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One size does not fit all

The need for treatment tailoring in youth and family services

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Chapter 3

Personalizing Child Protection: The Clinical Value and Usability of a Needs Assessment Instrument

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Abstract

Studies on child maltreatment prevention programs show that the effects of these programs are only small. Drawing on the need principle of the Risk-Need-Responsivity model, those effects may be enhanced by properly assessing all the needs of individual families involved in child protection so that treatment programs can be tailored to those needs. Recently, a needs assessment tool (ARIJ-Needs) has been developed in the Netherlands to support child protection practitioners in assessing treatment needs of individual families, and in selecting the treatment programs that best target those needs. This study assessed the clinical value and usability of the ARIJ-Needs by interviewing Dutch child protection practitioners ($N = 15$). A vignette describing a child protection case was used to examine differences between needs assessments based on unstructured clinical judgment (i.e., without using the assessment tool), and structured clinical judgment in which the tool was used. The results showed that practitioners assessed significantly more treatment needs with the tool than without the tool. In particular, family-, parent-, and parenting-related needs were more often assessed by practitioners using the tool, which is an important finding given that these factors are the strongest predictors of child maltreatment. These findings indicate that ARIJ-Needs seems to support practitioners in identifying relevant treatment targets in families at risk for child maltreatment. The implications of these results and recommendations for strengthening the instrument are discussed.

Keywords: child maltreatment, needs assessment, child protection services

Introduction

Child maltreatment is a worldwide public health problem with serious consequences for the development of millions of children (e.g., English et al., 2005; Gilbert et al., 2009; Stoltenborgh et al., 2015). Therefore, effective interventions for reducing the risk for child maltreatment are highly needed. However, meta-analytic studies on the effectiveness of currently available treatment programs aimed at reducing child maltreatment show only small effects of these programs (e.g., Euser et al., 2015; Van der Put et al., 2017). An explanation for these results may be that interventions are insufficiently personalized to the individual needs of families at risk (Ng & Weisz, 2016; Weisz, 2014). A promising approach to improve personalized treatment in child protection services (CPS) is by applying the risk, need, and responsivity principles derived from the Risk-Need-Responsivity (RNR) model that was originally designed for the criminal justice system (Andrews et al., 1990; Andrews et al., 2011; Bonta and Andrews, 2007; Bonta and Andrews, 2016; Van der Put et al., 2016; Van der Put et al., 2018a). To facilitate the implementation of these principles in child protection, validated assessment instruments are highly needed (Van der Put et al., 2017). Therefore, a child risk assessment instrument has recently been developed and validated in the Netherlands, (ARIJ; Van der Put et al., 2016; Vial et al., 2021). In addition, a needs assessment instrument was developed (ARIJ-Needs) to facilitate practitioners in adhering to the need principle in CPS (Van der Put et al., 2018b). This instrument was designed to support child protection practitioners in identifying personal needs of clients, and in selecting appropriate interventions that target those needs. To date, the clinical utility of this instrument has not been examined yet. Therefore, the main aim of this study was to examine whether ARIJ-Needs effectively supports child protection practitioners in their decisions on appropriate treatment programs based on their identification of care needs of at-risk families. In addition, insights into the current decision-making processes (without using the needs instrument) were gained to better determine the clinical value of the instrument.

The RNR model is a widely used model in the criminal justice system for assessing and treating criminal offenders with the aim to reduce recidivism (Andrews et al., 1990). The model has three core principles: (1) the Risk principle assumes that the program intensity should be matched to the offender's risk of criminal recidivism; (2) the Need principle assumes that the offender's criminogenic needs (i.e., changeable risk factors associated with criminal recidivism) should be targeted; and (3) the

Responsivity principle assumes that interventions should be matched to the offender's learning style and abilities. Although the RNR-model was specifically designed for preventing recidivism of criminal offenders, it may be very promising to apply the RNR principles in child welfare services (Van der Put et al., 2016; Van der Put et al., 2018a). After all, criminal behavior and child maltreatment can both be explained by an interaction between risk factors (e.g., mental health problems) and protective factors (e.g., having strong social corrections) in various ecological systems, such as the family, school, and neighborhood (c.f. Bronfenbrenner, 1979, Van der Put et al., 2018b). Furthermore, occurrence of delinquency and child abuse are determined by the balance between risk and protective factors (Belsky, 1980; 1984; Cicchetti and Carlson, 1989; Cicchetti and Rizley, 1981; Folger et al. 2013; Stith et al. 2009; Stouthamer-Loeber et al. 2002; Van der Put et al., 2018b).

In recent years, the first structured instruments became available that facilitate the implementation of the risk and need principles in child protection (Van der Put et al., 2018a, 2018b; De Ruiter et al., 2012). The ARIJ Safety assessment and ARIJ Risk assessment instruments have already been widely implemented in the Netherlands (Vial et al., 2021). These instruments facilitate child welfare workers in the assessment of immediate safety of children, and the risk for (the recurrence of) child maltreatment (Van der Put et al., 2016; Vial et al., 2021). If there is a substantial risk of child maltreatment, a further assessment of dynamic (changeable) risk factors and personal needs of families is needed to provide insights into potential treatment targets. Recently, ARIJ-Needs has been developed to assess such risk factors that are directly associated with child maltreatment (Van der Put et al., 2018b).

ARIJ-Needs consists of two components: (1) a needs-assessment component to assess dynamic risk factors (i.e., needs), and (2) a decision-making component to match the assessed needs to interventions that target those needs. The list of needs that are assessed in the needs-assessment component was based on a selection of significant predictors for child maltreatment derived from (meta-analytic) studies (such as, Assink et al., 2016; Cash, 2001; Hindley et al., 2006; Stith et al., 2009). The selected dynamic risk factors were categorized into "parenting factors" (e.g., problematic parent-child interaction or inadequate supervision/monitoring), "family factors" (e.g., lack of social support or financial problems), "parent factors" (e.g., parental stress or criminal behavior), and "child factors" (e.g., internalizing problems or social problems). The decision-making component of the tool comprises a database of 116 interventions

for (prevention of) child maltreatment that are available in the Netherlands, and is used in matching the needs to the interventions. These interventions target at least one of the need factors that are assessed in the needs-assessment component of the instrument (Van der Put, 2018b).

It was expected that ARIJ-Needs enhances a more effective, efficient, and less subjective decision-making process of child protection practitioners by providing a structured needs assessment instrument that also provides an overview of the interventions that target the assessed needs. The aims of this study were to (1) gain insights into current practitioner decision-making processes of child protection practitioners to determine the added value of using ARIJ-Needs in assessing needs and selecting appropriate interventions, and (2) examine the usability of ARIJ-Needs in supporting practitioners.

Method

Participants

Semi-structured interviews were conducted with fifteen child welfare practitioners ($n = 12$ women and $n = 3$ men), including: five mobile crisis response team workers (family services), five (child) psychologists/educationalists, three social workers, one family coach, and one child protection worker. As all practitioners had a certain degree of expertise in the domain of inquiry, a sufficient degree of data saturation could be assumed (Guest et al., 2006). The interviewed practitioners were not involved in any way in the development of ARIJ-Needs, and had no conflicts of interest.

Procedure

A purposive sampling method, specifically expert sampling was used (Etikan et al., 2016). Practitioners were recruited by contacting the organizations that participate in the consortium research project that resulted in the current study. The practitioners were provided with information on research participation, after which they could consent to participate. Semi-structured interviews with a mean duration of 36.87 minutes ($SD = 10.60$) were conducted on site at the office of the practitioner, or online through a video call. Practitioners were asked for permission to record the interview and informed participants that all personal data was anonymized for this study.

Instruments

Interviews

First, the semi-structured interview started with questions about the current practitioner decision-making process: (1) How are treatment needs assessed in daily practice?; (2) How does the decision-making process on appropriate treatment programs takes place?; (3) Are there any difficulties in providing appropriate care or interventions for families?. Next, a vignette that described a (fictitious) child protection case with a variety of family problems was presented to each participant (see Appendix A). The vignette was developed and used in a previous study by Vial et al. (2021). Practitioners were asked to identify any care need in the vignette, and to indicate which treatment program would be appropriate to address the needs that they identified. Third, the developed needs assessment instrument (ARIJ-Needs) was introduced and explained to each participant, after which practitioners were asked to perform a second needs assessment using ARIJ-Needs. Last, questions were asked about the user experiences of the instrument, after which the practitioners evaluated the results of their needs assessment with the instrument.

ARIJ-Needs

ARIJ-Needs is a Dutch computer application designed to support child protection practitioners in the Netherlands in (1) assessing treatment needs, and (2) the decision-making process of appropriate care or interventions that target the assessed needs (Van der Put et al., 2018b). As described in the Introduction, all dynamic (i.e., changeable) factors that are associated with child maltreatment and can be targeted in interventions are included in the instrument, and categorized into four categories: parenting factors, family factors, parent factors, and child factors. These categories guide practitioners in conducting a structured assessment, and any factor that a practitioner deems present in a specific case can be selected in the instrument during the assessment. For every need factor, a practitioner can request a definition and additional information in the tool to ensure a uniform interpretation of the need factors across care providers.

After all identified needs have been selected, interventions that aim to target those needs can be retrieved from the instrument's database using the "search" button. For every intervention, additional information can be requested in which the aims, the target group, and the level of effectiveness (i.e., based on the effectiveness classifications by Van Yperen et al., 2017) of the program are described. In addition, information on the

availability of the interventions across regions in the Netherlands can be retrieved. All this information was retrieved from original protocols or manuals of the interventions that were included in the database (Van der Put et al., 2018b). The results of the search in terms of the identified needs and the programs targeting those needs can be saved by the practitioner.

Data Analysis

The recordings of the interviews were transcribed, and then analyzed using the software program ATLAS.ti according to the guidelines of Boeije (2014). During the open coding stage of the first interviews, themes were gathered in code groups for which a coding scheme was formed (i.e., axial coding stage). Next, new codes were formed, or existing codes were merged with corresponding codes in the selective coding stage. The coding process resulted in a total of 159 codes divided into 16 code groups.

Results

Assessing Needs: Current Daily Practice in Child Protection Services

Most practitioners ($n = 12$) usually assess treatment needs at intake with their clients based on their own clinical judgment, after which they often determine a treatment plan based on their own expertise ($n = 5$) (“*Structured protocols for determining treatment targets are available, but in reality, all of my colleagues use their own ways.*” ... “*I usually select an intervention that I am familiar with*”). Six practitioners mentioned that they usually consult their colleagues for prioritizing needs, and nine practitioners consult their colleagues for determining a treatment plan (“*I usually present my case during a weekly meeting after which treatment suggestions are discussed*”). Four practitioners mentioned that they consult external authorities to determine an appropriate treatment plan for their assigned case. Three practitioners mentioned that they take specific characteristics of clients (e.g., cognitive abilities or cultural identities) into account in choosing appropriate treatment programs.

Difficulties in Providing Appropriate Care

Most practitioners ($n = 12$) pointed out the long waiting lists for treatment programs in family services as the main barrier to appropriate care for their clients (“*The average waiting time for appropriate treatment programs for my clients takes up to several*

months.”). Therefore, out of necessity, clients are offered alternative and less fitting treatment programs. Six practitioners experienced difficulties in working with other care providers and external institutions (“*The speed of following-up on a case really depends on the capabilities and willingness of the person that the case is assigned to.*”). Seven practitioners experienced funding difficulties in providing appropriate care for their clients (“*Unnecessary bureaucracy leads to longer waiting periods, which can be frustrating given that you want to be responsive towards your clients.*”). Three practitioners mentioned that extensive and complicated inclusion criteria of treatment programs can be a barrier to provide the care they think would be most beneficial for their clients. Three practitioners admitted that they are not entirely aware of the wide range of available treatment programs (“*I usually select an intervention based on my previous experiences with other clients, but sometimes I wonder, maybe there are other programs that would be more appropriate based on my client’s needs.*”).

Needs Assessment with and without using ARIJ-Needs

After reading the study vignette that described a (fictitious) child protection case with a variety of family problems, practitioners assessed significantly more need factors on average ($M = 21.67, SD = 5.98$) using ARIJ-Needs compared to the first round of assessment that was based on unstructured clinical judgment ($M = 9.07, SD = 3.88$) ($t(28) = -6.84, p < .001$). More specifically, practitioners assessed significantly more “family” (e.g., domestic violence, a problematic relationship between care providers, and financial difficulties), “parenting” (e.g., inconsistent parenting, disturbed parent-child interaction patterns, and difficulties in setting up rules and boundaries), and “parent” (e.g., parental stress and aggression regulation issues) need factors (see Table 1).

Table 1

Differences in Identified Dynamic Risk Factors Between Needs Assessment With and Without the Needs Assessment Instrument (ARIJ-Needs)

Needs domain	Without ARIJ-Needs		With ARIJ-Needs		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Family	3.53	1.06	5.87	0.83	-6.70***
Child	2.53	2.48	3.60	1.50	-1.43
Parenting	1.73	0.88	6.40	3.38	-5.18***
Parent	1.27	1.28	5.80	2.11	-7.11***
Total	9.07	3.88	21.67	5.98	-6.84***

Note. An independent samples *t*-test was performed for each category of dynamic risk factors (needs) to test the difference in mean number of identified needs between the needs assessments without and with using ARIJ-Needs. Using the instrument was scored dichotomously (0 = without ARIJ-Needs, 1 = with ARIJ-Needs), meaning that a negative *t* value indicates a higher mean number of identified needs with the ARIJ-Needs. ****p* < .001.

Evaluation of the Clinical Value of ARIJ-Needs

All practitioners evaluated ARIJ-Needs as helpful in determining family (care) needs. Specifically, practitioners mentioned that the classification of need categories in ARIJ-Needs helpfully structured the needs assessment, which may also provide practical guidance in writing case reports. Practitioners also mentioned that ARIJ-Needs can easily be used within teams of practitioners for discussing individual cases, and that the tool is useable for assessing needs in multi-problem families. However, an overlap in need factors was noted (*“For example in the category “family factors”, I think that some factors in this category can be assigned to the broadly interpretable factor “parenting instability.”*). Two other practitioners mentioned that the dichotomous answer scale (i.e., yes/no in reporting the presence of a need factor) could be changed into a broader scale to indicate the severity of the client’s needs. Three other practitioners suggested that positive and protective factors (e.g., social support) may also be included in the tool. In addition, other factors that were suggested to include were: information on previous treatment trajectories, complicated divorce of parents, traumatic experiences of children, the appropriate age range of interventions, and the degree to which parents have mentalization skills.

Five practitioners mentioned that the decision-making component (i.e., matching the assessed needs to interventions that target those needs) provided important insights into the many available interventions in child welfare (*“It provides a practical overview of the many possibilities in child welfare treatment programs, some of which I had not*

thought about, or had never heard of.”). Three practitioners emphasized the value of providing information on the local availability of interventions which is shown in the results of the instrument.

All practitioners would like to use ARIJ-Needs in their daily practice (*“Without ARIJ-Needs, I am more likely to select an intervention that I have applied before, instead of programs that are lesser known, but potentially more appropriate.”*). Overall, twelve practitioners evaluated ARIJ-Needs as a user-friendly and comprehensive needs assessment instrument (*“The instrument is very practical, especially the classification of need factors in different categories is helpful in the process of assessing treatment needs.”*). Suggestions for improvement of the instrument were: developing a less ‘basic’ and more attractive interface design, developing a web version of the instrument, using less jargon in the need descriptions, and continuous visibility of the need descriptions instead of using the description button. One practitioner mentioned that the instrument may also be helpful for parents to assess which care would be helpful according to their own assessment.

Discussion

ARIJ-Needs is an assessment instrument that supports child protection practitioners in assessing specific treatment needs, and in selecting appropriate treatment programs that target those needs. This study is the first to assess the clinical value and utility of a needs assessment instrument that was developed in the Netherlands (ARIJ-Needs) by interviewing child protection practitioners. The results reveal that the decision-making process on selecting treatment programs for families in (Dutch) child protection services is still based on unstructured, clinical judgment, despite the well-known advantages of structured decision-making (Douglas et al., 2002; van der Put et al., 2016). The practitioners that were interviewed in this study usually selected interventions for their clients based on prior experiences with and referrals to known interventions, or on advice from colleagues. Overreliance on such intuitive thinking is prone to various biases, such as the tendency to pick out the familiar, the vivid, the ‘obvious’, and to overlook the unfamiliar, the complex, and the less predictable case information and interventions (Helm, 2011; Saltiel, 2016).

The results support the idea that structured decision-making facilitates a more holistic approach to treatment settings in which the child’s family and environment are taken into account, which improves the analysis of complex situations by practitioners

(Bartelink et al., 2015). Practitioners identified significantly more treatment needs in the vignette of a CPS case with the needs assessment instrument (ARIJ-Needs) compared to their unstructured needs assessment without the instrument. Moreover, practitioners assessed more parent (e.g., criminal behavior) and parenting needs (e.g., a problematic parent-child relationship) with the instrument compared to their unstructured needs assessment. As such factors are stronger associated with child maltreatment than child related factors (see, for instance, Assink et al., 2019; Mulder et al., 2018; Stith et al., 2009), ARIJ-Needs seems to support practitioners in identifying the most relevant treatment targets in families at risk for child maltreatment.

Regarding the usability of ARIJ-Needs, practitioners mentioned that the overview of treatment needs in different categories helpfully structured the needs assessment. In addition, it was mentioned that such an overview can be helpful in efficiently writing CPS reports, which often is an elaborate administrative task that many Dutch child welfare practitioners experience as a burden (Sekreve et al., 2020). According to the practitioners, the decision-making component of ARIJ-Needs (i.e., matching the assessed needs to interventions targeting those needs) provided important insights into the growing range of available interventions in child welfare that many Dutch child welfare practitioners may not be familiar with.

Suggestions for Improving ARIJ-Needs

The interviewed practitioners offered several suggestions for increasing the usability of ARIJ-Needs in clinical practice. First, not all interventions included in the database of ARIJ-Needs are available in all regions of the Netherlands due to differences in care provision policies across Dutch cities and local governments. On the one hand, this might be a barrier to the general usability of ARIJ-Needs. On the other hand, this means that by using the instrument, critical gaps in regional access to treatment programs can be identified by child welfare practitioners. In turn, practitioners can provide consult to child welfare departments of local governments on which interventions are needed and should become available to meet the needs of their clients.

Second, practitioners noted that the needs-assessment component in ARIJ-Needs only comprises changeable risk factors, but they would also like to assess protective factors next to risk factors. However, according to the needs principle of the RNR model (Bonta & Andrews, 2017), treatment is most effective when explicitly the

unique dynamic risk factors in families (i.e., needs) are addressed, given the theoretical assumption that successfully addressing these factors contributes to a family's reduction in risk of child maltreatment. Furthermore, research shows that strengthening protective factors may be less effective in preventing recurring child maltreatment in specifically high-risk families (Luthar & Goldstein, 2004). That is, "resilience" as a global construct appears to be rare at the highest levels of risk, and may benefit from a narrower conceptualization focusing on specific outcomes at specific timepoints in development (Vanderbilt-Adriance & Shaw, 2008).

Third, only a limited number of interventions target multidimensional family problems with many and diverse needs, as was the case with the vignette that was presented to participants in this study. The lower the number of risk factors that are selected in the decision-making component of ARIJ-Needs, the more appropriate interventions targeting the selected needs are presented on screen by the decision-making component of the tool. Practitioners mentioned that the dichotomous answer scale could be changed into a broader scale to indicate the severity of the client's needs. This seems an essential suggestion for improvement, as implementing such a scale enables practitioners to prioritize the needs that should be targeted with urge.

Last, future research should be undertaken to examine the psychometric quality of ARIJ-Needs. Previous studies have already showed that through applying valid and reliable safety and risk assessment instruments, the decision-making processes in CPS can be strengthened (e.g., Vial et al., 2019; Vial et al., 2021). However, the question whether or not the implementation of ARIJ-Needs truly enhances the effectiveness of the decision-making process in child protection, and in turn, strengthens child maltreatment prevention efforts needs to be further examined.

Clinical Implications

The barriers to appropriate treatment trajectories that the interviewed practitioners posed (e.g., long waiting lists and insufficient cooperation between institutions) correspond to those found in previous studies on CPS practices in the Netherlands (Gubbels et al., 2021; Health and Youth Care Inspectorate, 2020). A structured, consistent, and transparent approach to assessing needs using a needs assessment instrument like ARIJ-Needs is likely to contribute to the overall consistency of decision-making in families. This is of particular importance when involvement with

child protection is over a long period of time in which a child and family has contact with numerous practitioners and care providers (De Bortoli et al., 2016). It should be emphasized that ARIJ-Needs is not designed to replace clinical judgment, as case and time specific factors (e.g., severity and urgency) always remain important to consider in choosing the right approach for families involved in CPS (Van der Put et al., 2018b). Besides these implications that directly result from this study, it is important to stress that parents and children should be actively involved in decision-making processes in CPS to successfully build a trustful relationship and a positive working alliance (Van Bijleveld et al., 2019; Helm, 2011; van der Put et al., 2018).

Further, the first step in the diagnostic process comprises assessing the child's immediate safety to determine whether safety measures should be taken to safeguard a child. The next steps are assessing the risk for future child maltreatment that informs practitioners about which families should be treated and what level of intensity is required, and assessing the dynamic risk factors (i.e., needs) as described in the current study (Van der Put, 2018b). In addition, after a needs assessment, an assessment of responsivity factors (e.g., problem denial, treatment motivation, and cognitive abilities) is of equal importance to tailor treatment programs to the unique characteristics of clients to enhance treatment effectiveness (Bijlsma et al., 2021).

Conclusion

This study showed that a recently developed needs assessment in the Netherlands (ARIJ-Needs) supports practitioners in the decision-making process on appropriate interventions for families involved in child protection services. Practitioners that used ARIJ-Needs in their assessment identified more treatment needs in a CPS case compared to their clinical, unstructured needs assessment. In particular more parent- and parenting-related needs were identified with ARIJ-Needs, which is an important finding as specifically these factors are most strongly related to child maltreatment. The decision-making component of ARIJ-Needs - in which the identified needs are matched to interventions targeting those needs - supported practitioners in selecting appropriate care out of the continuously growing number of available interventions in child welfare.