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What are the characteristics of families with three or more referrals to Children and Family Services within a twelve month period?

Elizabeth Irene Valenzuela

WHAT ARE THE CHARACTERISTICS OF FAMILIES WITH THREE OR MORE REFERRALS TO CHILDREN AND FAMILY SERVICES WITHIN A TWELVE MONTH PERIOD?

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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Approved by:

[redacted]

Dr. Carolyn McAllister, Faculty Supervisor
Social Work

5/26/11
Date

[redacted]

Sally Richter, L.C.S.W., Human Services
Administrator, San Bernardino County DCS

[redacted]

Dr. Rosemary McCaslin,
M.S.W. Research Coordinator

ABSTRACT

In order to better serve those families that are chronically involved with Children and Family Services and prevent their future involvement with the system, social services workers should be able to identify and understand what characteristics are causing rereferral. With these characteristics identified, early interventions specifically designed to target those characteristics can and should be employed. The purpose of this study was to determine the characteristics of families with three or more referrals within a twelve-month period that significantly impact the number of referrals a family receives. Several characteristics were tested but only three were found to be significant. The three significant findings revealed: gender, an open case upon rereferral and a child with a mental health diagnosis were characteristics that impacted a family's rereferral rate. Limitations to this study were explored and recommendations for social work practice, policy and research were addressed.

ACKNOWLEDGMENTS

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DEDICATION

This is dedicated to my mother, Elizabeth Emmons. Thank you mom for always believing in me and instilling in me the fight, courage, and ambition I needed to get to this place in life. I am me because of you - thank you. I love you.

To my family Juan, Juan, and Elisabeth, I want to thank you for your love and support during these past two years. You drive me forward and I couldn't and wouldn't have done this without you. I cherish and love you always. Lori, you are a rock in my life and I am so grateful for your support, love, and encouragement. Thank you for your wonderful words of wisdom and your unconditional friendship. You are a beautiful blessing.

Most importantly, I want to thank God for blessing me with life, love and learning - as you know, I eagerly await my next adventure.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER ONE

INTRODUCTION

Problem Statement

With the passage of recent Welfare reform, Child Protective Services workers are expected to produce better outcomes for their clients in a much shorter time frame, but as the nation battles a crippling economic crisis, dwindling resources make accomplishing these goals tricky. Drastic budget cuts to the welfare system have left agency leaders scrambling to find innovative ways to run their units more efficiently and effectively. Working in partnership with researchers can provide valuable insight that may facilitate the timely fulfillment of these agency objectives.

Child Protective Service agency leaders have recently pinpointed family chronicity as an area of focus for study in an attempt to meet agency goals. Families that are chronically involved with CFS are defined for the purpose of this study as having had three or more referrals to CFS within a twelve month period. Agency leaders suspect that by identifying the characteristics of families that are chronically involved with Child

Protective Services, overburdened caseworkers will be able to gear their case plans in a way that will effect permanent change in families from their first encounter with the system. This would free up resources for the system and promote better overall job efficiency while simultaneously offering severely stressed families more effective interventions that strengthen the family unit and encourage long term stability.

This study aims to identify the demographics and characteristics of multi-referral families to CFS within a twelve-month period. The researcher hopes the results will assist those who have been entrusted with the protection of our nation's most priceless resources - its children and families. Child Protective Services primary function is to protect children from neglect and abuse. They attempt to do this by carrying out investigations and identifying cases where some level of abuse or neglect is substantiated. Once abuse and/or neglect has been substantiated, CFS then decides on which services are needed to prevent recurrence of maltreatment.

Purpose of the Study

The purpose of this study is to identify the characteristics of families with three or more referrals to CFS within a twelve-month period. The researcher aimed to find whether these families who are chronically involved in CFS have common variables that can be used to offer more appropriate services during the course of their involvement with CFS. The study will be quantitative and will utilize secondary data drawn from the Case Management Services/Child Welfare Services (CMS/CWS) database and the Comprehensive Assessment Tool (CAT) used by CFS. The population that is accessible to this study consists of all families from the San Bernardino County Child Protective Services Department who received three or more referrals from July 2008 to July 2009. Three hundred and thirty-seven families will be randomly selected from the sampling frame. The study will examine the following family characteristics: the child's gender, primary ethnicity, and age at first referral, the severity of the allegation, whether or not the child had a medical condition, a disability, a mental health problem, or if there was a history of family substance abuse, family criminal behavior, domestic

violence in the home, or if the family was homeless, had prior CFS services, had an open CFS case, or if the child was removed. The variables will be analyzed using SPSS. Additionally, the data was examined using measures of central tendency and measures of variability. To measure the unique contribution of each variable we used data analysis including chi-square, t-test and descriptive statistics such as frequency distribution.

Policy Context

With the implementation of welfare reform, namely the Adoption and Safe Families Act (ASFA) of 1997, performing as expected is oftentimes a challenge for CFS caseworkers (Department of Health and Human Services, 2001). This law changed the way caseworkers are expected to accomplish their goal of permanent change for families within the system. There are new time restrictions for interventions and family permanency that must be met and a new focus on case planning which caseworkers have expressed consumes much of their valuable time (Department of Health and Human Services, 2001). The changes employed by ASFA, although challenging to implement by the worker at this time, were designed to improve the quality of services to families that

encounter CFS and promote family stability (Department of Health and Human Services, 2001). The researcher in this study hopes that by identifying the risk factors for families that are chronically involved with CFS, this intention of ASFA might be more fully realized.

Practice Context

Although there are many success stories that have come from Child Protective Services more can be done. The protection from future harm CFS is entrusted to provide can be realized to a much greater extent if more is known about why abuse and neglect is repeated within the same family unit. What risk factors are causing these abusers to maltreat their children and re-abuse them after they have been through the CFS process? If more is known, CFS could fulfill its primary obligations of prevention and protection to a much greater degree of success (Connell, Bergeron, Katz, Saunders, & Tebes, 2007).

Significance of the Project for Social Work

This research will impact social work policy and practice on various levels. At the macro level, this examination will add to the current body of knowledge on prevention and protection of children so CFS workers can

gain more knowledge and provide families the appropriate services for their individual family needs more efficiently and effectively. Although the studies of record have examined the subject to some degree, and have helped bring increased awareness to risk factor contributions of re-maltreatment, they fail to specifically address the risk factors that may contribute to re-referrals to the CFS system within a twelve month period (Connell et al., 2007). Additionally, at the macro level, this study may impact future policy. If a significant relationship or correlation is found between certain risk factors and chronicity, new policies may be introduced that determine what types of services become available to families that exhibit these characteristics in an attempt to reduce the risk of recidivism.

At the micro level of social work practice, interventions can be formulated that are appropriate for families who exhibit certain risk factors for chronicity particularly at the case planning stage of the CFS process. It is the perspective of the present study that the initial approach to the family's case plan is key to reaching the desired outcome of permanent change for the family therefore avoiding chronic involvement with CFS.

Gathering preliminary information, before the case plan is formulated, may allow for better selection of family interventions and resources to address family needs and reduce reentry into the CFS system in the future.

Learning about which risk factors contribute to maltreatment and re-referrals can be realized but it must be undertaken through a collective effort by multiple levels of the social services system. Caseworkers, agency leaders, social science researchers and all levels of government, local, State and Federal must make this issue a top concern. Upon investigation, it becomes apparent that the significance of this issue is in fact gaining recognition. Many people in the social services arena are taking a closer look at risk factors as a means for prevention and protection than ever before and in the last two decades researchers and government bodies have begun to examine it in greater depth (Connell et al., 2007). This examination will add to the current body of knowledge on the characteristics of families who are chronically involved with CFS.

CHAPTER TWO

LITERATURE REVIEW

Introduction

The following chapter describes the demographics and characteristics of families who receive multiple child welfare referrals (recidivism). Existing research will be examined for the effects of these characteristics on the families that receive these multiple referrals as well as a possible additive factor that may work when more than one of these factors is present in these families. This work will be viewed through a family systems theory and an attachment theory lens, and these theories are the theories that will guide the conceptualization of this work.

Previous Research Concerning Recidivism

The characteristics of families that receive child welfare service referrals have been documented and researched for some time (Fluke, Yuan, & Edwards, 1999; Marshall & English, 1999). However, research into recidivism is a more modern approach, as data concerning rereferral was generally not kept until relatively recently (Marshall & English, 1999). Many standardized

characteristics of multiple referral families are available and are commonly studied in previous research, which typically examines secondary data (Fluke et al., 1999; Marshall & English, 1999).

For instance, the date of birth of the child, ethnicity, as well as city of residence, nature and disposition of the allegation (i.e. substantiated vs. unsubstantiated) are all typically studied in modern research (e.g., English, Marshall, Brummel, & Orme, 1999; Fluke et al., 1999). Likewise, provision of services, especially based upon allegation substantiation, has been studied as a variable concerning familial rereferral (e.g., Fluke et al., 1999; Lipien & Forthofer, 2004). The age of the child (Lipien & Forthofer, 2004), if the child has a disability (Marshall & English, 1999; Sullivan & Knutson, 2000), and a history of domestic violence in the home are variables that have been studied in regards to their affect on recidivism rates as well (e.g., Marshall & English, 1999). For instance, Marshall and English (1999) noted five risk factors that were common to high rereferral families. These families tended to have young children (age 0 to 4) with a disability, an allegation of physical abuse, and caregivers that demonstrated a cycle

of abuse that extended to their own childhood as well as developmental problems of their own (Marshall & English, 1999).

Families with younger children often have greater rereferral rates (Lipien & Forthofer, 2004; Marshall & English, 1999). However the effect of this variable is difficult to measure across studies, as child age is often categorized in stages (for instance 0-4 years old) that vary widely across studies instead of as a continuous variable (Lipien & Forthofer, 2004). However, families with younger children do consistently receive multiple referrals at higher rates than other families (Fluke et al., 1999; Marshall & English, 1999). Further, the probability of rereferral decreases with the age of the children (Fluke et al., 1999; Lipien & Forthofer, 2004). For instance, children between the ages of 12 and 15 receive the least amount of rereferrals, and the youngest children (age 0-4 years) receive the most (Lipien & Forthofer, 2004).

Child disability has a noted effect on rereferral rates as well. Connell et al. (2007) found that children with a disability are at the greatest risk of rereferral (Connell et al., 2007), thus verifying the work done by

English (1999) and others such as Sullivan and Knutson (2000) who found that children who had disabilities were 3.4 times as likely to be abused as children who had no disability (English et al., 1999; Sullivan & Knutson, 2000). Similar to other families, families that have disabled children receive more allegations of neglect than other types of allegations (Sullivan & Knutson, 2000). Unfortunately, these families also receive more referrals that include multiple allegations of abuse (Sullivan & Knutson, 2000), which may infer a greater degree of perceived difficulty for the families that are raising disabled children. Furthering this notion is the findings of increased rereferral rates in families where medical neglect is an issue vs. other families (English et al., 1999).

The ethnicity of the child is also indicative of a greater risk of rereferral. For instance, Lipien and Forthofer (2004) found that white children were most likely to receive rereferrals. In addition, English et al. (1999) found that Native American children are also likely to receive increased rereferral rates, and that children of Asian ancestry were likely to receive the least amount of rereferrals (English et al., 1999).

The type of allegation of abuse (i.e., physical, sexual, psychological, or neglect) seems to make a significant contribution to the amount of rereferrals that a family receives as well. While families that receive allegations of sexual abuse do not often receive rereferrals (Marshall & English, 2000), there is a noted increased recidivism in families that received an allegation of neglect (Lipien & Forthofer, 2004; Marshall & English, 2000), and to a lesser extent physical abuse (Marshall & English, 2000). In addition, many families that receive multiple referrals receive allegations of multiple forms of abuse (English et al., 1999), making the ascertainment of primary allegation somewhat subjective in some cases.

Lipien and Forthofer (2004) also report finding that those families that had unsubstantiated allegations of abuse had more rereferrals than did families where child welfare referral was either substantiated or unfounded. The substantiation model has been challenged, however. For instance, Drake and Johnson-Reid (2000) argue that the substantiation model is punitive and thus runs counter to the idea of empowerment that is prevalent among many child welfare agencies, and that it may lead

to child welfare agencies coercively forcing families to accept services (Drake & Johnson-Reid, 2000). The Drake and Johnson-Reid (2000) argument does make sense when considered with the findings of others concerning families that receive either attention or services from child welfare services tend to be associated with higher rereferral rates (e.g., English et al., 1999).

Lipien and Forthofer (2004) found that families that received in home services received more rereferrals than did those families that received either no services or family reunification services. These findings are in contrast to English et al. (1999), where it was found that families that received reunification services were more likely to receive rereferrals than other families. Interestingly though, Lipien and Forthofer suggest that families that receive in home services are closer to mandatory reporters, such as therapists, and that this may account for the increase in the rereferral rates (Lipien & Forthofer, 2004). The same close proximity to mandated reporters would likely be seen among families that are undergoing family reunification, however, so there may be another factor at work. Fluke et al. (1999) argues that there may be a surveillance effect that

begins when many families receive an original referral, and that this effect may intensify as the family continues to rerefer (Fluke et al., 1999). Likewise, the work performed by Drake and Jonson-Reid (2000) supports the notion that the involvement of mandatory reporters with a family leads to further referrals, as these families may be perceived as being at higher risk for abuse and be thusly watched more diligently (Drake & Jonson-Reid, 2000).

Domestic violence is an obvious indicator of abuse within a home, and it is largely accepted that domestic violence is associated with child welfare referral. Additionally, English et al. (1999) found that a history of domestic violence in the home contributed to familial rereferral (English et al., 1999). English et al. (1999) also found that if the response to the original allegation was an immediate response the family was more likely to receive multiple referrals over time. Both of these findings support the notion that immediate risk brings about immediate attention, and thus immediate rereferral. It should be mentioned, however, that Connell et al. (2007) did find that a history of domestic violence in the home did not indicate a significantly

higher risk for rereferral. However, while there is much previous research performed on the characteristics of multi-referral families, there does not seem to be any previous research done explicitly on families that have at least three referrals in a one-year period.

Theories Guiding Conceptualization

The theoretical perspectives that guide this work are family systems theory and attachment theory. Both of these theories are relevant to this work because of the ways that they describe the interactions between and within families. Based on general systems theory (Goldenberg & Goldenberg, 2008), family systems theory is a more theoretical than concrete perspective and is considered by some to be more of a way of thinking than a regularized treatment theorem (Nichols & Schwartz, 1991; Worden, 1999). This may be because family systems theory's founder, Murray Bowen, was "committed to the family as an orientation rather than a method," (Nichols & Schwartz, 1991, p. 366). Likewise, attachment theory provides both a biological perspective as well as a psychological perspective that can aid in the

understanding of familial behaviors (Ainsworth & Bowlby, 1991; Sroufe, 2005).

Following the general systems theory concept that all systems consist of parts, and that these parts interact with each other in patterns of circular causality (Andreae, 1996), family systems theory poses that families are individuals that are organized in a group, and that "the sum of the group is larger than the sum of its parts," (Andreae, 1996, p. 606). This group in turn maintains equilibrium over time, with individual group members changing their positions inside the group more or less automatically in order to maintain a homeostasis for the entire group. Thus, if the equilibrium of the system is disturbed in some fashion, then the entire group is affected until a new equilibrium is reached (Goldenberg & Goldenberg, 2008). These changes may be large (second order) or relatively small (first order) (Nichols & Schwartz, 1991). Second order changes require reorganization of the family structure, such as might happen when children leave, or a spouse dies, and are transitional in nature. First order changes are less global and can be handled within the existing family structure (Nichols & Schwartz, 1991).

In addition, among other processes, family systems theory relates how emotional transmission can occur within a family and influence its members. Family projection process is one such construct that is useful in describing how parents who are under duress or dysfunction of some sort may involve the children of this family in the emotional process, thus ensuring the transmission of this dysfunction in order to maintain the familial equilibrium as a whole (Bowen, 1988). For instance, a parent who feels powerless may overwhelm a child with care to the point that the child never matures. This child is then powerless and dependent upon the parent who in turn has control and perceived power over the child (Goldenberg & Goldenberg, 2008). This process in particular along with attachment theory should be particularly valuable in understanding the issues that cause some families to receive multiple child welfare service referrals.

Attachment theory began as an effort to understand the damage caused to infants who have lost their parents (Ainsworth & Bowlby, 1991). Utilizing systems theory and evolutionary psychology as well as other perspectives, John Bowlby, and later Mary Ainsworth, endeavored to

formulate a behavioral system that could explain the changing behaviors of children (Cassidy, 1999). As the culmination of their work, attachment theory poses that the parent-child interaction forms the core of children's behaviors (Ainsworth & Bowlby 1991; Cassidy, 1999), even though they are only probabilistically related to any individual behavior (Sroufe, 2005).

Since attachment theory postulates that the bond and reciprocity of the parent-child interaction will affect both child behavior and family dynamics (Ainsworth & Bowlby, 1991; Cassidy, 1999; Sroufe, 2005), it is an obvious choice when reviewing literature concerning child welfare recidivism. As an example, patterns of unpredictable or negligent care are known to lead to resistant attachment (Sroufe, 2005) and will thus certainly cause reciprocal activity that will further influence child welfare involvement in families where unpredictable or negligent parenting occur. Further, caring, loving, and sensitively attuned parenting is known to have more positive results (Ainsworth & Bowlby, 1991; Cassidy, 1999; Sroufe, 2005), and should thus have a negative impact on child welfare recidivism.

Summary

In summary, there has been much research performed on child welfare service recidivism. Most research agrees that there are multiple factors involved with families whom receive multiple child welfare services referrals, and that there is an additive factor among the variables so that families that demonstrate more risk factors tend towards recidivism more often than other families. There are opportunities for further research in this area, however. There has only been limited, if any, research on families whom specifically receive three or more child welfare service referrals in one year. In addition, attachment theory and family systems theory offer useful insights with which to study the demographics and characteristics of families whom receive multiple child welfare service referrals.

CHAPTER THREE

METHODS

Introduction

This chapter examines the methodology used in this study. The study design, sampling, data collection and instruments, and data analysis procedures will be described. The design of this study will be examined, as will be the procedures in place to protect human subjects throughout the course of this study.

Study Design

The purpose of this study is to examine the characteristics of families that receive multiple child welfare service referrals in one year. The research question that we attempted to address was; what are the demographics and characteristics of families that have three or more child welfare referrals in a one-year period? As the study is concerning families that have already received child welfare referrals, it was necessary to use secondary data for this study.

The data collected was analyzed using SPSS. Additionally, the data was examined using measures of central tendency and measures of variability. To measure

the unique contribution of each variable we used data analysis including chi-square, t-test and descriptive statistics such as frequency distribution. This method was limited in that it was not experimental. Additionally, the amount of analysis that can be performed on secondary was limited to the amount and kinds of data that were available within our sample (California State University San Bernardino Research Manual, 2010). For instance, although it would have been valuable to the current study to examine the socio-economic status of the participant families, this data was not available and was thus not subject to analysis. However, the current study still led to a greater understanding of the risk factors associated with multiple child welfare referrals.

Sampling

The population of interest for this study included all families with multiple referrals within a given twelve-month period to Child Protective Services within the United States. The sample that was accessible to this study consisted of all families from the San Bernardino County Child Protective Services Department who received

three or more referrals from July 2008 to July 2009. Three hundred and thirty-seven families were randomly selected from the those families that met the following criteria: 1) had three or more referrals to Child Protective Services, and 2) were involved with Child Protective Services within the twelve month period between July 2008 and July 2009. There were no age restrictions for the participants of this study, although families chosen had to consist of caregivers or parents who had children under the age of eighteen years of age. Because of the challenges of creating a stratified sampling frame and the time limitations of this study, a simple random sample was chosen.

Data Collection and Instruments

This study was in response to the need to improve understanding about the characteristics of families that received multiple child welfare referrals in an effort to better understand the relationship between these families and the San Bernardino County Department of Children and Family Services (CFS). Secondary data was drawn from the Case Management Services/Child Welfare Services (CMS/CWS) database that is used by CFS as well as the Comprehensive

Assessment Tool (CAT) that is used by CFS. The data was analyzed using SPSS to perform an analysis of the risk variables that seem to affect recidivism.

This study analyzed a total of 14 risk variables and their association with the number of referrals that each family received. The number of rereferrals that the family received was the dependent variable of the study. There were twelve nominal level risk variables that consisted of either yes or no answers. These variables included the following; whether or not the child had a medical condition, a disability, a mental health problem, or if there was a history of family substance abuse, family criminal behavior, domestic violence in the home, or if the family was homeless, had prior CFS services, had an open CFS case, or if the child was removed. The client's gender and primary ethnicity were also included as nominal variables. There was also one ordinal level risk variable which consisted of the child's age at first referral and one interval/ratio level risk variable which consisted of the most serious allegation type, i.e. sexual abuse, physical abuse, severe neglect, general neglect, caretaker absence, sibling at risk, or substantial risk used in this study.

A simple data collection instrument was designed for this study. This instrument simply lists the variables that are explored in this study and the levels at which they were measured, as mentioned above. A copy of this instrument is included as Appendix A.

Procedures

After consultation with CFS administration and statisticians, a study proposal was prepared and submitted to the administration of CFS. This proposal thoroughly detailed the intention, methodology, and protection of human subjects of this study. Subsequent to the approval by CFS administration, the data was collected by the San Bernardino County Health and Human Services (HHS) statistician from the CMS/CWS and CAT databases. Specifically, the data was collected from 337 child welfare clients who had three or more referrals between July 2008 and July 2009 within San Bernardino County. The secondary data drawn from these referrals was then analyzed using SPSS at a California State University at San Bernardino computer laboratory during the Winter 2011 quarter.

Protection of Human Subjects

Because this study used secondary data, the need for direct informed consent was not necessary. An authorization was needed to perform this study however and was acquired from the administrators at San Bernardino CFS and the CSUSB Institutional Review Board (IRB). For this study, the researcher obtained only data that was pertinent to conduct this study. At no time did the researcher extract information from data files that could be used to personally identify clients. Additionally, in the interest of safeguarding personal and confidential client information, and to insure client privacy and anonymity, the researcher did not remove the CFS data files containing identifiable client information from the facility. Finally, all of the data collected was destroyed at the completion of the study.

Data Analysis

This study utilized a quantitative approach to analyze the relationships that exists between risk variables and recidivism. Descriptive statistics such as measures of central tendency and frequency distribution were used to summarize the data in the data set. In

addition, chi-square and t-tests were used to test the effects of the nominal level independent variables such as whether or not the children were removed or whether or not there is a history of domestic violence. Significance was measured at the .05 level across all tests (Henkel, 1976).

The relationships that were explored included: whether there was a difference in the number of re-referrals based on gender, or based on the age of the child; was there a difference in the number of re-referrals based on criminal behavior in the home or based on domestic violence in the home; was there a difference in the number of re-referrals based on homelessness; was there a difference in the number of re-referrals based on prior services being given to the family or based on substance abuse in the home; was there a difference in the number of re-referrals based on ethnicity, removal of the child from the home, or due to the allegation type; was there a difference in the number of re-referrals based on a child having a medical condition, a disability or if the family had an open case with CFS upon subsequent re-referral; and lastly, was

there a difference in the number of re-referrals based on a child having a mental health diagnosis?

Summary

This section explained the methods used in this study. The dependent and independent (risk) variables were discussed, as was the descriptive and inferential statistics that were used to describe the relationships between the variables. The sampling and data collection procedures that were used in this study were discussed. Finally, the protection of human rights and protection of confidentiality were examined.

CHAPTER FOUR

RESULTS

Introduction

As stated in Chapter 1, this study aimed to identify the demographics and characteristics of multi-referral families to CFS within a twelve-month period. The study intended to find whether these families who are chronically involved in CFS have common variables that can be used to offer more appropriate services during the course of their involvement with CFS. This chapter starts with a summary of the data obtained and the risk variables and characteristics of the families studied. This discussion is followed by a detailed presentation of the findings relating to each of the risk variables that were found to have statistical significance in turn.

Family Characteristics and Risk Variables

A total of 337 child welfare clients who had three or more referrals between July 2008 and July 2009 within San Bernardino County were examined. Of this total 43% of the referrals (corresponding to 145 children) were for female children and 57% (corresponding to 192 children)

were for male children. A summary of these results can be found in Table 1.

Table 1. Gender Frequency Counts and Percentages

Gender Type	Frequency	Percentage
Female	145	43
Male	192	57

Of the families presented in this study, 45.1% self-identified as Hispanic, 22.8% were African American, 30% were Caucasian, 1.2% were American Indian, and 0.3% were identified as Mexican. This study also examined ten nominal level risk variables that consisted of either yes or no answers. An examination of the data showed these risk variables resulted in the following; 12.5% (or 42 children) had a medical condition, 6.8% (or 23 children) had a disability, 27% (or 91 children) had a mental health problem, 40.1% (or 135 children) had a history of family substance abuse, 41.5% (or 140 children) were found to have criminal behavior in the family, 48.7% (or 164 children) were subjected to domestic violence in the home, 4.7% (or 16 families) were found to be homeless,

89.9% (or 303families) had prior CFS services, 21.7% (or 73) had an open CFS case at the time of re-referral, and 13.1% (or 44) were removed from the home. Table 2 summarizes the results of these variables.

Table 2. Frequency Counts and Percentages of Nominal Level Risk Variables[a]

Variable Description	Frequency		Percentage	
	No	Yes	No	Yes
Medical Condition	295	42	87.5	12.5
Domestic Violence in the Home	173	164	51.3	48.7
Substance Abuse in the Home	202	135	59.9	40.1
Mental Health Diagnosis	246	91	73	27.
Open Case	264	73	78.3	21.7
Child Disabled	314	23	93.2	6.8
Family Criminal Behavior	197	140	58.5	41.5
Homeless	321	16	95.3	4.7
Prior Service	34	303	10.1	89.9
Child Removed from the Home	293	44	86.9	13.1

Note. Frequency counts and percentages represent nominal variables with a yes/no response only.

The child's age at first referral was also examined. The ages ranged from 0 to 17 years. Table 3 summarizes the results of this variable.

Table 3. Frequency Counts and Percentages of Age at First Referral

Age at First Referral	Frequency	Percent
0	22	6.5
1	25	7.4
2	10	3.0
3	16	4.7
4	17	5.0
5	21	6.2
6	24	7.1
7	16	4.7
8	26	7.7
9	18	5.3
10	20	5.9
11	18	5.3
12	15	4.5
13	25	7.4
14	17	5.0
15	24	7.1
16	13	3.9
17	10	3.0
Total	337	100.0

The child welfare referral allegation type was another variable used in this study. The allegation type

ranged from most severe to least severe and was categorized as follows in the order of most severe to least severe: sexual abuse, physical abuse, severe neglect, general neglect, caretaker absence, sibling at risk, or substantial risk. The data on allegation type showed that 25.2% of the referrals were based on sexual abuse, 31.5% were due to physical abuse, 4.2% were due to allegations of severe neglect, and 38.3% due to general neglect. There was an equal percentage of 0.3% revealed for caretaker absence, sibling at risk and substantial risk allegations.

Presentation of the Findings

The present study is based on 337 child welfare families with three or more referrals within a twelve-month period. Of these families, 77.2% (or 260 families) were referred 3 times during this period, 16% (or 54 families) had 4 referrals, 4.2% (or 14 families) had 5 referrals, 2.1% (or 7 families) had 6 referrals, 0.3% (or 1 family) had 7 referrals, 0.3% (or 1 family) had 9 referrals. Figure 1 illustrates these findings.

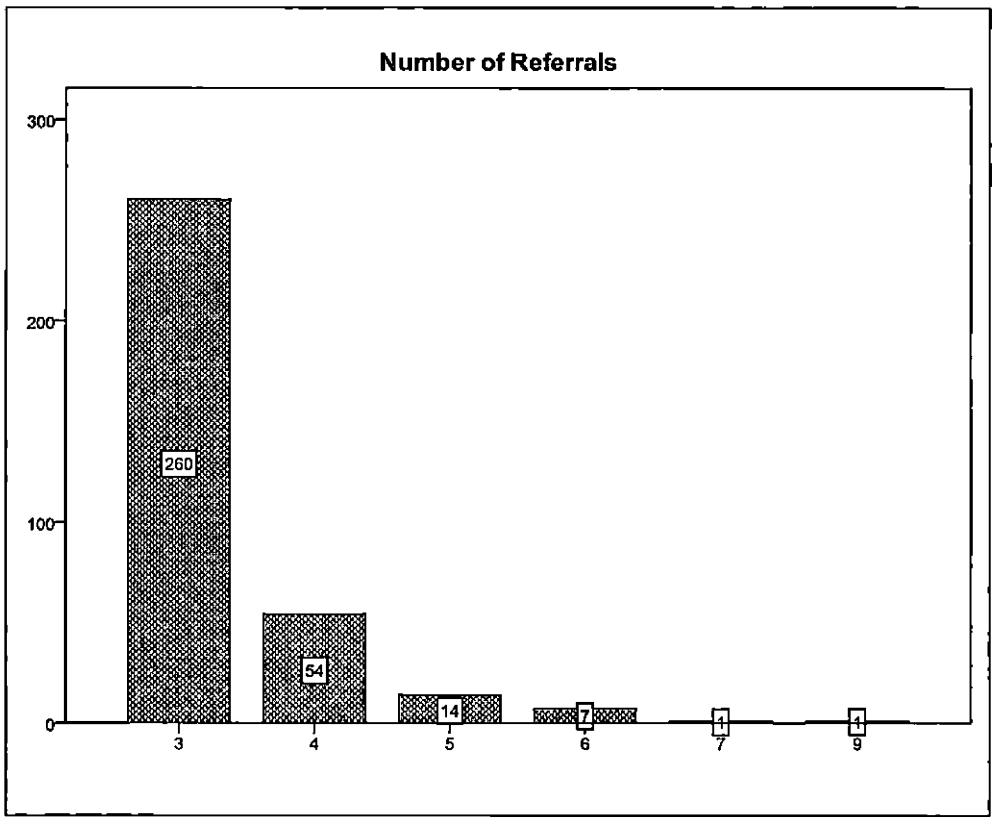

Figure 1. Frequency Counts and Percentages of Number of Referrals

To perform statistical analyses using the 14 variables described above, the original data set of families with 3 or more referrals to CFS was divided into two separate groups. This was accomplished by creating one data set comprised of those families with 3 referrals only and a second set with families who had 4 or more referrals. The two sets were then analyzed through SPSS using both chi-square and t-tests where appropriate.

The chi-square and t-tests were used to answer the following research questions: Is there a difference in the number of re-referrals based on gender? Is there a difference in the number of re-referrals based on the age of the child? Is there a difference in the number of re-referrals based on criminal behavior in the home? Is there a difference in the number of re-referrals based on domestic violence in the home? Is there a difference in the number of re-referrals based on homelessness? Is there a difference in the number of re-referrals based on prior services being given to the family? Is there a difference in the number of re-referrals based on substance abuse in the home? Is there a difference in the number of re-referrals based on ethnicity? Is there a difference in the number of re-referrals based on removal of the child from the home? Is there a difference in the number of re-referrals based on the allegation type? Is there a difference in the number of re-referrals based on a child having a medical condition? Is there a difference in the number of re-referrals based on a child with a disability? Is there a difference in the number of re-referrals based on the family having an open case with CFS upon subsequent re-referral? Is there a difference in

the number of re-referrals based on a child having a mental health diagnosis?

Upon analysis, it was found that three of the variables were statistically significant. Gender was found to be statistically significant, χ^2(1df, N = 337), 3.24, P = .048, an open case upon re-referral was also found to be significant, χ^2(1df, N = 337), 3.96, P = .036, and a child with a mental health diagnosis in the home was the third statistically significant variable, χ^2(1df, N = 337), 3.29, P = .049. As for gender, women were found to be represented more than was to be expected in the 4+ re-referral group. With the open case upon re-referral variable, cases that had an existing open case upon re-referral were found to be represented more than was to be expected in the 4+ re-referral data group. And lastly, regarding the variable of the family having a child with a mental health diagnosis in the home, these families were found to be represented more in the 4+ referral data set.

Summary

This section delineated the results found in this study. A summary of the data obtained was discussed. The

risk variables and characteristics of the families studied was discussed and this discussion was followed by a detailed presentation of the findings relating to each of the risk variables found to have statistical significance.

CHAPTER FIVE

DISCUSSION

Introduction

This study examined the characteristics of families with three or more referrals to San Bernardino County's Children and Family Services within a twelve-month period. A discussion of the findings, the limitations of this study, the recommendations for social work practice, social work policy, and social work research will be discussed in this chapter. This chapter will conclude with a summary of the purpose of this study.

Discussion

The results of this study showed that three of the fourteen variables analyzed were statistically significant and therefore had some impact on the increase in the number of referrals a family received to CFS. The three characteristics that were found to be statistically significant in this study were gender, an open case upon re-referral and a mental health diagnosis. With regards to gender, a chi square test revealed that women were found to be represented more than was to be expected in the 4+ re-referral group. With the open case upon

re-referral variable, chi square testing showed cases that had an existing open case upon re-referral were found to be represented more than was to be expected in the 4+ re-referral data group. And lastly, regarding the variable of a child with a mental health diagnosis in the home, chi square testing revealed that these families were found to be represented more in the 4+ referral data set. Although this study found that there is a statistical significance with regards to these three risk variables and a family's increased rereferral rate to CFS, the cause of the variables on the family's rate cannot be determined due to the limitations inherent with the use of this particular data set.

In addition to the above mentioned limitation regarding the use of this particular data set, this study had other limitations that the researcher believes had an effect on the findings. Since this study utilized data gathered from CFS of families with 3 or more referrals only the researcher was unable to compare the demographics and characteristics with families who had less than three referrals. In order to run the appropriate tests on the data obtained for this study, the researcher divided the original data set into two

sets, one with families who had only 3 referrals and another group which consisted of families with 4 or more referrals to CFS. This lack in additional data limited the study as the researcher was only able to compare the demographics and characteristics of families with three referrals with families who had 4+ referrals. With this limitation in mind, the researcher was also limited when comparing the findings of this study with those studies previously found in social work literature. No other studies have been conducted to the researcher's knowledge that compared family's with three referrals with family's having four or more referrals. This makes a discussion comparing the findings of this study with other similar studies difficult.

Based on the researcher's review of the literature, it was surprising that the variables of gender and a child with a mental health diagnosis were found to be statistically significant. No literature was found by the researcher indicating a statistically significant relationship between these variables and a family's rereferral rate. However, the researcher was not surprised by the statistically significant finding of an open case upon rereferral. It was anticipated that this

variable, among others, would be found to have an impact on the rereferral rate for families chronically involved with CFS. This significance corresponds with prior research. English et al. (1999) found that families who receive either attention or services from CPS tend to be associated with higher rereferral rates (English et al., 1999). They also found that families that received reunification services were more likely to receive rereferrals than other families. Interestingly though, Lipien and Forthofer (2004) suggest that families that receive in home services are closer to mandatory reporters, such as therapists, and that this may account for the increase in the rereferral rates (Lipien & Forthofer, 2004). Fluke et al. (1999) argues that there may be a surveillance effect that begins when many families receive an original referral, and that this effect may intensify as the family continues to rerefer (Fluke et al., 1999). Likewise, the work performed by Drake and Jonson-Reid (2000) supports the notion that the involvement of mandatory reporters with a family leads to further referrals, as these families may be perceived as being at higher risk for abuse and be thusly watched more diligently (Drake & Jonson-Reid, 2000).

Apart from the above mentioned variable, it was also anticipated by the researcher that many of the other variables used in this study would have a statistically significant relationship with a family's number of referrals to CFS. This was based on the available literature on this topic. The fact that only the three above-mentioned variables were found to be statistically significant does not correspond with previous research. Previous research indicates that many of the other variables such as the age of the child (Fluke et al., 1999; Lipien & Forthofer, 2004; Marshall & English, 1999), child disability (Connell et al., 2007; English, 1999; Sullivan & Knutson, 2000), domestic violence in the home (Connell et al., 2007; English, 1999), and the family's ethnicity (English, 1999; Lipien & Forthofer, 2004) have all been found to have an effect on a family's rereferral rate.

As mentioned in chapter two of this study with regards to age, families with younger children often have greater rereferral rates (Lipien & Forthofer, 2004; Marshall & English, 1999). And families with younger children do consistently receive multiple referrals at

higher rates than other families (Fluke et al., 1999; Marshall & English, 1999).

With regards to the variable of child disability, it was expected that this variable would indeed be statistically significant after review of the literature. Connell et al. (2007) found that children with a disability are at the greatest risk of rereferral, thus verifying the work done by English (1999) and others such as Sullivan and Knutson (2000) who found that children who had disabilities were 3.4 times as likely to be abused as children who had no disability (Connell et al., 2007; English, 1999; Sullivan & Knutson, 2000). Similar to other families, families that have disabled children receive more allegations of neglect than other types of allegations (Sullivan & Knutson, 2000). The results of this variable in the present study were not consistent with the aforementioned findings.

The ethnicity of the child was also a variable that the researcher expected would show a statistical significance based on previous studies. The literature revealed that ethnicity is also indicative of a greater risk of rereferral. Lipien and Forthofer (2004) found that white children were most likely to receive

rereferrals (Lipien & Forthofer, 2004). In addition, English et al. (1999) found that Native American children were also likely to receive increased rereferral rates (English et al., 1999). This is in contrast to the nonsignificant findings with regards to ethnicity in the present study.

Previous studies also indicated that there was significance in the type of allegation of abuse (i.e., sexual abuse, physical abuse, severe neglect, general neglect, caretaker absence, sibling at risk, or substantial risk) to the amount of rereferrals that a family receives to CFS. Again this finding is in contrast with the results from this study. Lipien and Forthofer (2004) found that there is a noted increased recidivism in families that received an allegation of neglect (Lipien & Forthofer, 2004). Additionally, Marshall and English (2000) found that to a lesser extent physical abuse has an effect on a family's recidivism rate (Marshall & English, 2000).

The only risk variable outcome from this study that did somewhat correspond to previous research was domestic violence in the home. With regards to this risk variable, the literature revealed somewhat conflicting results.

English et al. (1999) found that a history of domestic violence in the home contributed to familial rereferral which is contrary to the findings in this study (English et al., 1999). However, Connell et al. (2007) did find that a history of domestic violence in the home did not indicate a significantly higher risk for rereferral which is consistent with the findings in this study (Connell et al., 2007).

Based on the researchers study and review of previous research it was expected that more of the variables evaluated in this study would have been statistically significant. This did not turn out to be the case.

Limitations

In addition to the aforementioned, this study was limited by several other factors. One limitation was due to the secondary nature of the data set. With secondary data there are no participants available to ask follow-up questions or to gather additional responses with more in depth information and explanation. Being able to probe the participants may have been beneficial to the study. For example, it may have been of benefit to be able to

ask each family with an open case upon rereferral if in fact they were in close proximity to a therapist. With this information the researcher could have run tests and then compare any findings with prior research that found that an increase in rereferrals was due to the family's close proximity to a therapist. Secondary data also limits the types of variable this study was able to examine. The study was also limited due to the availability of only a relatively small sample size which decreased the power of any inferential statistics. Additionally, this study was conducted with data from only one County and therefore cannot be generalized to other counties in CA or to a national population of child welfare cases.

Recommendations for Social Work Practice, Policy and Research

With the passage of recent Welfare reform, Child Protective Services workers are expected to produce better outcomes for their clients in a much shorter time frame, but with dwindling resources, accomplishing these goals can sometimes be difficult. It is recommended that Social Services Agency work in partnership with researchers to gain insight into the risk factors of

families that are chronically involved with CFS. With this knowledge, caseworkers can gear their case plans in a way that will effect permanent change in families from their first encounter with the system. This would free up resources for the system and promote better overall job efficiency while simultaneously offering severely stressed families more effective interventions that strengthen the family unit and encourage long term stability.

It is further recommended by this researcher that lawmakers continue to implement policies that increase the effectiveness of social service practitioners. Recent changes in policy have social service practitioners collecting and recording client data and reporting this data to the Federal Government. This collection is mandatory and is the Federal Government's attempt to better understand the demographics and characteristics of families involved with CFS. With the data collected more research can be done to help prevent families from becoming chronically involved with CFS. This researcher believes laws such as this are critical for the betterment of social work practice.

Lastly, it is recommended that more social work research be conducted to understand the characteristics of families with multiple referrals to CFS in relatively short periods of time. As mentioned in chapter two of this study there are no prior studies done with this specific timeline. This researcher believes that more research is needed to thoroughly understand the families who continue to be involved with CFS in order to provide better interventions and help prevent the family from future involvement with the system.

Conclusion

The purpose of this study was to identify the characteristics of families with three or more referrals to CFS within a twelve-month period. The study collected data from 337 CFS families who had three or more referrals to CFS within a twelve-month period. The results of this study found that gender, an open case upon rereferral and having a child with a mental health diagnosis had an impact on a family's likelihood of having more than three referrals to CFS.

The limitations of this study were identified and discussed. Those limitations included the use of

quantitative data, and the lack of additional quantitative data to use as a comparison group. As part of the discussion of this study recommendations for social work practice, policy and research were suggested. One suggestion was that additional research be conducted utilizing two groups for comparison purposes, one consisting of families with three or more referrals to CFS and another with families having two or less referrals. It was also suggested with regards to social work practice that interventions be geared to target the characteristics that have been found to increase a family's risk of being chronically involved with CFS. These family specific interventions if utilized within CFS agencies may prevent high risk families from future involvement with CFS.

APPENDIX A

DATA COLLECTION INSTRUMENT

Data Collection Instrument

Variable:	Measure:
1. Number of referrals	Continuous, 0 - 11
2. Child medical condition	Yes/No
3. Child disabled	Yes/No
4. Child mental health diagnosis	Yes/No
5. History of substance abuse in the home	Yes/No
6. Criminal behavior in the home	Yes/No
7. Domestic violence in the home	Yes/No
8. Family homeless	Yes/No
9. Prior CFS services	Yes/No
10. Open CFS case	Yes/No
11. Child was removed	Yes/No
12. Child's gender	Male/Female
13. Child's ethnicity	Hispanic, African American, Caucasian, American Indian, Mexican
14. Child's age at first referral	0 - 17
15. Allegation type	sexual abuse, physical abuse, severe neglect, general neglect, caretaker absence, sibling at risk, or substantial risk

Developed by Elizabeth Valenzuela

APPENDIX B

SAN BERNARDINO CHILDREN AND FAMILY SERVICES

RESEARCH PROJECT APPROVAL LETTER

DEPARTMENT OF CHILDREN'S SERVICES

COUNTY OF SAN BERNARDINO
HUMAN SERVICES

DeANNA AVEY-MOTIKEIT
Director

REPLY TO:

- [illegible] Street, Barstow, CA 92311
- [illegible] Avenue, Needles, CA [illegible]
- [illegible] Street, Rancho Cucamonga, CA [illegible]
- [illegible], Yucca Valley, CA [illegible]
- 412 West Hospitality Lane, Second Floor, San Bernardino, CA [illegible]
- [illegible] Boulevard, Second Floor, Rialto, CA [illegible]
- [illegible] Mall, San Bernardino, CA [illegible]
- [illegible] Hospitality Lane, San Bernardino, CA [illegible]
- [illegible] Street, San Bernardino, CA [illegible]
- [illegible] Avenue, Victorville, CA [illegible]
- [illegible] Street, Suite [illegible], Victorville, CA [illegible]

TDD — TELEPHONE SERVICES FOR THE HEARING IMPAIRED
(909) [illegible]

October 28, 2010

Dr. L. Smith
Department of Social Work
California State University San Bernardino
5500 University Parkway
San Bernardino, CA 92407-2397

Dear Dr. Smith:

This letter serves as notification to the Department of Social work at California State University San Bernardino that ***Devin Edwards and Elizabeth Valenzuela*** have obtained consent from Bernardino County Children and Family Services to conduct the research project entitled ***A Description of the Demographics and Characteristics of Families That Receive Multiple Child Welfare Referrals.***

Sincerely,

DeAnna Avey-Motikeit, Director

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