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The Effectiveness of Court Mandated Intervention Versus Voluntary Services in Child Protective Services: Abbreviated Version

Loring Jones, Irene Becker, and Krista Falk

The general objective of this research was to compare the relative effectiveness of court mandated services versus a voluntary service plan in preventing in child maltreatment recidivism. Four-thirty-two children were selected at random from among children in a large California County who were receiving in-home services under a court mandate or a voluntary plan. Protective services files of study children were reviewed to derive study data.

Type of plan did not make a difference on case outcome. Children were more likely to remain in the home at the end of the service delivery period in families that received voluntary plans. However, when other factors are controlled, the advantage of a voluntary plan disappears. Moreover, similar rates of recidivism were noted between both types of plans after the case was closed.

Introduction and Literature Review

A child protective service worker must decide after investigating and substantiating a child abuse complaint whether to request the court to mandate services with the caretaker, or to develop a voluntary plan. Court-ordered services are assumed to provide an element of social control that protects the child, and provide a stimulus that enhances the likelihood that families will utilize needed services. Proponents of voluntary plans assert that court intervention introduces an adversarial element into the worker client relationship that works against the therapeutic change process (Wilk & McCarthy, 1986). However, one study, which examined the differences between court intervention and voluntary treatment, found that court involvement did not necessarily make a person less amenable to treatment (Irueta-Montes and Montes, 1988). Court intervention may limit the number of families who might seek voluntarily services because they see the court as punitive, and they fear legal consequences. DePanfilis (1982) claims that despite mandatory reporting laws, private agencies are equally concerned about referring their voluntary cases to a sometimes impersonal system of reporting and investigation. A voluntary option is assumed to increase the number of families receiving services, perhaps at earlier stages of risk, and thus prevent the need for more expensive "after the fact" services.

On the other hand, voluntary plans may place children at more risk due to lowered ability by the worker to see that a caretaker utilizes services. Voluntary plans may be more costly because if they do not work, CPS workers must still file for court intervention. Surprisingly, there is a paucity of empirical data utilizing child protective samples to help identify which choice would be the best for social workers to take. DePanfilis (1982) using data from a small quasi-experimental study utilizing a protective service sample, found that voluntary cases had lower placements rates, shorter stays in placement, and briefer periods of treatment.

Some support these programs as a cost savings alternative to out-of-home care. Others remain skeptical on how effectively in-home services prevent child maltreatment (Schuerman, 1991). However, research is available from other fields of service which has examined whether voluntary or court-ordered treatment is effective. The following are studies from domestic violence, substance abuse, and mental health fields. All of these are settings that CPS clients are likely to be found, so they do have some relevance.

Rosenfeld (1992) reviewed twenty-five studies that collectively cast doubt on the assumption that mandatory psychotherapeutic treatments are effective in reducing incidents of violence between spouses. In many of the studies he reviewed, the choice was between court-ordered intervention and arrest. He asserts the differences in the reoccurrence of intimate partner violence between subjects receiving court-ordered treatment, those arrested, and persons who do not receive any treatment are small. Also, he reports that many subjects withdraw from court-ordered treatment, indicating that legal system involvement does not motivate unwilling clients. On the other hand, Dutton (1986) used a quasi-experimental design to examine post-conviction rates of fifty men who completed a court-ordered treatment plan against those who received nothing at all. He found that the treatment group had a thirty-two percent lower recidivism rate during a three-year follow-up period. Dutton concludes that court orders improve the protection for women who opt to remain in a relationship with a husband who would not seek treatment voluntarily.

A review of the current status of drug control programs asserts that coerced treatment can work equally as well as voluntary treatment (Inciardi, McBride, & Rivers, 1996). Many addicts would not seek treatment without court intervention. They also point out that not all those mandated to attend treatment actually show up or remain engaged. They suggest the severity of the sanction and the likelihood of it being imposed, are critical in determining whether people remain in treatment. They do concede that effective treatment alternatives to incarceration are cost-effective.

Wells-Parker (1994) used meta-analysis to review the literature on drinking and driving programs and asserts that rehabilitation is more effective than coercive interventions like license revocation. She argues for a combination of strategies, such as sanctions, combined with therapy, education, and monitoring. Schottenfeld (1989) in a review of the literature finds involuntary treatment for substance abuse is an impediment to treatment. Those who are being involuntarily treated tend to deny problems related to substance abuse. Voluntary clients are more likely to admit the problems of addiction and withdrawal. However, he does note that it is possible to voluntarily admit a problem and accept services even with a court order.

Cournos, Mckinnon, and Stanley (1991) compared the records of fifty-one involuntarily medicated and 51 voluntarily medicated patients in a psychiatric hospital. They found that forced medication did not speed the return a patient to the community or get the patient to eventually comply with taking of medication. No differences were found between groups in discharge rates, compliance with staff, or relapse. However, initial improvements in the patient's mental health was noted. Most of the studies findings are mixed and are not done with protective service samples, which limits their use by protective service workers.

Methodology

The general objective of this research was to compare the relative effectiveness of court-mandated services versus a voluntary service plan in child maltreatment cases in preventing recidivism. The study was a retrospective descriptive case record analysis. The specific aim of the analysis was to identify characteristics associated with success and failure under each type of plan. The population consisted of all 1898 children for whom a petition was filed or who were given a voluntary plan for child maltreatment reasons between January 1st and June 30, 1995 in San Diego County, and who initially received services in their home. The Department of Social Services (DSS) Management Information System (MIS) was used to identify the potential sample. DSS is the public agency charged with child protection in San Diego County. Four-hundred-thirty-two children were selected at random with the additional rule that only one child per family could be included in the sample.

Two study groups are available for comparisons on outcomes. The first group is made up of children whose caretaker received a voluntary service plan, and the second group received a court mandated service plan. Study groups were compared on case outcomes. Voluntary cases referred to by DSS as Family Maintenance (FM) receive services for up to six months with an option to receive services for another six months. Children were followed for an additional six months after DSS closed the case to determine if there was a referral or reentry.

Case outcomes are described in Table 1.

Table 1. Outcomes During Service Delivery

Dependent Variable	Court Mandated	Voluntary
Successful	Child still with caretaker or relative	Child still with caretaker
Unsuccessful	Child in out-of-home care	Child in out-of-home care
Outcomes 6 Months after Case Closure		
Dependent Variable	Court Mandated	Voluntary
Successful	No referral or reentry	No referral or reentry
Partially Successful	Rereferral to CPS but no reentry	Rereferral to CPS but no reentry
Unsuccessful	Reentry into CPS	Reentry into CPS

Sources of Data

Study data were derived from case record review and from computerized data files at DSS. The archival data came from official documents from the Dependency Court or were prepared for the Court by DSS social workers. Data in these files describe child, caretaker, and family characteristics, the alleged abuse and history of prior CPS involvement, and case outcomes. Files contain social studies, court reports, police reports, psychological evaluations, risk assessments, medical records, social work logs, service referrals, etc..

Collection of data was carried out by social work graduate-level research assistants. Abstractors were trained until they had basic knowledge of child protective services, the Dependency Court Systems, the organization of case record files, and skill in the consistent application of variable definitions. Abstractors demonstrated an inter-rater reliability of .90 on a common case. A second reliability check was done on a second common case at the midpoint of data collection. Reliability was over .90 for all abstractors at that check. A manual was developed to guide and standardize abstraction efforts.

Findings

Attributes of the Study Children

Table 2 describes the study children. Depending on the level of data, chi-square, t-tests, and one-way analysis of variance are used to describe group differences.

Table 2. Selected Characteristics of Study Group Children

Variable	Total		Court Mandated (N=213)		Voluntary (N=231)		Signif.
	N	%	N	%	N	%	
Child's Gender							
Male	220		109	51.2	111	50.7	
Female	212		104	48.8	108	49.3	
Child's Ethnicity							
White	179		80	37.6	99	45.2	
Hispanic	128		79	37.1	49	22.3	
African-American	96		43	20.2	53	24.2	.919
Other	28		11	5.2	17	7.8	
Characteristics							
School Problems	68	15.8	41	18.7	27	12.7	.088
Severe behavior problems	62	14.4	41	18.7	21	9.9	.009
Mental illness	55	12.8	41	18.7	14	6.6	.0001
Learning disabled	49	12.0	28	12.8	15	7.0	.046
Medical Problems	48	11.1	30	13.7	18	8.5	.083
Developmental delay	41	9.5	29	13.2	12	5.6	.007
Runaway	25	5.8	18	8.2	7	3.3	.028

Variable	Total		Court Mandated (N=213)		Voluntary (N=231)		Signif.
	N	%	N	%	N	%	
Juvenile delinquency	22	5.1	17	7.8	5	2.4	.011
Living Arrangements of Child							
Both biological parents	120	27.8	55	25.3	65	30.8	.209
Mother	360	83.3	190	89.2	170	78.0	.002
Father	157	36.3	77	36.5	80	36.9	.936
CPS History							
Previous referrals	293	68.9	161	70.8	132	63.7	.001
Previous placements	153	35.6	96	44.2	36	16.9	.0001

No significant differences were noted on age between study groups. The mean age of a child in the Court Mandated group was 2.73 (sd=1.2), and the mean age of a child in the Voluntary group was 2.62 (sd=1.10). The difference was not significant. Slightly more males were found in the sample than females, but this difference was not significant either. White children were more likely to have been given court-mandated plans, but only at a level approaching significance ($p<.098$). Hispanics were more likely to have received voluntary plans ($p<.001$).

The problem characteristics reported are assumed to represent risk factors that social workers might use to determine what type of plan is given, and might present variables that would determine whether a given plan succeeds or fails if not addressed by services plan. Children in families that received court-mandated plans had significantly more (or at levels approaching significance) characteristics than voluntary plan children. School problems were the most common characteristic. Court-ordered plan children were more likely to have severe behavior problems, mental health difficulties, learning difficulties, and developmental delays than voluntary children.

Approximately 36% of the children live with their biological father. More children in the court-mandated group live with their biological mothers. Siblings and non-related adults are more likely to be present in the households of children receiving voluntary plans. From the data, it is difficult to identify who the non-related adult is, but this person may be a

paramour of the care-taking parent. This person was not coded as such because information on the relationship was not available in the file. A child in the Voluntary group had a mean 2.06 (sd=1.40) siblings and a mean of 1.79 siblings (sd= 1.38) lived in the child's home. Court-mandated group children had on average 2.16 (sd=1.5) siblings, but only 1.48 (sd=1.44) of those siblings lived in the home. A possible explanation for this difference is that the siblings not in the home are in placement.

A large proportion of the children in the study were actually reentering the CPS system. Children in families who received court-ordered plans had a more extensive history of contact with protective services than did children in the voluntary group. They were far more likely to be in a family that had a previous referral ($X=3.57$, $sd=3.26$ vs. $X=2.41$, $sd=2.80$), or the child had been in out-of-home placement than the voluntary group. Some of the referrals could have been unfounded. The placement rates are a better determinant of previous child maltreatment since they indicate that a complaint was substantiated. The out-of-home placement was most frequently the County Receiving Home for Children. A CPS history may be considered by the social worker as a higher risk family, therefore needing court intervention.

Attributes of the Biological Mother

Table 3. Selected Characteristics of the Biological Mother for Court Mandated vs. Voluntary DSS Cases

Variable	Total		Court Mandated		Voluntary		Significance
	N	%	N	%	N	%	
Marital Status							
Married	139	32.6	59	27.2	80	37.7	
Separated	39	9.1	18	8.3	21	9.9	
Divorced	70	16.4	49	22.6	21	30.0	
Widow	10	2.3	5	2.3	5	2.4	
Single/never married	104	24.4	53	24.4	51	24.1	
Married to natural father	124	29.0	51	23.3	73	34.3	.019

Variable	Total		Court Mandated		Voluntary		Significance
	N	%	N	%	N	%	
Special Characteristics							
Perpetrator of abuse	288	66.2	162	74.3	126	59.2	.001
Drug abuse	227	52.7	134	63.8	88	41.3	.0001
Domestic violence	185	42.9	90	41.5	95	44.6	.513
Alcohol abuse	172	39.9	110	50.5	62	29.1	.0001
Criminal history	120	27.8	78	35.8	42	19.7	.0001
Abuse history as child	105	24.4	60	27.5	45	21.1	.122
Mental illness	71	16.5	50	23.0	21	9.9	.0001
Medical problems	61	14.2	34	15.6	27	12.7	.395
Incarceration	60	13.9	42	19.3	18	8.5	.001
Non-English speaking	48	11.1	17	7.8	31	14.1	.025
Income Sources							
AFDC/GR	213	51.6	102	46.6	111	52.1	.104
SSI/SSA/UI	30	5.8	19	8.7	11	5.0	.073
Employed	114	26.4	58	26.5	56	26.3	.987

* Single, marital history unknown; ** differences from 100% due to rounding error and for some variables such as marital status and income sources, much data was missing; *** N's may fluctuate due to missing data.

No significant differences were noted between groups on age or ethnicity. The average age of the mothers was 31.32 (sd=7.01). Mothers in the voluntary group were more likely to have been married at some point, married to the child's father, or divorced, than mothers in the Court Mandated group. Marriage may be viewed by workers as a protective factor that reduces risks in families.

Mothers who received a court-mandated plan had significantly more problem characteristics than mothers who received voluntary plans. Court mandated mothers had a mean of 2.29

($sd=.157$) problem characteristics, while mandatory plan mothers had a mean of 2.91 problems ($sd=.136$, $p<.025$). The mothers in the court-ordered group were significantly more likely to be a perpetrator of the abuse, have substance abuse problems, have a charged criminal history including incarceration, and were less likely to be English speaking. The large numbers of problems noted in the court-ordered group may have been the reason they were seen as needing more intrusive and coercive interventions. High rates of domestic violence were noted in the study families, but is equally distributed between groups.

The voluntary group is slightly more likely, but only at a level approaching significance, to rely on public assistance. Slightly more families in the court mandated plan group received some sort of public aid.

Less data were available on fathers than mothers. About twenty-five percent of the children did not have any data recorded on their fathers. Because of missing data, the impact of fathers is not reported upon in this paper.

Home Environment

Table 4 describes characteristics of the child's household and neighborhood, as well as their source of social support.

Table 4. Characteristics of the Family Environment

Characteristic	Total		Court Mandated (N=219)		Voluntary (N=213)		Signifi.
	N	%	N	%	N	%	
Environmental Problems							
Unsafe housing	106	24.5	64	29.6	42	19.7	.017
Inadequate housing	71	16.4	42	19.4	29	13.6	.109
Social Support*							
Church membership	82	19.0	48	22.1	34	16.0	.109
Extended family	294	68.1	159	73.8	135	64.0	.038
Church support	115	26.6	48	22.3	67	11.4	.031

* Percentage indicating received support from any of the following.

More children in the Court mandated group than the voluntary group lived in unsafe or inadequate housing. This difference is only approaching significance. "Inadequate Housing" referred to conditions in the house such as overcrowding, shelter residence, exposed electrical sockets, and non-working appliances. "Unsafe housing" referred to the behavior of the residents in the house which placed the child at risk. Examples of this behavior included drug dealing, weapons in the house, or gang membership. Unsafe and inadequate housing was found in greater frequency in the court-mandated group, which may be another indicator of risk. This risk resulted in the social worker pursuing legal intervention.

"Social support" refers to the provision of concrete help (child care, loan, food, etc.), and the provision of emotional support (advice, counseling, consoling, visitation). The court-mandated group was slightly more likely to belong to a church ($p < .109$), but was less likely than the voluntary group to access support from a church ($p < .031$). The court-mandated group was more likely than the voluntary group to obtain support from the extended family.

Protective Service Case Attributes

Table 5 describes the type and perpetrator of the abuse.

Table 5. Type of Abuse and Perpetrator

Abuse Type and Perpetrator	Total (432)		Court Mandated (N=219)		Voluntary (N=213)		Signif.
	N	%	N	%	N	%	
Physical Abuse	153	35.4	81	37.3	72	34.0	.467
Mother	83	19.2	47	21.5	36	16.9	.229
Father	55	12.7	33	15.1	22	10.3	.140
Other*	37	8.6	15	6.8	22	10.3	.196
General Neglect	126	29.2	61	28.1	65	30.8	.467
Mother	117	27.1	57	25.6	60	28.2	.484
Father	33	7.6	23	10.5	10	4.7	.023
Other**	8	1.9	3	1.4	5	2.3	.451
Caretaker Incapacity	75	17.4	43	19.8	32	15.2	.206
Mother	49	11.3	39	17.4	30	14.1	.436

Abuse Type and Perpetrator	Total (432)		Court Mandated (N=219)		Voluntary (N=213)		Signif.
	N	%	N	%	N	%	
Father	15	3.5	11	5.0	4	1.9	.074
Other**	3	0.1	1	0.5	2	0.9	.546
Severe Neglect	72	16.7	40	18.4	32	15.2	.366
Mother	68	15.8	38	17.4	30	14.1	.351
Father	9	2.1	6	2.7	3	1.4	.333
Other**	2	–	2	0.9	0	0.0	.162
Sexual Abuse	57	13.2	30	13.8	27	12.7	.740
Mother	1	–	1	0.5	0	0.0	.323
Father	21	4.9	13	5.9	8	3.8	.292
Other**	34	7.9	16	7.3	19	8.9	.539
Failure to Protect	56	13.0	36	16.6	20	9.4	.028
Mother	47	11.0	30	13.7	17	8.0	.056
Father	14	3.2	8	3.7	6	2.8	.624
Other**	4	0.9	2	0.9	2	.1	.978
Overall*** Perpetrator of Abuse							
Mother	323	74.8	171	78.1	152	71.4	.108
Father	133	30.1	78	35.6	55	25.8	.027
Other	88	20.4	40	18.3	48	22.5	.271

* Can have more than one type of abuse or perpetrator; ** Other categories include stepparents, parent's boyfriend/girlfriend, other relative, other non-related person; *** Represents a collapsed variable from other categories; **** Note difference of perpetrator in this table from special characteristics is that this perpetrator refers specifically to current episode. In special characteristic could have been a perpetrator at other time.

Failure-to-protect was the only protective issue that distinguished among groups. Failure-to-protect is a protective issue that occurs in conjunction with other forms of abuse. Mothers who were perpetrators of this form of abuse were also more likely to be found in the court-mandated plan group. Failure-to-protect is present when one caretaker is not the perpetrator of the abuse, but either acquiesces, or does not have the ability to shield the child from

further abuse or neglect. This factor would suggest added risk to the safety of the child which would require careful consideration in pursuing the protection of court oversight. Generally, court-mandated plans were used when the father was the perpetrator. This choice was especially true in cases of general neglect and caretaker incapacity. No significant differences were noted between groups on who reported the abuse incident.

Services and Conditions

The next series of tables reports on services and conditions provided during the six month to a year period of service delivery. Court reports, service plans, and case summaries provided a list of services given to the child, caretaker, and family. These items were reviewed by abstractors to provide data for the tables reported below. Social workers also provided comment on utilization of services, which answered the compliance question. For example, if a parent completed a set of parenting classes, they were coded as completed, even if there were indications at some point that the parent was not attending classes. If she/he started classes, but never finished, they were coded as not utilizing the service.

Court-mandated cases were opened an average of 480.57 days ($sd=527.52$), and voluntary cases were opened about 187.37 days ($sd=106.53$) ($p<.0001$). As expected, court-mandated cases were opened for longer periods of time than voluntary cases. The longer period of service is consistent with the higher level of problems found with this group. The large standard deviation with court-mandated cases suggests a wide variation among those cases in the amount of time they were open. Voluntary cases were expected to be opened six months. Table 6 provides a report of the mean number of services provided by case type. Also, given in the table is the percentage of clients given at least one service of the specific type.

Table 6. Service Type and Utilization

Service Type	Total (432)		Court Mandated (N=219)		Voluntary (N=213)		Signif.
	Mean (%)	SD	Mean (%)*	SD	Mean (%)	SD	
concrete services provided	1.25 55.8%	1.54	1.36 59.8%	1.51	1.10 51.2%	1.43	.08 .296
concrete services utilized	1.17 53.7%	1.47	1.30 58%	1.50	1.03 49.3%	1.42	.048 .306

Service Type	Total (432)		Court Mandated (N=219)		Voluntary (N=213)		Signif.
	Mean (%)	SD	Mean (%)*	SD	Mean (%)	SD	
clinical services provided	1.75 79.1%	1.36	1.99 84.5%	1.40	1.48 75.4%	1.18	.126 .001
clinical services utilized	1.46 69.4%	1.36	1.82 79.5%	1.45	1.10 60.1%	1.14	.001 .0001
substance abuse services provided	.805 49.8%	.95	1.18 59.9%	1.15	.716 39.8%	.973	.0001 .0001
substance abuse services utilized	.95 37.0%	1.03	.959 49.4%	1.14	.441 25.4%	.837	.0001 .0001
residential services provided	.147 12.0%	.420	.215 17.4%	.502	– 6.6%	–	– .002
residential services utilized	.127 8.9%	.387	.192 15.6%	.479	– 4.7%	–	.001 .001
family services provided	1.17 76.95	1.01	1.21 80.4%	.986	1.13 71.6%	1.04	.401 .033
family services utilized	.979 63.7%	1.00	1.08 73.1%	.957	.878 71.6%	1.04	.021 .001

* percentage receiving at least one service.

1. Concrete services include travel-related, recreation, employment/training for adult, income support/public assistance, child care, medical dental, emergency shelter, housing, clothing, furniture, car repair, legal services, and food.
2. Clinical services include family therapy/counseling, psychiatric evaluation, individual counseling/therapy, domestic violence services, parent/teen/child support/counseling group.
3. Residential services include day treatment and residential services.
4. Family services include parent training, financial and budgeting, homemaker, parent/child conflict management, educational services for child, family planning, independent living, and parent anonymous.

Court-mandated cases were more heavily serviced than voluntary cases. Court cases received on average 6.46 (sd=3.82) services, while the voluntary group received a mean 4.91 (sd=3.51, $p<.0001$) services. Except for concrete services, the court-mandated group

either received more services in each category, or the percentage of subjects in that group receiving the service category was larger. It would be expected that the court-mandated group would receive more services based on the amount of time opened, but the percentage receiving at least one service of a specific type adjusts (at least partially) for that difference. The provision of more services to persons with court-mandated plans is a reflection of the need to serve the greater risk identified earlier.

The impact of the court-mandated supervision can be seen in the utilization of services. Consider the number of subjects receiving clinical services. Approximately 85% of the court-mandated group and 75% of the voluntary group received those services. Almost 60% of the court-mandated and about 40% of the voluntary group utilized those services. A service was considered utilized if the client completed the service. Similarly, 77% of the court-mandated group finished substance abuse treatment and only 59% of the voluntary group who received substance abuse treatment completed that service. Similar patterns were noted on most of the service category. These data suggest that court mandates provide the stimulus to complete services. Table 7 describes the number and type of contacts clients had with DSS and their social workers.

Table 7. Social Worker Contacts with Family

Contact Type	Total (427)		Court Mandated (N=215)		Voluntary (N=212)		Signif.
	Mean	SD	Mean	SD	Mean	SD	
Office Visits	1.36	2.65	1.56	3.15	1.16	2.01	.126
Home Visits	7.50	6.40	6.73	6.41	8.29	6.31	.012
Phone Visits	28.49	38.63	36.25	48.38	20.64	21.72	.0001
Field Visits	2.58	4.04	2.65	4.47	2.51	2.51	.736
Total Contacts	82.92	91.51	97.58	114.24	68.04	56.81	.001
Visit with Whom?							
Parent	17.15	17.87	19.00	21.98	15.29	12.14	.031
Family	3.20	6.00	3.88	7.35	2.51	7.35	0.18
Child	6.61	5.48	6.45	5.68	6.79	5.28	.515

Contact Type	Total (427)		Court Mandated (N=215)		Voluntary (N=212)		Signif.
	Mean	SD	Mean	SD	Mean	SD	
Service Provider	17.99	26.61	22.23	32.63	13.68	17.66	.001
Sibling	6.94	8.77	6.26	9.75	7.62	7.60	.109
Friend/neighbor	1.03	2.90	.94	3.35	1.11	2.37	.537

Contact information was gathered from case narratives and includes all recorded contacts between case opening and case closing. Home visits refers to social worker's contacts in the child's home. Field visits refers to social workers contact with schools, agency treatment programs, etc. Overall, the court-mandated group had more contacts. Surprisingly, voluntary cases received more home visits. It is possible that the demands of court cases make it more difficult for the worker to find the time to make home visits. Court-ordered cases received more contact of every type except home contact, particularly phone contacts, than the voluntary group. The researchers expected that court-mandated cases would have received significantly more contacts because of their higher risk and because they were opened for a longer period of time than voluntary cases.

No differences were found between study groups in meeting conditions in the case plans. About 83% of both groups completed conditions stated in the service plan. Voluntary cases were more likely to be required to keep contact with a social worker (61.2 % versus 45.2% $p<.001$). Court-mandated cases were more likely, but only at a level approaching significance, to have treatment ordered (64.8% versus 56.8%, $p<.071$) to have no contact with drugs or alcohol (55.8% versus 46.5%, $p<.068$). Both groups had similar records of compliance with conditions.

Outcomes

Types of plans were used to describe different categories of outcomes at case closure. The interest was if the case penetrated the system any further, such as entering out-of-home care. Public policy would regard cases that entered foster care as a failure. Figures 1 and 2 on page 6 describes study outcomes.

Cases were also examined six months after case closure. The purpose of this analysis was to determine if there was a re-referral for abuse and/or system reentry as an additional measure of determining success or failure. Analysis was a three-step process. First, cases

were examined to determine if the child was still in the home at the end of the case closure period. Second, among the remaining cases where the study child still remained in the home, the case was followed for six months to determine if there was an additional referral. Finally, those cases with a referral were subject to further observation to determine if the case reentered the system.

Table 8. Outcome Variables

	Total (429)		Court Mandated (N=216)		Voluntary (N=213)		Signif.
Outcome	N	%	N	%	N	%	
Case Outcomes at the End of the Service Delivery Period							
In own home	356	82.9	168	77.8	188	88.3	
Placed with relatives	46	10.8	28	13.0	18	8.5	
In placement	27	6.3	20	9.3	7	3.3	.008
Referrals during the Follow-up Period							
At least one referral	161	45.2	72	42.9	89	47.3	
No referrals	195	54.8	96	57.1	99	52.7	.229
Reentry during the Follow-up Period							
Reentered system	128	79.5	56	77.8	72	80.9	
No entry	33	20.5	16	22.2	17	19.1	.384

Voluntary cases were more likely to be in their home at case closing than the court-mandated cases. Court-mandated cases were more likely to be out-of-home. Placement included foster care, group homes, the County's receiving home for children, and adoption. Three runaways were categorized as in placement since they were not in their own home. Consistent with public policy most children went to the home of relatives if they were removed from their parents' home.

Table 9 uses Logistic regression to assess the relative importance of the variables that predicted child removal. Not all variables could be entered because many were highly correlated with one another. For example, most of the contact variables were highly

correlated. Therefore, only total contacts were chosen for entry into the model since it was the strongest predictor of outcome at the end of the service delivery period. Home contacts positively correlated with the child remaining in the home ($r=.200$, $p<.01$). All other types of contacts were inversely related with the child remaining in the home. Also, most of the problem characteristics were highly correlated so only the summary variable, total characteristics was chosen. Mother's drug ($r=-.134$, $p<.01$) and alcohol abuse ($r=-.104$, $p<.05$) history of incarceration ($r=-.129$, $p<.01$) and total number of characteristics ($r=-.131$, $p<.01$), are associated with removal at case closure. Only total number of the mother's characteristics was entered.

Table 9. Predicting Child Removal at the End of the Service Delivery Period
Logistic Regression

Variable	B	S.E.	Wald	Significance	Exp B
Type of Case	-.2142	.3329	.4141	.5199	.8072
Total Characteristics: Child	-.0938	.0707	1.7588	.1849	.9105
Total Characteristics: Mother	-.1669	.0728	5.2550	.0219	-.0920
Living with Mother (1,0)	1.8150	.3642	11.8447	.0006	3.2919
Public assistance Received (1,0)	.9332	.3318	7.9107	.0049	2.5427
Church Support (1,0)	.4457	.3742	1.4183	.2337	1.5616
Family Services Used (1,0)	.5855	.1950	9.0133	.0027	1.7959
Condition: Keep contact with social workers	.4019	.3234	1.5436	.2141	1.4946
Total Contacts by Social Worker	-.0075	.0531	5.9925	0.144	-.1029
Homelessness (1,0)	-1.5517	.4661	11.0847	.0009	.2119
Constant	.9183	.4335	4.4871	.0342	

1=in own home; 0=removed from home.

1=yes; 0=no.

Whether one received a voluntary plan or court plan is no longer important when other significant variables are entered for control. The total number of problem characteristics the

study child's mother has, the receipt of public assistance, an experience with homelessness, the number of family services used, the number of social work contacts with the family, and if the child lives with the mother still predicts whether the child remains in the home.

The number of problem characteristics a child has was no longer predictive of case outcome. What is important in determining outcome is the number of problem characteristics a mother has. Possibly the issue for social workers is whether the mother can deal with the child's problems, and not whether the child has problems. The condition of remaining in contact with the social worker and receiving support from a church is no longer predictive of outcome.

Because of the shrinking sample size, no further logistic regressions were completed. High rates of rereferrals were noted for both groups. No differences were found between groups on whether a referral for child maltreatment was received during the follow-up period. Receiving a court mandate for services does not protect against future referrals. The mother's drug abuse history is predictive of all three outcomes (removal, $r = -.134$, $p < .01$; re-referral, $r = .107$, $p < .05$, re-entry, $r = .102$, $p < .05$). The mother's alcohol abuse is associated with rereferral ($r = .107$, $p < .05$) but not system reentry. Married parents ($r = -.114$, $p < .05$), and particularly those living together ($r = -.121$, $p < .05$), were less likely to receive referrals or system reentry. The more siblings the study child has, the more likely there will be a referral. More siblings may increase the chance that a reporter will observe child maltreatment in a family ($r = .099$, $p < .05$). Children living with their biological mother were not as likely to be removed as children living in other circumstances ($r = .287$, $p < .05$). Living with a biological mother did not predict any of the other outcomes.

The number of referrals for maltreatment previous to the service period predicts both whether there was a new referral ($r = .236$, $p < .01$) and reentry ($r = .162$, $p < .01$). Receiving and using substance abuse services was associated with a rereferral ($r = .174$, $p < .01$) but not reentry. A condition of no drugs or alcohol in the case plan was also associated with rereferrals ($r = .121$, $p < .05$) and reentry ($r = .131$, $p < .05$). These characteristics suggest the difficulties that clients have in successfully completing drug treatment. Almost 80% of the cases with a new referral entered the service system. The receipt of public assistance (AFDC, SS, SSI, GR, or Unemployment Compensation) was predictive of whether there was a new referral ($r = -.224$, $p < .01$) or reentry ($r = .205$, $p < .01$). Again, whether someone reentered the protective service system did not differ according to the type of plan given. The number of phone contacts ($r = -.179$, $p < .01$) and contacts with family ($r = .092$, $p < .05$) predicted removal and a re-referral during the follow-up period. Perhaps social workers had spent more time with relatives of caretakers who were having difficulties since it might become necessary to remove those children.

Surprisingly, the type of abuse, or who the perpetrator was, did not predict removal of the child at the conclusion of service delivery. If the father was the perpetrator, it was more likely that there would be new referrals ($r = -.119$, $p < .05$) and a system reentry ($r = -.156$, $p < .01$). When the mother was a perpetrator, a referral was more likely ($r = .214$, $p < .01$) but did not predict system entry. Ethnicity or race (Hispanic or White) did not predict any outcome.

Summary and Discussion

The type of plan did not make a difference on case outcome. Children were more likely to remain in the home at the end of the service delivery period when they received a voluntary plan. However, when other factors are controlled, the advantage of a voluntary plan disappears. Moreover, similar rates of recidivism were noted in the follow-up period between study groups. High rates of new referrals and system reentry were found for both study groups.

Workers assigned cases according to the level of risk. Families having a high number of risk factors received court-ordered plans. Factors associated with stability (family structure, marital status, source of income, preschool) were associated with receiving a voluntary plan.

Clients who received court-ordered plans were more likely to utilize the services provided. This finding reaffirms one of the underlying rationales of court intervention; that it spurs individuals to use and complete services. On the other hand, differences were not found on whether conditions specified in the case plan were completed. The amount of service contact, except for home contacts, was predictive of outcome in an inverse manner, but the length a case was open was not associated with any outcome. Social workers also may be providing more contact with difficult cases.

Mothers' characteristics were strongly associated with case outcomes. Fathers' characteristics were not. Study children were more likely to live with the mother than father. Children who lived with their biological mother fared better than children who did not. Social workers may be reluctant to remove a child from a biological mother because of attachment concerns. Fathers are also important in predicting success when they are married to the biological mother of the child. Marriage may be taken by social workers as an indicator of stability. Drug and alcohol abuse on the part of the mother was an important problem characteristic associated with case failure. Over one-half of the caretakers had a drug problem at some point. Recycling these families in and out of the system will not end until effective means of addressing drug problems is available for this population. Receiving public assistance (AFDC, General Relief, SSI, Social Security, or Unemployment

Insurance) was associated with successful outcomes. These forms of public aid may have at least guaranteed a minimum level of resources for the families. Most of the study children lived in families that experienced high levels of deprivation. These findings have implications for welfare reform. The loss of benefits could result in more referrals and children in care.

Implications for Practice

Since differences on recidivism between study groups were not found, a greater use of voluntary plans is warranted. The use of voluntary plans is a prudent course of action that would free up resources to pursue more effective means of intervention. Social workers could use the time they now give to court preparation and appearances in making home visits. Home visits were associated with a child remaining in the parents home at the end of service delivery.

Families that receive public assistance are more likely to avoid recidivism than families without that aid. Provision of basic needs seems essential to keeping children with their families. The most important type of services in preventing recidivism were those that helped the parent(s) carry out a parental or family function, for example, parent training or homemaker services. Substance abuse or clinical services did not prevent recidivism. It may be that families that respond to family services are families whose major problem is a lack of competence which is addressed by family services. Substance abuse services go to families with more intractable problems. It also the type of problem where relapse is expected.

One factor that was used in case assignment that can be discarded is the number of problem characteristics a child has. The findings of this research suggest it is the mother's functioning and ability to deal with the child's difficulty that is the more relevant issue.

The number of previous CPS referrals was also predictive of re-involvement with CPS. An alternative would be to restrict court cases to a narrow range such as those where substance abuse is present and previous referrals to CPS have been made. These characteristics seemed to be the greatest empirical indicators of risk.

Implications for Research

This research utilized a retrospective case review. One factor conspicuously absent from the research was a measure of the internal motivation of CPS clients and their reaction to service delivery. It is very likely that subjects in the court-mandated group who already had

more referrals represented a different motivational group than the group remanded to voluntary assistance. Both of these factors are important in determining utilization of services and outcomes. One way to increase the validity of the comparison is to complete a prospective study. This sort of design would collect data directly from clients at pre and post services. Similarly, the outcomes used in this research were limited. Self-report or observational measures of family and caretaker change might reveal some benefit to a particular plan not measured in the outcomes used in this research.

There may be other factors which contribute to success in in-home services. The researchers focused only on those variables that distinguished the two study groups. Future analysis of this data will examine other factors. Research also needs to continue to examine risk assessment. A good portion of the study children would return to CPS once their case was closed. This recycling is troubling since it suggests in the current service patterns are not effective for a substantial number of families.

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