection judiciously is its inherently intrusive nature. Most states use structured decision-making tools to inform these decisions, with the intent of thus focusing on children with the most need and improving predictability of decisions across staff members (D'Andrade, Austin, & Benton, 2008). In turn, such consistency can help to ensure that child welfare makes decisions based on risks rather than on family race, ethnicity, or socioeconomic status (Gambrill & Shlonsky, 2000; Rycus, Hughes, Lindsey, & Shlonsky, 2008). Of the two predominant approaches to risk assessment, consensus-based guidelines take a comprehensive approach, often incorporating expert opinion, and generally using the same instrument to predict all types of maltreatment. Actuarial models use weighted combinations of factors noted by caseworkers on checklists to generate points indicating level of risk, and use different factors to predict physical abuse versus neglect. Overall, actuarial models have demonstrated better predictive validity than consensus-based guidelines (D'Andrade et al., 2008); hence, a trend toward their use could improve alignment between CPS and family needs.

1.5. Subcontracting

Throughout the US public sector, private agency provision of government-funded services was "perhaps the most significant development in the latter part of the 20th century" (Ginsberg, Gibelman, & Patti, 2009, p. 93). Privatization of public services has been a prominent feature of US social welfare beginning with the Nixon administration's New Federalism initiative, and has in recent decades increasingly progressed from such relatively simple functions as garbage disposal to complex human services (Gronbjerg, 2009; Salamon, 2012). In essence, privatization was built on the assumption that competition would prompt providers to offer services at lower cost and higher quality (Sclar, 2001). The reduced cost was expected from both efficiencies that private providers would achieve in order to win contracts and the flexibility to terminate contracts when any given services were not needed (Milward & Provan, 2000). Similarly, private providers were expected to be more motivated than previously monopolistic public agencies to earn contracts through improved quality. In addition, a more diverse range of non-governmental providers was expected to be more innovative and responsive than public agencies to local needs (Suleimann, 2003).

There is, at present, greater evidence concerning the growth of privatization in child welfare systems than on its fiscal and service delivery consequences for child welfare-involved children and families (Collins-Camargo et al., 2011). In the mid-1990s, some states privatized family preservation, foster care, and adoption services either regionally or state-wide (Blackstone, Buck, & Hakim, 2004). Quality outcomes appeared more positive than cost savings: although both states and private contractors sometimes incurred higher than

anticipated costs (Unruh & Hodgkin, 2004), adoption rates improved in Kansas and in Cook County, Illinois after privatization (Blackstone et al., 2004; Unruh & Hodgkin, 2004). A comparison of Florida counties where child welfare was privatized to otherwise comparable counties found generally similar outcomes in child safety, maltreatment recurrence, and permanency (Yampolskaya, Paulson, Armstrong, Jordan, & Vargo, 2004). Nonetheless, social service stakeholders have raised a range of concerns, including increased reliance on private providers that may actually attenuate accountability for complex service processes (Van Slyke, 2003). Given the potentially competing pressures for efficiency, government accountability for child protection, and family autonomy, as well as substantial if still ambiguous implications for cost and quality, we sought to identify whether local public child welfare agencies were using private providers for an increasing range of services.

1.6. Other inter-agency cooperation

Child welfare agencies have long depended on other public systems and public and private providers to address families' complex needs. The police, juvenile justice, mental health and substance abuse treatment, and schools fulfill such complementary functions as reducing potential violence in the short term and addressing behaviors that place children at risk over the long term (Bardach, 1998). In addition, such partners can help child welfare workers make sense of complex and ambiguous cues about inter-related and dynamic facets of families' needs. At the same time, professionals in other systems often face competing demands and bring different beliefs about how to interact with families. To improve cooperation and thus family outcomes, child welfare agencies have often developed inter-agency agreements, cross-trained staff, and pooled resources with other local public agencies as well as with both public and private service providers (Casanueva, Horne, Smith, Dolan, & Ringeisen, 2011). Thus, the final focus of our study was on how public child welfare agency cooperation with other local agencies had changed between 1999 and 2009.

The current study uses data from both cohorts of the National Survey of Child and Adolescent Well-being (NSCAW I and II) to depict trends in local public child welfare agency structure and practice. The service area for these agencies was typically the county, although some served multiple counties or only part of a county. NSCAW is the only national, longitudinal study of families subject to child abuse or neglect investigations or assessments. Although best known for its focus on children and caregivers, NSCAW also included in-depth interviews with local public child welfare agency directors about their policy context, structure, services, and relationships with other local child-serving systems.

2. Method

2.1. Sample

Data were drawn from the National Survey of Child and Adolescent Well-Being (NSCAW). NSCAW was funded by the Administration for Children and Families within the US Department of Health and Human Services, with field data collection carried out by the Research Triangle Institute (RTI) International. This survey has now included two cohorts, with baseline years 1999 and 2009, respectively.

Each NSCAW cohort was sampled to represent all children reported to CPS in that year, excluding those in states (four in 1999 and eight by 2009) which would have required RTI to make the first contact with families (Dowd et al., 2011). For purposes of this paper, the focus is on the local child welfare agencies through which these children were sampled. The majority of agencies were drawn from the eight states with the largest CPS populations in the US; the remainder was drawn from all remaining eligible states. Although the sample was not designed to generate a nationally representative sample of agencies, the result was a national sample of public local child welfare agencies for each point in time.

Child welfare agency directors, or another individual designated by the director, were interviewed in-person only once for each NSCAW cohort, at baseline (Dowd et al., 2011). In 1999, RTI interviewed directors in 86 of the 92 local agencies from which children were sampled for NSCAW. For the 2009 cohort, RTI re-approached all local agencies that had participated in 1999, and recruited new agencies to replace those that were ineligible or refused. A total of 87 local agencies participated in NSCAW II, all of which also provided agency director interviews. Of the 113 unique agencies in NSCAW, 60 participated in both 1999 and 2009, 27 participated only in 1999, and 26 participated only in 2009. We included agencies that participated in only one cohort because RTI chose new agencies for the 2009 sample both to replace similar agencies that declined to participate again and to represent changes in the population of agencies during that time (Dowd et al., 2011). Because the unit of analysis for this paper was the local child welfare agency, NSCAW's probability weights were not relevant to the current analysis.

2.2. Measures

All items included in the current study were yes/no questions, coded as binary 1/0 measures.

2.2.1. Regulative and normative environments—External normative pressures faced by CPS agencies were measured through four variables. The first variable was coded equal to 1 when agency directors answered affirmatively to the question "Is your agency currently operating under one or more active consent decrees?", defined as "a class action suit or court order related to child welfare". The second variable was based on the question "Is your agency accredited?" (with the addition in 2009 of "by COA?" – the predominant accrediting entity for child welfare agencies). The last two variables measured whether the agency "participate[d] in any Federal IV-E waiver demonstration projects related to child welfare" or "any other demonstration projects funded by foundation, state, or federally-supported grants or initiatives".

2.2.2. System integration—System integration was operationalized as whether a local child welfare agency was described by the director as "a unit within a larger agency" rather than "a free-standing entity". Agency directors who answered affirmatively were then asked whether each of the following was also part of the larger agency: income maintenance/ TANF, juvenile justice services, substance use treatment and mental health and/or public health.

2.2.3. Structured decision-making—In 1999, local agency directors were given mutually exclusive response options for the question "Which of the following risk assessment approaches do you use?" In 2009, response options to this question became non-mutually exclusive. To compare between years, we constructed three measures: 'actuarial only' if the agency director chose points among the mutually exclusive choices in 1999 or chose points and not guidelines in 2009; 'guidelines only' if this option was chosen in 1999 or guidelines and not points were chosen in 2009; and 'combination' if this option was chosen in 1999 or respondent chose both points and guidelines in 2009.

2.2.4. Subcontracting—This construct was operationalized as whether a CPS agency contracted with another provider for service delivery in any of the following service areas: investigation or assessment, family preservation/in-home services, family reunification, foster care placements, residential treatment and/or adoptive placements. In 1999, agency directors were asked "Is [each specific] service subcontracted?" and in 2009, "For each service area, please tell me whether your agency subcontracts any services [in] this area" (emphasis added).

2.2.5. Other inter-agency cooperation—Agency directors were asked separately about several specific types of cooperation with the police, juvenile justice, drug/alcohol service providers, mental health service providers, and education, respectively. For the current analyses, we chose the following ties, which were addressed in both 1999 and 2009: inter-agency agreements or memoranda of understanding (MOU), cross-training of staff, and/or joint budgeting or resource allocation (Casanueva et al., 2011).

2.3. Analyses

Change in each agency attribute was tested through a separate regression model using cohort (i.e., 2009, vs. 1999) as the independent variable and the given attribute (e.g., operating under a consent decree) as the dependent variable. We used the logit link given the binary nature of all dependent variables. Generalized estimating equations (GEE) were used because these models explicitly incorporate correlation across observations, which was relevant for agencies that were surveyed in both 1999 and 2009; GEE estimates are also robust in the presence of missing data from survey non-response (such as that which was present between the two cohorts). An exchangeable correlation matrix assuming a single common correlation (i.e., all off-diagonal elements identical) was chosen as the best approximation of the correlation expected from repeated measures (Hardin & Hilbe, 2003). This population average approach rather than random effects was optimal for the current analyses because we wanted to know whether child welfare agencies changed on average. GEE's weaker assumptions were also preferable given the binary outcomes and the small numbers within clusters (i.e., 1–2) and number of agencies (i.e., well under 200) (Raudenbush & Bryk, 2002).

3. Results

3.1. Trends in local public child welfare agencies' regulative and normative environments

Table 1 shows the percentages of agencies reporting each practice in 1999 and 2009, as well as the statistical significance of the GEE coefficients assessing the association between cohort and each practice. As of 2009, a third of all participating child welfare agencies were operating under active consent decrees, making this court-monitored form of service improvement as common as accreditation. The majority of agencies in the study sample participated in federal IV-E waiver demonstration projects and other foundation, state, and federal grants and initiatives. The restriction in the 2009 survey to accreditation by COA may explain the slight decrease in the percentage of agencies reporting accreditation (from 32% in 1999 to 29% in 2009). However, the GEE tests of the association between cohort (2009 vs. 1999) and each feature of agency environments suggested that measured features of the environment have not changed significantly over time.

3.2. Trends in system integration

There were no significant changes in child welfare agency likelihood of being in a larger local agency that also included TANF (55% in 2009), juvenile justice (27% in 2009), or substance abuse treatment (31% in 2009). However, by 2009, child welfare agencies were more likely to be in agencies that also included mental health (37%, $p < 0.01$) and/or public health departments (34%, $p < 0.05$). Thus, whereas mental health and public health were the least common other human services in the same larger agencies as child welfare in 1999, by 2009 they were second only to TANF in frequency.

3.3. Trends in structured decision making

The likelihood of agencies using either only actuarial decision making tools (18% in 2009) or only non-point based guidelines (26% in 2009) remained roughly consistent. However, agencies became more likely to report using a combination of these approaches (from 38% in 1999 to 54% in 2009, $p < 0.05$). Use of structured risk assessments became more likely when deciding to investigate cases (from 55% in 1999 to 69% in 2009, $p < 0.05$), but did not change significantly for other key decision junctures.

3.4. Trends in subcontracting

Subcontracting was common in both time periods, but appears to have become more so by 2009. In 1999, between half and two-thirds of local public child welfare agencies reported subcontracting family preservation/in-home services (58%) and residential treatment (64%). Approximately one third of agencies reported subcontracting family reunification services (34%), foster care placements (35%), and adoptive placements (29%). Only 2% reported subcontracting investigation or assessment. By 2009, the majority of agency directors reported subcontracting at least some family preservation/in-home services (80%), reunification services (70%), foster care placement (80%), residential treatment (76%), and adoptive placement (69%), and just over one-fifth of agency directors (21%) reported subcontracting at least some investigations or assessments. With the exception of residential

treatment, this growth in the use of subcontracting was statistically significant at traditional values ($p < 0.01$).

3.5. Trends in other inter-agency cooperation

Local child welfare agency cooperation with police, juvenile justice, substance abuse treatment providers, mental health providers, and schools remained generally stable between 1999 and 2009. However, joint budgeting or resource allocation became less common with police (from 17% to 5%, $p < 0.05$) and juvenile justice (from 38% to 26%, $p < 0.10$), memoranda of understanding became less likely with mental health service providers (from 81% to 70%, $p < 0.10$), and cross-training of staff with education became more common (from 41% to 55%, $p < 0.10$).

4. Discussion

It appears from these findings that the regulative and normative environments surrounding public child welfare agencies remained largely unchanged in the first decade of this century. Participants in child welfare systems have cited litigation as substantially improving focal aspects of agency capacity, such as workforce development, but have also have raised concerns about its adversarial nature and potential focus on measurable indicators rather than deeper change (Farber & Munson, 2010). Also consistent with 1999, local agencies in the NSCAW sample frequently participated in state and federally supported approaches to build child welfare capacity. However, other sources indicate that the nature of these initiatives evolved during this time. For instance, states continued to use Title IV-E waivers to fund experiments in reducing reliance on foster care (www.childwelfare.gov), and in 2001 the Children's Bureau initiated quality improvement centers to develop and disseminate better evidence relating to children's services (Collins-Camargo, Ensign, & Flaherty, 2008).

The continued salience of regulative and normative forces shaping local public child welfare practice supports the institutional theory prediction that organizations facing uncertainty about how to achieve core goals become subject to laws, regulations, and other coercive external influences as well as societal norms about what constitute legitimate ways of operating (DiMaggio & Powell, 1983; Suchman, 1995). Institutional theory is especially applicable to child welfare agencies because of limited ability to predict which family dynamics will lead to child injury or death. In the absence of clear means–ends relationships, and because of the potentially horrific consequences of error, child welfare agencies are both subject to legal mandates and the focus of substantial scrutiny. While study findings cannot speak to the drivers of these regulative and normative forces, these results do suggest that they are stable aspects of the institutional environment surrounding current public child welfare practice.

Perhaps because of continuing pressure to increase public sector efficiency, over the past decade, local public child welfare agencies were increasingly situated in larger agencies that included mental health and public health departments. Being in the same agency may not entail co-location. In addition, not all local health departments provide health services. However, those health departments that do provide health care tend to focus on maternal and child health (NACCHO, 2011) as well as the underserved. In addition, common agency

auspices may facilitate expedited referral arrangements as well as agreements allowing information sharing when permitted by families. Thus, this trend bodes well in a combination of respects for addressing the substantial unmet physical and behavioral health needs of many families engaged in child welfare (Burns et al., 2004; GAO, 2013). Recent research has found increased numbers of children in the US receiving preventive services as well as decreased out-of-home rates (Gilbert, Parton, & Skivenes, 2011, citing CBS Statline/ Childprotection, 2010). These trends may both reflect and reinforce increasing structural integration between child protective services and other health and human services.

Another trend over 1999–2009 was increasing frequent use of both point-based actuarial and consensus-based guidelines to support risk assessment. Prior evidence has suggested that actuarial risk assessments have better predictive ability than consensus-based approaches (D'Andrade et al., 2008). However, concerns about legal liability for child welfare agencies as well as loss of investigator discretion appear to have led to a shift toward comprehensive and functional assessments. Currently, the Administration for Children and Families is encouraging agencies to use standardized and evidence-based functional assessments rather than point-based assessments of risk (ACF, 2013).

Viewed through the lens of institutional theory, child welfare agencies have recently faced competing normative pressures relative to risk assessment. The first is to demonstrate efficiency and accountability, for which purpose actuarial approaches are arguably superior. At the same time, consensus models reflect social work values of holistically appraising child contexts and honoring professional discretion. In practice, local public child welfare agencies appeared to incorporate both norms, via increased use of a combination of actuarial and guideline approaches to risk assessments. This pattern fits previous findings that community mental health centers facing competing mental health and substance abuse treatment norms tended to manage this conflict by adopting both (D'Aunno, Sutton, & Price, 1991). This trend may also imply that agencies' search for and use of assessment tools may reflect scientific evidence as well as strongly felt social demands.

In the broader national context of privatization, the frequent use by 2009 of subcontracting across key child protection functions is not surprising. However, it is striking that one out of five local child welfare agencies now subcontracts at least some investigations or assessments, which have long been viewed as a distinctly public function (McCullough & Schmitt, 2000). This may reflect subcontracting of non-investigative assessments for lower risk families in states employing differential response systems. In some states, these assessments are conducted by private agencies via contract, and the public agency retains responsibility for the reports that result in a determination of whether maltreatment occurred. However, we found it notable that investigations were also the only point for which child welfare directors in 2009 more frequently reported using risk assessment. This may reflect CPS efforts to ensure that private agencies are using systematic and defensible guidelines for any assessments affecting entry into the system.

In theory, subcontracting controls costs and motivates better quality through competition. However, the limited evidence available suggests that costs may sometimes both rise for states and exceed contractor expectations (Hubel, Schreier, Hansen, & Wilcox, 2013; Unruh

& Hodgkin, 2004). One potential reason may be a lack of competition. Contrary to this key assumption underlying privatization, localities often have a scarcity of qualified providers willing to serve challenging populations such as those involved with child welfare (Van Slyke, 2003). Even when there is competition initially, the very process of subcontracting tends to lead to less competition over time, as less successful agencies either close or merge into other agencies (Sclar, 2001), and contractors develop personal ties with public agencies and officials that further constrain choice among potential providers (Van Slyke, 2003). The assumption of competition is also premised on a credible threat of switching to alternative providers when performance does not meet expectations. Yet, given the critical nature of continuity in human services, and limited time available to coordinate with new partners, public agencies "exercise that option only in the most extreme circumstances" (Sclar, 2001, p. 92).

Another reason privatization may not save money is that the processes of structuring and monitoring subcontracts themselves are costly. Indeed, transaction cost economics theory (Williamson, 1981) implies that most services needed for families involved in child welfare might be more efficiently provided by public agencies than contracted out, because they are needed frequently; their outcomes are highly uncertain; and they require substantial investments in knowledge specific to this population, such as the roles of child welfare caseworkers, other designated advocates, courts, and other agencies (e.g., schools), and balancing recovery timelines with children's need for permanence. Even amidst contracting out for service delivery, public child welfare agencies generally retain case-based authority over children and families in care, thus necessitating public–private agency coordination that can be difficult and costly.

Monitoring is further complicated by reliance on performance data from the subcontracted providers (Hasenfeld & Garrow, 2012). This problem may become more acute over time, as public agencies reduce staff in conjunction with outsourcing (Sclar, 2001). Among the attendant losses can be expertise critical to contract management (Van Slyke, 2003). In turn, when monitoring is incomplete, providers can actually be penalized for higher quality that does not translate into readily measurable contract metrics because such quality can increase their costs (Donahue, 1989).

Subcontracting also makes public child welfare agencies vulnerable to vicissitudes in local provider capacity. The recent proliferation of non-profits has yielded many – in some communities, literally hundreds of – small agencies with limited financial and staffing margins. When such providers close with little or no notice, child welfare agencies may be scrambling to fill in the gaps. As Milward and Provan (2000, p. 369) warn, "A system in flux will not be able to coordinate referrals or develop a stable system of services that clients need". Indeed, evidence during the Great Depression that systems reliant on private providers were not sufficiently able to respond to increased need, particularly in areas with dense urban poverty, prompted the federal government's initial assumption of responsibility for child protection through the Social Security Act of 1935 (Zullo, 2002).

Privatization may also weaken the public sector and its ability to advocate for vulnerable people in other ways. For instance, front line employees of private agencies generally have

lower compensation than comparable employees of public agencies, fewer vacation days, and less favorable working conditions (CBO, 2012; Donahue, 1989). Such employment contexts may exacerbate the very high turnover that already undermines continuity of human services for vulnerable families. Finally, privatization appears to be shifting private agencies' focus from advocating for systemic change, such as reducing income inequality, to securing and maintaining government contracts (Hasenfeld & Garrow, 2012; Van Slyke, 2003). In public mental health services, privatization reduced some legal protections for clients, as the client became redefined from the individual to the purchasing agency (Schlesinger, Dorwart, & Pulice, 1986). In child welfare, the cumulative impact may be less collective advocacy for maltreated children and their families, and less legal authority to thereby invoke.

In sum, research is needed to examine the consequences of the growth of child welfare privatization for public and private agencies. This trend, if grounded in skepticism about the inherent worth of the public sector (Benson, 1975), may contribute to a vicious cycle of diminishing capacity, as public agencies lose needed public support and thus perhaps their distinctive recognizability and legitimacy as providing essential public human service functions (Heinrich, Lynn, & Milward, 2010; Kennedy, 2006; Milward & Provan, 2000). The overall systemic and client-level effects of public agencies transitioning from "steering and rowing" (Milward & Provan, 2000, p. 363) to "steering but not rowing" are essential to clarify.

Regardless of its consequences, the rising levels of subcontracting over 1999–2009 suggest that the private provision of child welfare services is here to stay. In the introduction to this symposium, McBeath et al. speculate that continued blurring of public–private boundaries could create greater interdependence and hence "incentives to develop interagency relationships characterized by reciprocity and trust" (p. XXXX). Despite increases in subcontracting with local service providers, child welfare agencies did not more frequently engage in formal coordination such as memoranda of understanding, joint staff training, or joint budgeting between 1999 and 2009. In fact, the few changes in frequencies of cooperation during this time were generally decreases. This contrast may suggest that despite increased reliance on local service providers to serve families, public child welfare agencies may not have been sharing power with other agencies more often. In other words, while public child welfare may "steer rather than row" services for children under their protection, they may still be alone at the steering wheel.

One possible reason for the stability of child welfare cooperation with other local human service agencies may be the high levels of activities with each type of partner already occurring by 1999. Another reason for the stable inter-agency cooperation may be child welfare agencies focusing management and front line staff time on the additional subcontracting initiated during that time, at the price of building more voluntary connections. Given the critical interdependencies among public human services, however, inter-agency ties such as memoranda of understanding and cross training that may improve communication merit continued attention. For instance, prior research has found that police can play a key role in investigations, enhancing CPS worker safety and preparing evidence for review by the courts. However, police often lack knowledge of child maltreatment, are trained in confrontational styles of interrogation that can be particularly inappropriate with

children, and may lack awareness of non-court options (Garrett, 2004). Joint training may help child welfare workers and the police understand and better draw on the distinctive strengths of each system.

Juvenile courts make decisions about removing youth from home and specifying services, and see among the most vulnerable youth engaged with child welfare. Previous authors have cited the need for comprehensive, integrated services of sufficient duration to address often complex needs. Inter-agency ties such as memoranda of understanding between child welfare and juvenile justice agencies may facilitate faster initial responses, and pooled funding may improve their flexibility to address sometimes rapidly changing child and family needs (Howell, Kelly, Palmer, & Mangum, 2004). Similarly, school staff can be invaluable partners in monitoring and supporting maltreated children when they have effective ties to child welfare. The Children's Bureau has recently funded some school-based initiatives for children engaged with child welfare in the hope of improving these connections (Mitchell et al., 2012).

Overall, between 1999 and 2009 local public child welfare agencies appeared to adapt to demands for accountability and efficiency through some degree of agency integration, more frequent use of combined approaches to support critical decisions, and increased subcontracting. In turn, these adaptations may also shape the environment that child welfare agencies face (March & Sutton, 1997). By increasing connectivity with a range of local service providers, subcontracting may improve families' access to some services and potentially allow more choices according to their preferences. At the same time, such contracts also embed child welfare agencies in a more complex array of partnerships requiring both management and front line staff attention, and may make child welfare services more vulnerable to shocks in any of those systems. One commonality appears to be increased demand on local child welfare agencies regardless of whether they are public or private. This line of reasoning highlights the importance of policymakers and funders providing sufficient administrative and programmatic resources for public and private child welfare agencies.

While NSCAW is the only repeated survey with detailed information about local public child welfare agencies of which we are aware, several methodological issues may limit the robustness of study findings. First, as noted, NSCAW's sample was designed to yield a nationally representative sample of children involved with the US child welfare system, rather than of child welfare agencies. The majority of cases were sampled from agencies in the eight states with the largest child welfare populations; hence, while the sampling process did include selecting agencies of varying size and urbanicity, agencies in large states were over-represented in the study and findings may not be generalizable to agencies located in smaller states. Second, current study findings were based solely on responses from a single individual within the public child welfare agency, either the local agency director or another designated individual. While the items selected for this study address facets of agency context, structure, and policies for which directors were the most knowledgeable potential agency representatives, it is unlikely that one person had complete information or was able to represent the diversity of opinion present within agencies on these topics. Additionally, the insertion of the word "any" into the 2009 prompt about subcontracting raises the

possibility that some of the difference in frequency was due to representatives of agencies with consistent subcontracting practices answering “no” in 1999 because a service area was not predominantly subcontracted, and then “yes” in 2009 because they did subcontract some services in that area. Although this renders the change between 1999 and 2009 ambiguous, the magnitude of the differences seen in these data and their consistency with other recent findings (Collins-Camargo et al., 2011) suggest a trend toward privatization. Finally, the estimates presented in Table 1 reflect bivariate models testing for time-based differences; these findings are not able to establish the causes and correlates of time-based change vs. consistency. Future research is needed on this question.

5. Conclusions

Local public child welfare agencies discharge a vital mission within a complex web of environmental and organizational resources and obligations. Data from the only longitudinal national survey of families engaged with child welfare reveal that some key regulative and normative pressures on local child welfare agencies were largely stable between 1999 and 2009. However, some aspects of local agencies’ administrative contexts and service delivery structures changed significantly during this time. Although a range of organizational theories apply to the complex dynamics of child welfare services, in this paper we have primarily used institutional theory to conceptualize the competing environmental forces affecting local CPS agencies and trends in child welfare practice. The picture that emerges is one of increasing embeddedness within other public and private local providers. Time will tell what the net results will be for the families they collectively seek to serve.

Acknowledgments

This paper was supported in part through K01 MH076175-01A2, from the National Institute of Mental Health, How Child Welfare Agency Management Affects Children’s Outcomes.

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Child Youth Serv Rev. Author manuscript; available in PMC 2018 February 26.

Table 1

Changes in local public child welfare agencies, 1999–2009: logistic regression results.

	1999		2009		GEE tests of change	
Total n = 113 CPS agencies	**N**	**%**	**N**	**%**	**OR**	**SE**
Regulative and normative environments						
Agency currently operating under one or more active consent decrees	83	27%	83	34%	1.40	0.46
Agency is accredited[a]	78	32%	78	29%	0.88	0.29
Agency participates in any Federal IV-E waiver demonstration projects[b]	82	57%	81	57%	0.98	0.31
Agency participates in other demonstration projects funded by foundation, state, or federally-supported grants or initiatives	82	70%	84	77%	1.49	0.55
System integration						
Agency is a unit within a larger agency	84	79%	85	72%	0.69	0.24
Service is part of the larger agency:						
Income maintenance/TANF	84	57%	83	55%	0.93	0.30
Juvenile justice services	79	29%	82	27%	0.89*	0.32
Substance abuse treatment	78	22%	83	31%	1.63	0.58
Mental health	79	18%	82	37%	2.64	0.95**
Public health	77	17%	82	34%	2.49	0.89
Structured decision-making in risk assessment						
Actuarial (point-based) only	74	11%	85	18%	1.76	0.84
Consensus-based guidelines only	74	38%	85	26%	0.57*	0.19
Combination of actuarial and guideline approaches	74	38%	85	54%	1.94	0.62*
Point at which a risk assessment approach is used in a child welfare case:						
When deciding to investigate a child welfare case	75	55%	85	69%	1.86	0.57
When deciding whether case is substantiated	72	85%	85	88%	1.38	0.68
When deciding what services to provide	72	93%	85	92%	0.86	0.54
When deciding about whether or not to close an in-home service case	72	92%	85	98%	3.80	3.20
When deciding about whether or not to reunify	73	86%	85	89%	1.33	0.68
Subcontracting						
Note:						
CPS investigation or assessment	63	2%	84	21%	9.68	7.24**

Total n = 113 CPS agencies	1999 N	1999 %	2009 N	2009 %	GEE tests of change OR	GEE tests of change SE
Family preservation/in-home services	62	58%	84	80%	2.92	1.01**
Family reunification services	62	34%	84	70%	4.51	1.46**
Foster care placements	62	35%	84	80%	7.14	2.73**
Residential treatment	61	64%	84	76%	1.78	0.68
Adoptive placements	59	29%	83	69%	4.86	1.72**
Other inter-agency cooperation						
With the police						
Inter-agency agreements or memoranda of understanding (MOU)	83	64%	86	71%	1.35	0.42
Cross-training of staff	83	67%	86	65%	0.88	0.27
Joint budgeting or resource allocation	83	17%	86	5%	0.25	0.15*
With juvenile justice						
Inter-agency agreements or memoranda of understanding (MOU)	80	65%	86	66%	1.04	0.36
Cross-training of staff	80	51%	86	57%	1.31	0.43
Joint budgeting or resource allocation	80	38%	86	26%	0.57	0.19+
With drug/alcohol service providers						
Inter-agency agreements or memoranda of understanding (MOU)	83	58%	86	64%	1.27	0.37
Cross-training of staff	83	49%	86	47%	0.88	0.28
Joint budgeting or resource allocation	82	24%	86	29%	1.21	0.46
With mental health service providers						
Inter-agency agreements or memoranda of understanding (MOU)	83	81%	86	70%	0.55	0.19
Cross-training of staff	83	52%	86	50%	0.93	0.30
Joint budgeting or resource allocation	82	35%	86	31%	0.84	0.28
With education						
Inter-agency agreements or memoranda of understanding (MOU)	83	52%	86	58%	1.31	0.40
Cross-training of staff	83	41%	86	55%	1.73	0.54+
Joint budgeting or resource allocation	83	16%	86	10%	0.64	0.30

+ $p < 0.10$.

* $p < 0.05$.

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** p b 0.01.

[a] In 2009, asked exclusively in relation to Council on Accreditation (COA).

[b] In 2009, this question changed fromwhether each agency subcontracted any given area towhether it subcontracted any serviceswithin the area. Hence, some of the increases shown may be overstated.