A Typology of Parents’ Service Needs

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Chapin Hall at the University of Chicago
Policy research that benefits children, families, and their communities
Why Examine Needs at the Family Level?

• “We are born into families. Our first relationships, our first group, our first experience of the world are with and through our families. We develop, grow, and hopefully, die in the context of our families...the family life cycle is the natural context within which to frame individual identity and development.”


• “Those families most in need of services are also least likely to engage in them. ...Barriers to engagement are magnified in child welfare, where services are mandated, parents may or may not be living with their children, many families are unstably housed, and parents frequently struggle with addictions and their own mental health issues.”

Project Overview: Integrated Assessment Evaluation

• Integrated Assessment (IA) is dual-professional model for family assessment.

• The Illinois Dept of Children and Family Services (IDCFS) launched the IA program in 2005.

• IDCFS received a grant from HHS/Children’s Bureau in 2007 to evaluate the IA program for placement cases and expand it for use with intact families.
## CANS (Child & Adolescent Needs & Strengths)

- Used to identify “actionable” areas of service need
- ‘Caregiver’ domain is completed for up to 10 adults per child

### Indicators selected for this analysis:
- Mental health
- Substance abuse
- Domestic violence
- Trauma
- Resource needs
- Residential instability

### Example: CANS Item: Substance Use

<table>
<thead>
<tr>
<th>Actionable</th>
<th>Not actionable</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Caregiver has no substance-related limitations that impact assistance or attendant care</td>
</tr>
<tr>
<td>1</td>
<td>Caregiver has some substance-related limitations that interfere with provision of assistance or attendant care</td>
</tr>
<tr>
<td>2</td>
<td>Caregiver has significant substance-related limitations that prevent him/her from being able to provide assistance or attendant care</td>
</tr>
<tr>
<td>5</td>
<td>Caregiver is unable to provide any needed assistance or attendant care due to serious substance dependency or abuse</td>
</tr>
</tbody>
</table>
A Closer Look at the Study Population

- 4089 families assessed with CANS between 2007 and June 2010
- Over 40% of these families have 2+ children
- In families where there were more than 1 mother or more than 1 father, the highest need parent was selected

<table>
<thead>
<tr>
<th>Parent participation in interviews</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both parents participated</td>
<td>2109</td>
<td>51.6%</td>
</tr>
<tr>
<td>Mother only, no father identified</td>
<td>1145</td>
<td>28.0%</td>
</tr>
<tr>
<td>Mother only, father identified, not interviewed</td>
<td>593</td>
<td>14.5%</td>
</tr>
<tr>
<td>Father only</td>
<td>242</td>
<td>5.9%</td>
</tr>
</tbody>
</table>
Rationale for Latent Class Analysis

• Why LCA?
  - Measuring underlying latent patterns in parents' service needs not identifiable by simply examining typical administrative data (race, allegation, age, etc.)

• Why multi-level LCA?
  - Intended to disentangle family-level from individual parent-level effects
  - Allows model parameters to differ across groups
Methodology: Latent class analysis

• Model-based method used to identify unobserved typologies or groups based on patterns within the data (McCutheon, 1987)

• Cases assigned to specified number of classes using a likelihood ratio chi-square statistic (L2)
  - 1-5 classes were specified in this analysis

• Model selection based on adequate class size, theoretical interpretability, parsimony, and fit statistics (Muthen and Muthen, 2000)

• Latent GOLD software used in this analysis
## Model selection

<table>
<thead>
<tr>
<th>Model Type</th>
<th>LL</th>
<th>BIC(LL)</th>
<th>Npar</th>
<th>Class.Err. (Cluster)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-Cluster 2-GClass</td>
<td>-17785.25</td>
<td>35832.45</td>
<td>30</td>
<td>0.1570</td>
</tr>
<tr>
<td>4-Cluster 3-GClass</td>
<td>-17696.15</td>
<td>35689.18</td>
<td>34</td>
<td>0.1366</td>
</tr>
<tr>
<td>5-Cluster 2-GClass</td>
<td>-17713.39</td>
<td>35758.59</td>
<td>38</td>
<td>0.1273</td>
</tr>
<tr>
<td>5-Cluster 3-GClass</td>
<td>-17567.67</td>
<td>35510.82</td>
<td>43</td>
<td>0.1632</td>
</tr>
</tbody>
</table>

Among the 4089 families in the sample, the 4 parent class, 3 family class model revealed the best overall fit.
Parent Typologies (1 of 4)

Low need (36%)

Very low likelihood of actionable scores across all CANS indicators

Mental health
Partner violence
Trauma symptoms
Substance abuse
Resource needs/residential instability
Very high likelihood for actionable scores on domestic violence

Moderate likelihood for mental health, substance abuse, and resource needs

Parent Typologies (2 of 4)

Partner violence (23%)
High likelihood for actionable scores on resource needs

Also moderately high for mental health and substance abuse needs
High likelihood for actionable scores mental health and trauma

Moderate likelihood for substance abuse and resource needs
Low need

Mental health & trauma

Complex needs with especially high resource needs

Complex needs with especially high partner violence

Low need

Resource needs

Partner violence

40% of families

31% of families

29% of families

18.2

0.2

4.0

33.5

0.4

10.6

77.3

59.7

83.1

0.1

6.9

8.9
## Family characteristics associated with need typologies

<table>
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<tr>
<th>Low need</th>
<th>Complex needs with especially high resource needs</th>
<th>Complex needs with especially high partner violence</th>
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<td>40% of families</td>
<td>31% of families</td>
<td>29% of families</td>
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</table>

- More adolescent children
- More very young children ages 0-3
- More young children under age 12
- More families with both parents assessed or a father who was not identified
- Fewer families with both parents assessed
- More families with both parents assessed or a father who was identified but not assessed
How does the typology relate to outcomes?

Percent of families in which at least one child was reunified by 18 months

Pearson Chi-Square = 59.981, p<.0001

Basic pattern of findings holds up in a hazard model controlling for age of oldest child in family, race, state administrative region, and parent assessment participation
Implications

• Could this typology of needs be useful for practice?
  - Assign casework specialists to different types of families?
  - Help caseworkers prioritize their resources/time across different types of families within their caseloads?
  - Align referrals of parents with provider capabilities and expertise?

• Could it be useful for policy?
  - Is the AFSA expectation for reunification by 18 months appropriate for all family types?

• How are need typologies related to outcomes?
  - What comes between assessment and outcomes?
    • Do services have an evidence-base for specific subgroups of parents?
    • Are service plans customized based on need?
    • Are services available?


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