

**IMPROVING THE CHILD PROTECTION POLICY RESPONSE  
TO CHILD NEGLECT AND EMOTIONAL MALTREATMENT  
IN BRITISH COLUMBIA**

by

Robert James Parker  
Bachelor of Science, Saint Francis Xavier University 2002

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# APPROVAL

**Name:** Robert Parker  
**Degree:** M.P.P.  
**Title of Capstone:** Improving the Child Protection Policy  
Response to Child Neglect and Emotional  
Maltreatment in British Columbia

## Examining Committee:

**Chair:** Nancy Olewiler  
Director, Public Policy Program, SFU

**Jon Kesselman**  
Senior Supervisor  
Professor, Public Policy Program, SFU

---

**John Richards**  
Supervisor  
Professor, Public Policy Program, SFU

---

**Doug McArthur**  
Internal Examiner  
Professor, Public Policy Program, SFU

---

**Date Defended/Approved:** March 25, 2010



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## **Abstract**

This study evaluates strengths and weaknesses of British Columbia’s policy response to two forms of child maltreatment – neglect and emotional maltreatment (NEM). Interviews with child protection service providers suggest that NEM cases often take lower priority than issues like physical and sexual abuse. Barriers to effective NEM intervention include the difficulty of substantiating NEM to meet the legal burden of proof, practical limitations of the initial protection report assessment process, and a shortage of resources necessary to provide ongoing support services to NEM-affected children. This study makes two recommendations aimed at improving BC’s child protection response to NEM issues. First, the provision of earlier intervention services is recommended in low-to-moderate risk cases of NEM; in these cases, more collaborative processes that do not require court involvement are emphasized. The study also recommends provision of longer-term supports (e.g. professional counselling) for children in higher risk cases of NEM.

**Keywords:** child maltreatment; child neglect; emotional maltreatment; child protection policy; British Columbia; Ministry of Children and Family Development.

## **Executive Summary**

This study evaluates strengths and weaknesses of British Columbia's policy response to two forms of child maltreatment: neglect and emotional maltreatment (NEM). The goal of this evaluation is to determine what policy changes could improve the outcomes for neglected and emotionally-maltreated children in B.C.

### **Introduction**

Child maltreatment is a reality in Canada and in B.C. The *2003 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2003)* estimates a 78% increase in the number of investigated maltreatment reports from the 1998 CIS and a 125% increase in the number of substantiated reports. Child neglect is the most common form of maltreatment, comprising 30% of all substantiated reports. Emotional maltreatment cases make up a smaller portion of substantiated reports (15%). Thus, when combined, NEM represent nearly half of substantiated child protection reports in Canada (45%). Likewise, the B.C. Ministry of Children and Family Development identifies at least one issue of neglect or emotional maltreatment in half of all investigated cases where protection is necessary.

Child neglect cases are those in which “children have suffered harm, or their safety or development has been endangered as a result of the caregiver’s failure to provide for or protect them”. Emotional maltreatment refers to cases in which a child suffers mental, emotional or developmental harms as a consequence of parental action or inaction. These two categories of maltreatment share several features that pose practical challenges to child protection service providers and policymakers alike.

- A growing body of research shows that neglected and emotionally maltreated children suffer cognitive, academic and social impairments that may be greater than or equal to those suffered by victims of physical or sexual maltreatment.
- NEM tend to be chronic and are more difficult to accurately identify because their effects are more subtle and accrue over time.

- The developmental impairments associated with these two forms of maltreatment greatly reduce the future earning potential of victims, who are also more likely to rely on costly social services over the course of their lives.

## **Methodology**

Qualitative interviews were conducted with representatives from two groups of child protection service providers in British Columbia: i) frontline child protection social workers employed by the MCFD; and ii) community service program managers of community organizations delivering child protection support services on contracts with MCFD.

The participants in this study represent the continuum of child protection service providers: community service providers offering non-mandated voluntary support services and mandated support services as well as social workers with experience in intake/investigation, family development response, and family services.

## **Main Findings**

Qualitative interviews combined with a review of MCFD legislation and service standards reveal a number of issues related to the child protection policy response to neglect.

- While it is commendable that the ministry accurately documents neglect and/or emotional maltreatment in half of all investigated cases, the actual response to NEM is often secondary to concerns about other issues.
- The process for initial assessment of child protection reports may be insufficient to identify more subtle protection concerns or those that are not coupled with “higher priority” issues like serious physical abuse. This creates practical conditions whereby some NEM cases are not identified at an early stage and receive intervention only after further deterioration.
- The burden of proof that social workers must meet to justify a child protection intervention, combined with the subtleties of identifying and substantiating NEM, are a significant barrier to services.
- Mechanisms that allow social workers more time to work closely and collaboratively with families from an early stage (with options to continue this work over an extended period) would improve the overall response to NEM.



- To be most effective, service options that do not require court involvement are preferable because of the high burden of proof and the resources required that would be more useful if spent on services for families. The ministry has begun to implement a range of such service options (FDR, FGC/mediation, voluntary service agreements) and, while effective in many cases, none is ideally suited to deal with NEM issues on its own.

### **Policy Recommendations**

Based on these findings and a multi-criteria analysis of potential policy alternatives, this report makes two recommendations:

- Implement a modified Family Development Response program targeted at low-to-moderate risk cases of NEM and designed for an initial period of at least 3 and up to 6 months (with the possibility of continuation). This program would fill a gap in services for NEM cases that would not otherwise have received formal intervention services. It also expands upon the current momentum within the ministry for strengths-based, collaborative social work practice.
- Implement ongoing counselling services for children at the highest risk of harm due to chronic neglect or emotional maltreatment. Implementation of this alternative would ensure that the mental health of children harmed by NEM is not compromised by rationing of such services.

## **Dedication**

*For my little princess, Samara.*

## **Acknowledgements**

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# Table of Contents

Approval.....	ii
Abstract .....	iii
Executive Summary .....	iv
Dedication .....	vii
Acknowledgements .....	viii
Table of Contents .....	ix
List of Figures .....	xi
List of Tables.....	xii
<b>1: Introduction.....</b>	<b>1</b>
<b>2: British Columbia’s Child Protection System.....</b>	<b>4</b>
2.1 Child Welfare Legislation in British Columbia .....	5
2.2 The Policy Response to a Child Protection Report .....	6
2.3 The Emergence of the Differential Response in B.C. ....	9
<b>3: Canadian Statistics on Child Maltreatment .....</b>	<b>11</b>
Neglect and Emotional Maltreatment Incidence Statistics.....	12
Provincial Incidence Statistics.....	14
Socioeconomic Statistics.....	15
<b>4: Impacts of Child Maltreatment .....</b>	<b>19</b>
4.1 Personal Impacts of Child Maltreatment.....	19
4.2 Economic Impacts of Child Maltreatment .....	20
<b>5: Methodology .....</b>	<b>23</b>
5.1 Primary Data Source .....	23
5.2 Key Informant Interviews .....	25
5.3 Thematic Analysis of Interview Data.....	26
5.4 Policy Analysis.....	26
<b>6: Research Findings .....</b>	<b>28</b>
NEM and Poverty.....	29
NEM as Secondary Concerns.....	30
NEM and the Legal Burden of Proof .....	32
Limits on Understanding NEM Risk.....	35
NEM Interventions and Prospects for Improvement.....	38
Summary .....	44

<b>7: Policy Alternatives .....</b>	<b>46</b>
<b>8: Policy Criteria and Evaluation .....</b>	<b>49</b>
8.1 Policy Evaluation .....	52
Alternative 1: Status Quo .....	52
Alternative 2: Improved initial assessment standards .....	54
Alternative 3: Offer short-term voluntary service agreements and community-based support services to families with marginal-to-low risk NEM concerns. ....	56
Alternative 4: Implement a modified FDR program targeting families with low-to-moderate risk NEM concerns. ....	60
Alternative 5: Ensure ongoing professional counselling services are available to children with long-term, moderate-to-high risk NEM concerns. ....	62
<b>9: Recommendations and Implementation.....</b>	<b>64</b>
Recommendation 1 .....	64
Recommendation 2.....	64
Concluding Remarks .....	65
<b>Appendices .....</b>	<b>66</b>
Appendix A: Participant Profiles.....	67
Appendix B: Interview Schedules .....	68
Appendix C: Data Coding .....	70
Appendix D: Budgetary Cost Calculations for Policy Alternatives .....	71
<b>Bibliography.....</b>	<b>73</b>
Works Cited.....	73
Statutory Laws.....	76
Websites Reviewed .....	76

## List of Figures

Figure 2.1 Number of protection concerns by type of ministry response.....	9
Figure 8.1 Targets of policy alternatives based on previous type of ministry response.....	59

## List of Tables

Table 8.1 Multi-criteria Matrix Evaluating Policy Alternatives .....	53
Table A1. Anonymized Participant Profiles .....	67

# 1: Introduction

Responding to incidents of child maltreatment is one of the gravest responsibilities of any government. When a child suffers maltreatment – by physical, sexual or emotional abuse, by exposure to domestic violence, or by neglect – the consequences are felt by the victim, the family and society as a whole. Experiencing maltreatment impacts the physical, emotional and social development of child victims and negatively affects the short-term and long-term welfare of the child. In addition, responding to child maltreatment places considerable strain on the health, education, justice and social service sectors.

Child maltreatment is a reality in Canada. The *2003 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2003)* estimates a 78% increase in the number of investigated maltreatment reports from the 1998 CIS and a 125% increase in the number of substantiated reports (Trocmé et al., 2005). Child neglect<sup>1</sup> is the most common form of maltreatment, comprising 30% of all substantiated reports. Emotional maltreatment<sup>2</sup> cases make up a smaller portion of substantiated reports (15%). Thus, when combined, neglect and emotional maltreatment represent nearly half of substantiated child protection reports in Canada (45%).

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<sup>1</sup> Child neglect cases are those in which “children have suffered harm, or their safety or development has been endangered as a result of the caregiver’s failure to provide for or protect them” (Trocmé et al., 2005, p. 39).

<sup>2</sup> Emotional maltreatment is a difficult category to precisely define but is intended to capture those instances where a child has suffered (or is at risk of suffering) mental, emotional or developmental harms as a consequence of the actions and/or inactions of the caregiver (Trocmé et al., 2005). Though often classified as a sub-type of emotional maltreatment, exposure to domestic violence is considered separately using the CIS methodology. This classification is acceptable in the context of the present study because B.C.’s *Child, Family and Community Services Act (1996)* makes no specific reference to exposure to domestic violence.



These two categories of maltreatment share several features<sup>3</sup> that pose practical challenges to child protection service providers and policymakers alike. First, a growing body of research shows that neglected and emotionally abused children can have more severe cognitive, academic and social impairments than victims of physical or sexual maltreatment (for review, see Hildyard and Wolfe, 2002; Kairys et al., 2002; Yates, 2003). Secondly, unlike physical or sexual maltreatment, which are often incident-specific, neglect and emotional maltreatment tend to be chronic and are more difficult to accurately identify because their negative effects are more subtle and accrue over time. In general, the harms associated with these two forms of maltreatment are difficult to predict. In the absence of accurate risk indicators for neglect and emotional maltreatment, significant protection concerns undoubtedly remain untended; even more problematic is the large number of false positives that occur with respect to neglect and emotional maltreatment (Murphy-Berman, 1994; MacMillan et al., 2008). Finally, the developmental impairments associated with these two forms of maltreatment greatly reduce the future earning potential of victims, who are also more likely to rely on costly social services over the course of their lives. One study estimated the annual cost of all forms of child maltreatment to Canadian society in 1998 at over \$15 billion (Bowlus et al., 2003), nearly half of which may be attributed to neglect and emotional maltreatment.

Given the large proportion of substantiated maltreatment reports classified as neglect and/or emotional maltreatment and the associated personal and economic costs, reducing the incidence of these two forms of maltreatment is a worthy policy objective. This study seeks to contribute to this objective by evaluating the strengths and weaknesses of B.C.'s child protection policy and practice with respect to child neglect and emotional maltreatment (NEM). These two

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<sup>3</sup> In fact, due to a lack of standardized terminology within child maltreatment research, considerable overlap may exist between the two forms of maltreatment. For example, the CIS methodology classifies emotional neglect as a sub-type under the broader category of emotional abuse (Trocmé et al., 2005). Conversely, Hildyard and Wolfe (2002) place it under the category of neglect in their comprehensive review of neglect's developmental impacts on children from infancy through adolescence.

forms of maltreatment are amenable to combined analysis due to the similarities described above and the overlap in the understanding of the two terms.<sup>4</sup> This evaluation aims to determine what policy changes could improve the outcomes for children affected by NEM in B.C.

The following three chapters present the relevant background information for this study. Chapter 2 summarizes the recent history of child protection in B.C. and outlines the relevant policies and procedures of the B.C. Ministry of Children and Family Development. Chapter 3 summarizes available statistical data on the incidence of neglect and emotional maltreatment throughout Canada and in British Columbia. Chapter 4 reviews evidence on the potential consequences of NEM on individuals and society. Chapter 5 describes the interview and thematic data analysis methodology employed in this study. Chapter 6 presents the key findings arising from interviews with child protection social workers and community service managers responsible for contracted child protection support services. Chapter 7 outlines five alternatives intended to address the policy problem, based on findings in the previous chapter. Chapter 8 describes four key policy criteria used to evaluate each policy alternative in a multi-criteria matrix analysis. Chapter 9 concludes with my policy recommendations arising from the analysis in Chapters 7 and 8.

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<sup>4</sup> Though often classified as a sub-type of emotional maltreatment, exposure to domestic violence (EDV) is considered separately using the CIS methodology (Trocmé et al., 2005). This classification is carried into the present study primarily because B.C.'s *Child, Family and Community Services Act (1996)* makes no specific reference to EDV. The CIS also indicates a practical difference between NEM and EDV. Considered separately, neglect and emotional maltreatment are substantiated in 41% and 48% of cases, respectively; while EDV is substantiated in 77% of cases where it is the primary form of maltreatment.

## **2: British Columbia's Child Protection System**

In British Columbia, child maltreatment and the child protection system have been the subject of much public controversy over at least the past two decades. High profile deaths of children involved in the child protection system have led to a series of internal government and external reviews including the Gove Inquiry (1994-95), the Hughes Review (2005-06) and, most recently, the oversight and advocacy work of the Office of B.C. Representative for Children and Youth (2007-present). Over the same period, child protection services have been subject to several ministry reorganizations on the road to a decentralized service model, fluctuations in funding, rapid and continuous policy change that have negatively impacted the quality and consistency of service delivery (Hughes, 2006).

Decentralization refers to the process of moving responsibilities, resources, and authorities from the central agency. The current MCFD service delivery system consists of approximately 200 ministry offices in five service regions<sup>5</sup>. Each region has a regional executive director and operational directors, who administer and manage service delivery, and a director delegated under the *Child, Family and Community Service Act* (CFCSA). As of 2008, B.C. also has 24 Aboriginal agencies responsible for providing child protection and/or family support services to Aboriginal people. These agencies operate under delegation agreements with the provincial and/or federal governments under a variety of governance models that recognize differences between individual First Nations communities. Services provided by delegated

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<sup>5</sup> The five service regions are: Fraser (Upper Fraser, South Fraser and Simon Fraser areas); Interior (Kootenay, Okanagan and Thompson-Cariboo areas), North (Prince George and northward), Vancouver Coastal (Central Coast, Powell River-Sunshine Coast, Sea-to-Sky, North Shore, Vancouver and Richmond) and Vancouver Island (Island and some Central Coast communities).

agencies are guided by Aboriginal operational and practice standards and indicators that meet or exceed MCFD standards and policy (Gough, 2007).

## **2.1 Child Welfare Legislation in British Columbia**

In Canada, parents are primarily responsible for the well-being of their children. It is recognized, however, that occurrences such as child maltreatment require public intervention. Canada's *Constitution Act* grants provinces and territories the authority to operate child welfare systems and to set legislation to govern those systems. British Columbia's *Child, Family and Community Service Act* (CFCSA) and Canada's *Criminal Code* define the conditions warranting intervention to ensure the safety and well-being of children. Section 2 of the CFCSA sets out several guiding principles for the provision of B.C.'s child protection services:

- children are entitled to be protected from abuse, neglect, and harm or threat of harm;
- a family is the preferred environment for the care and upbringing of children, and the responsibility for the protection of children rests primarily with parents;
- if, with available support services, a family can provide a safe and nurturing environment for a child, support services should be provided;
- the child's views should be taken into account when decisions relating to the child are made;
- kinship ties and a child's attachment to the extended family should be preserved if possible;
- the cultural identity of Aboriginal children should be preserved;
- decisions relating to children should be made and implemented in a timely manner.

Children and youth up to the age of 19 are in need of protection if the child's safety or well-being is endangered by any of a wide range of circumstances. These include the harm (or risk of harm) due to physical abuse, sexual abuse, physical neglect, medical neglect, emotional abuse, abandonment and the inability or unwillingness to provide adequate care. In addition to the

guiding principles, section 4 of the CFCSA indicates that any child protection decisions must be taken with “the best interests of the child” as the primary consideration.

## **2.2 The Policy Response to a Child Protection Report**

To evaluate the strengths and weaknesses of policies targeted at child neglect and emotional maltreatment, it is first necessary to understand the possible responses to child maltreatment indicated by MCFD policy. When a report is received by MCFD or a delegated Aboriginal child protection agency, an intake social worker has 24 hours to assess the report based on 14 ‘safety factor’ questions set out in the *Immediate Safety Assessment* procedures of the *Risk Assessment Model for Child Protection in British Columbia* (Government of British Columbia, 1997, p. 30-32). Dangerous or life-threatening situations or situations involving very young or vulnerable children require immediate response and risk assessment. If a child is determined to be at imminent risk of harm, the social worker will take immediate action to keep the child safe (i.e. removal from the home). If the child is not at imminent risk of harm, *MCFD’s Child and Family Development Services Standards* dictate that the ministry has up to five days to respond to the report and determine the most appropriate course of action (Government of British Columbia, 2003). Based on the findings of this initial assessment and the age of the child, the ministry may respond in one of four ways.

1. Unsubstantiated reports or reports classified as low risk may result in no further ministry action or a recommendation to participate in support services available in the community. These services may or may not be overseen by a family services social worker under a voluntary service agreement with the parent(s).
2. If a report indicates harm or high risk of future harm to the child – typically cases involving sexual abuse, serious physical abuse, or chronic and serious neglect – the social worker will initiate a child protection investigation. An

investigative response is a court-driven process that often involves removal of the child from parental home and temporary placement of the child in alternate living arrangements (e.g. foster care, group home, kith-and-kin care arrangements). Following the completion of a child protection investigation, a family may become subject to a mandatory supervision order (in cases where the child remains in the home) or a temporary custody order (in cases where a child is removed from the home) under the supervision of a family services social worker. In some cases, a child protection investigation may also reveal that protection is not required resulting in closure of a file or referral to participate in community support services under supervision of a family service social worker.

3. A family development response (FDR) is applied to cases where the report is classified as low-to-moderate and the family is deemed to require time-limited, structured, and intensive support services to keep the child safe (Government of British Columbia, 2004a; 2004b). Parents must be willing to engage in the process of developing a FDR service plan based on a comprehensive assessment of family functioning (the North Carolina Family Assessment Scale); they must also actively participate in the services provided under the program. If parents fail to cooperate or if subsequent assessment reveals increased risk to the child, the case becomes subject to a full investigation to facilitate evaluation of other service options. Depending on the MCFD service region, FDR case files may be handled either by FDR-specific social workers employed by MCFD (e.g. Vancouver Coastal region) or by family service/outreach workers employed by community-based agencies contracted by MCFD (e.g. Fraser region). Specific services provided under FDR can

include counselling for children and families, instruction in positive parenting strategies, effective communication, conflict resolution, and decision-making. In all regions, most such services are provided by contracted community organizations. According to policy, FDR service plans are designed to last for three months, with the possibility of extension if the family's risk factors are not adequately addressed within that timeframe.

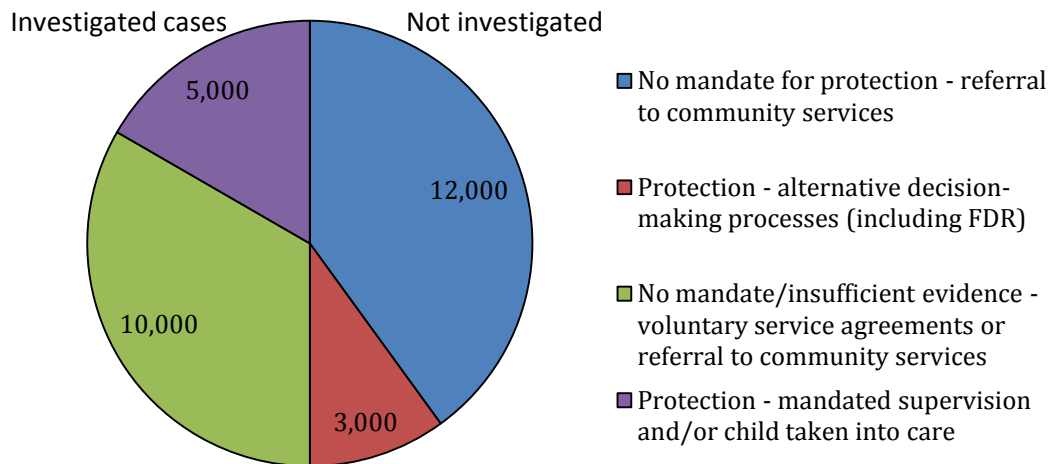
4. If the child is over 16 years of age but under 19, a youth service response (YSR) may be initiated. The YSR is a plan developed by the social worker in collaboration with the youth that allows the youth to live in safety while developing the capacity to live independently.

Given these four possible responses, child protection social workers are required to take the least disruptive steps necessary to keep children safe and involve the child, the family, and the community to the greatest extent possible. Figure 2.1 summarizes the range of actions taken by MCFD in response to the 30,000+ protection reports it received in 2008 (MCFD, 2009a).

According to MCFD summary statistics, approximately half (15,000) of these calls became subject to a child protection investigation while the other half either did not fit the mandate for child protection, were referred to voluntary community support services or were subject to a so-called differential response (FDR or YSR). Of the 15,000 investigated cases, approximately one-third (5,000) were found to be in need of protective intervention. The remaining two-thirds represent instances where investigation did not yield sufficient evidence to justify protective intervention; such cases would either be closed or referred to community support services.

Figure 2.1 Number of protection concerns by type of ministry response.

This chart shows the estimated 30,000 annual protection reports, half of which are investigated (left half of chart) and the other half which are not (right half). The legend indicates the determinations that can be made in a case (either 'Protection required' or 'No mandate for protection') and the types of services that may be associated with each determination. These cases are further subdivided into 1 of 4 possible response categories defined in the legend. The number of cases in each response category are included on the chart. Estimates are based on MCFD data for 2008.



### 2.3 The Emergence of the Differential Response in B.C.

The family development response and the youth service response interventions are part of a shift away from the heavy reliance on an investigative model of child protection in B.C. and toward a so-called differential response service model (Government of British Columbia, 2004a). Differential response models have been developed by a number of jurisdictions (e.g. United States, Australia, Alberta) and are intended to provide greater service flexibility by establishing two or more alternative intervention streams that can be utilized depending upon the level of risk within the family (Trocmé et al., 2003; Government of British Columbia, 2004a). The results of differential response program evaluations in other jurisdictions are promising. These evaluations suggest reductions in the number of child protection reports, reductions in rates of recurrent maltreatment, more families connected with community services, and reduced time in foster placements (Loman and Siegel, 2004a, 2004b). In 2003, the differential response model was



adopted in B.C. in light of evidence that the primarily investigative approach to child protection was not producing desired outcomes for at-risk children and families (Government of British Columbia, 2004a). National data indicated that 70% of all child protection reports were closed following an initial intake assessment, suggesting that many families in need of support were being under-served by the child protection system. The failure to offer more preventative services to at-risk families is not surprising in light of heavy child protection caseloads and the emphasis on resource-intensive child protection investigations (Government of British Columbia, 2004a; Hughes, 2006). Each of the above factors precipitated the adoption of the differential response model in B.C. and, as a result, differential tools such as FDR and YSR are now available to social workers and their clients.

### **3: Canadian Statistics on Child Maltreatment**

To evaluate the strengths of weaknesses of child protection policy with respect to neglect and emotional maltreatment, it is first necessary to have a clear understanding of the nature and extent of the problem. An examination of available statistics on the incidence of NEM in Canada and B.C. help to illuminate the magnitude of the problem while accompanying socioeconomic statistics point to important risk factors for the occurrence of NEM.

Two versions of the *Canadian Incidence Study of Reported Child Abuse and Neglect* (CIS-1998 and CIS-2003) are the first national studies on the incidence of child abuse and neglect reported to and investigated by child welfare services in Canada (Trocmé et al., 2001; 2005). In combination with the third wave – the CIS-2008 report is scheduled for release in Fall 2010 – the CIS studies aim to describe the scope and characteristics of child abuse and neglect over time and, in turn, to inform better child welfare practice in all Canadian jurisdictions. The core sample of CIS-2003 includes data on 11,562 child maltreatment investigations from 12 provincial and territorial jurisdictions<sup>6</sup>. Data were collected by child welfare social workers in each jurisdiction based on a standard set of study definitions. The CIS-2003 defines five categories of child maltreatment – physical abuse, sexual abuse, emotional abuse, exposure to domestic violence, and neglect – and a total of 25 sub-types of maltreatment, eight of which fall under the category of neglect<sup>7</sup> and four of which fall under the category of emotional maltreatment<sup>8</sup>. The data on all

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<sup>6</sup> The province of Quebec is excluded from the core sample because its information management system was not consistent with the standard set of CIS-2003 study definitions at the time of data collection.

<sup>7</sup> The eight subtypes of neglect are: failure to supervise (resulting in physical harm); failure to supervise (resulting in sexual abuse); physical neglect (inadequate care/nurturance); medical neglect (denial of medically necessary treatment); failure to provide psychiatric/psychological treatment; permitting criminal behaviour (encouragement or failure to prevent criminal acts); abandonment (unable or unwilling to exercise custodial rights); and educational neglect (encouragement or failure to prevent chronic truancy from school) (Trocmé et al., 2005, p. 39-41).

categories of maltreatment are further classified by level of substantiation. Substantiated cases are those where evidence indicates that maltreatment has occurred; suspected cases are those where evidence of maltreatment is insufficient but where it cannot be ruled out; finally, cases where evidence indicates that maltreatment has not occurred are classified as unsubstantiated.

The CIS-2003 estimates a total of 217,319 child protection investigations involving children under 16, of which 47% are classified as substantiated (21.71 per 1,000 children) and another 13% are classified as suspected (5.90 per 1,000 children) (Trocmé et al., 2005). This represents a 125% increase in the rate of substantiated maltreatment over 1998. The authors attribute this dramatic increase largely to an increase in the total number of child protection reports (78% more than in 1998) and changes in substantiation procedures resulting in more cases being classified as substantiated rather than suspected. These are relevant qualifiers to the reported findings and suggest that changes in incidence rates from 1998 to 2003 should be interpreted carefully. At the same time, the CIS methodology relies entirely on incidents of maltreatment that are reported to child welfare authorities and not those that go unreported or those that are reported only to police. Given this limitation, the CIS likely underestimates the actual incidence of child maltreatment. Thus, while the CIS estimates do not represent the complete picture of child maltreatment in Canada, the reported findings are no less alarming to Canadian citizens or to policymakers.

### **Neglect and Emotional Maltreatment Incidence Statistics**

According to CIS-2003, child neglect is the most common form of child maltreatment in Canada, accounting for 30% of all substantiated maltreatment investigations (6.38 substantiated

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<sup>8</sup> The four subtypes of emotional maltreatment are: emotional abuse (hostile, punitive, and/or verbally abusive behaviour; non-organic failure to thrive (retardation of growth with no identifiable organic reason); emotional neglect (insufficient nurturance or affection from caregiver); and exposure to non-intimate violence (between adults other than caregivers) (Trocmé et al., 2005, p.43). Please note that, in the context of the present study, the terms *emotional maltreatment* and *emotional abuse* are not interchangeable, as the latter is a sub-type of the former.

cases per 1,000 children). Compared with CIS-1998, this represents an increase of 78 percent.<sup>9</sup> Two-thirds of all neglect cases are classified as either physical failure to supervise (35%) or physical neglect (32%) with the other third split among the six other neglect sub-types. More victims of substantiated neglect suffered physical injuries requiring medical attention (5%) than any other maltreatment category (4% each for physical and sexual abuse). Emotional harm is documented in 19% of substantiated neglect cases, and severe emotional harm requiring treatment was documented in 14%. In addition to high rates of harm, neglect cases tend to be more chronic in nature than most other forms of maltreatment; 56% of neglect investigations involve multiple incidents of neglect with 33% of cases involving multiple incidents over a period of more than six months. With respect to service disposition, cases where neglect was the primary substantiated form of maltreatment also had the highest rate of previous child welfare case opening (73%) and experienced the greatest out-of-home placement rate (23%) of all maltreatment categories.

Emotional maltreatment is the primary form of maltreatment in 15% of substantiated child protection reports in Canada (3.23 substantiated reports per 1,000 children), which represents nearly a three-fold increase (276%) compared with CIS-1998. Among cases where emotional maltreatment is either the primary or secondary form of maltreatment (25,389 cases), nearly 70% are classified as emotional abuse, 24% as emotional neglect, 6% as exposure to non-intimate violence, and less than 1% as failure-to-thrive. Less than 1% of substantiated emotional maltreatment victims suffered physical harm, and none required medical treatment. Conversely, emotional harm is documented in 35% of substantiated emotional maltreatment cases with 25%

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<sup>9</sup> Substantiated reports of physical abuse (107%), emotional abuse (259%), and exposure to domestic violence (276%) also increased by statistically significant margins over 1998, while substantiated sexual abuse decreased by a statistically insignificant 30%. The very large increases in emotional abuse and exposure to domestic violence are due to increased emphasis on these areas for CIS-2003.

requiring treatment.<sup>10</sup> Even more so than neglect, emotional maltreatment cases tend to be chronic; 67% of investigated cases involved more than one incident with 50% involving multiple incidents over more than six months. Investigations where emotional maltreatment was the primary substantiated form of maltreatment also had high rates of previous child welfare case opening (63%) and out-of-home placement rate (15%), in both cases second only to neglect.

### **Provincial Incidence Statistics**

For British Columbia, the overall incidence rate of child abuse and neglect in 2008 was 7.5 in every 1,000 children (BC Stats, 2009). This figure reflects the number of children that are determined to be in need of protection following the completion of a child protection investigation and has fluctuated little since 2005, when it was 7.4 per 1,000 children. It is surprisingly small given the CIS-2003 estimate of 21.71 substantiated maltreatment cases per 1,000 children on the national level (Trocmé et al., 2005). It is possible that B.C.'s overall incidence rate may be lower than that of the country at large or that the provincial incidence rate might have dropped dramatically between 2003 and 2005. However, the most likely explanation is that some cases classified as substantiated using the CIS methodology would not be subject to a protective response based on B.C. legislation (e.g. exposure to domestic violence included in CIS study but not explicitly covered by provincial legislation).

In spite of this difference between overall incidence rates, the proportion of neglect and emotional maltreatment cases observed in B.C. is comparable to the national statistics (personal communication<sup>11</sup>). In B.C., child protection reports may include up to three protection concerns following the completion of an investigation. Unlike the CIS-2003 methodology, these concerns

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<sup>10</sup> The authors suggest that the proportion of children suffering emotional harm from emotional maltreatment is lower than might be expected. Their explanation for this finding is that the measurement tool relies upon readily observable parental behaviour or child symptoms, both of which may be difficult to ascertain (Trocmé et al., 2005).

<sup>11</sup> Data provided on November 30, 2009 by Scott MacIsaac, Senior Economist (Research, Analysis, and Evaluation – Ministry of Children and Family Development).

are not classified into primary, secondary, and tertiary levels of concern. Nevertheless, various neglect concerns are recorded including: parent unable or unwilling to care of the child (49% of cases in 2008); neglect by parent with physical harm or likelihood of physical harm (45% in 2008); and parent not protecting a child from abuse (11% in 2008). The former two sub-types of neglect are twice as likely to be named as a concern when compared with physical abuse causing harm (49%/45% versus 29%, respectively). As above, these figures have fluctuated very little since 2005; they suggest that, in B.C., some form of neglect is substantiated in a larger proportion of cases than on the federal level (30% in 2003 according to Trocmé et al., (2005)). With respect to emotional maltreatment, the B.C. data are much less specific than the CIS, referring only to emotional harm caused by a parent (observed in 15% of cases in 2008). Despite the different levels of specificity, this B.C. figure matches the 15% of substantiated emotional maltreatment cases identified in CIS-2003.

### **Socioeconomic Statistics**

Limited socioeconomic resources are the most consistently documented risk factor for neglect (Schumacher et al., 2001). In addition to the incidence of the various forms of maltreatment, CIS-2003 also tracked a number of household characteristics tied to socioeconomic status. For example, compared with the other forms of maltreatment, neglected and emotionally maltreated children are more likely to live in one-parent households, most often with a lone mother. Not surprisingly, the most frequently named perpetrator in neglect and emotional maltreatment cases is the biological mother (in 83% and 63% of cases, respectively) (Trocmé et al., 2005). As part of the CIS, investigating workers were also asked to choose the source that best described the household income of the child's family. Compared with other investigated families, families in which neglect was the primary form of substantiated maltreatment were least likely to have full-time employment as their primary source of income and more likely to be receiving some form of benefits, employment insurance, or social assistance (Trocmé et al.,

2005). Investigating workers were also asked to select the housing category that best described the investigated child's household situation. A smaller proportion of neglect victims were living in purchased homes, and the largest proportion were living in private market rentals or public housing complexes. Compared with other investigated families, families in which neglect was the primary form of substantiated maltreatment were also more likely to have moved at least once during the last 12 months. On the latter three measures (income source, home ownership, and moving frequency), families in which emotional maltreatment is the primary concern are more similar to the total population of substantiated cases than to the more socioeconomically disadvantaged population of families with substantiated neglect.

### **Aboriginal Involvement with Child Protection Authorities**

In any study about child maltreatment in Canada, particularly one focusing on child neglect, it is important to acknowledge the overrepresentation of Aboriginal peoples (Ab.) in the child protection system relative to the non-Aboriginal population (non-Ab.). CIS-2003 indicates that 15% of all substantiated child maltreatment cases involve children of Aboriginal heritage, relative to the proportion of Aboriginals in the total child population (less than 5%) (Trocmé et al., 2005). The most striking finding of CIS-2003 is that Aboriginal children are much more likely to be involved in substantiated neglect cases than any other form of maltreatment. Over a quarter (27%) of all neglect cases was found to involve Aboriginal children and 56% of substantiated cases regarding Aboriginal children involved neglect. Among all investigations, cases of physical (4%), sexual (7%) and emotional abuse (10%), and exposure to domestic violence (10%) were much less likely to involve Aboriginal children. Aboriginals are also overrepresented in the latter three categories but not nearly to the same degree as neglect. Regarding child protection service dispositions to the Aboriginal population, CIS-2003 indicates that substantiated cases involving Aboriginals are more likely than the non-Aboriginal population to receive ongoing child protection services (63% of Ab. versus 41% of non-Ab. substantiated cases), more likely to be

serious enough to require child welfare court proceedings (12% of Ab. versus 6% of non-Ab.), and more likely to result in out-of-home placement of a child (17% of Ab. versus 6% of non-Ab.).

The CIS-2003 findings are reinforced by earlier studies based on the results of the CIS-1998 and comparing child maltreatment in the Aboriginal and non-Aboriginal populations (Blackstock et al., 2004; Trocmé et al., 2004). Among the Aboriginal population, Blackstock et al. (2004) found significantly higher rates of poverty, less stable housing, and parents who were younger, more likely to have been maltreated as children, and more likely to abuse alcohol and drugs. They also found that child protection reports involving Aboriginal children are more likely to be substantiated (50% of Ab. cases versus 38% non-Ab. cases), while Aboriginal children are nearly twice as likely to be placed in out-of-home care (9.9% of Ab. cases versus 4.6% non-Ab.). In this study, nearly 60% of cases involving Aboriginal children were substantiated as neglect (failure to supervise/failure to protect leading to physical harm/risk of physical harm). Using multivariate logistic regression modeling, Trocmé et al. (2004) built upon these findings showing that higher rates of substantiation among Aboriginals are strongly linked to the multiple disadvantages faced by Aboriginal families. The significant risk factors fall into two main groups: socioeconomic factors (unsafe housing, frequent moves, receipt of social assistance) and parental functioning factors (parent history of maltreatment, alcohol abuse, criminal activity, lack of social supports).

With respect to service dispositions, more recent provincial statistics from MCFD generally agree with the national studies (MCFD, 2009a). Aboriginal children represent more than half of the total caseload of children-in-care (53% of 8,681) and are 12.5 times more likely to be in care than non-Aboriginal children. MCFD is 4.4 times more likely to receive a protection report about an Aboriginal child; these reports are also 5.8 times more likely to be investigated and 7.7 times more likely to be found in need of protection. This greater rate of investigation and



substantiation is attributed to Aboriginal protection reports being more serious, often involving “severe physical abuse or severe physical neglect” (p. 7).

Importantly, the studies summarized above do not indicate a strong link between report substantiation and Aboriginality, per se, but do demonstrate a link between substantiation and the multiple social disadvantages closely associated with Aboriginality in Canada. As a result, these findings indicate that non-Aboriginals afflicted by social and parental functioning factors are also vulnerable to involvement with child protection systems. Of course, some precursors to these social disadvantages are unique to Aboriginals. They have been theorized to include the multigenerational disempowerment and grief, and a loss of parenting and cultural knowledge resulting from historical assimilation policies (residential schools system and Eurocentric child welfare policies that discounted indigenous childcare practices) (Blackstock et al., 2004).

## **4: Impacts of Child Maltreatment**

The statistics summarized in Chapter 3 indicate that child maltreatment is a significant problem for Canadian policymakers. Child maltreatment comes at a personal cost to individual child victims and their families and results in heavy economic costs to individuals and to society as a whole. This chapter surveys the main impacts of child maltreatment, emphasizing evidence on the impacts of child NEM, and summarizes the economic costs associated with these impacts.

### **4.1 Personal Impacts of Child Maltreatment**

Many negative health consequences are associated with exposure to child maltreatment. Victims may suffer from ongoing psychiatric, psychological, social/behavioural, and/or physical health diagnoses that vary depending on the type of maltreatment and are too numerous to list exhaustively (Bowlus et al., 2003). Frequently observed diagnoses include depression and self-esteem issues, anxiety and eating disorders, post-traumatic stress disorder, chronic pain, chronic fatigue, fibromyalgia and irritable bowel syndrome (Lowenthal, 1999; Springer et al., 2003; Arias, 2004). Relative to other adults, those who experienced childhood maltreatment are also more likely to engage in high-risk health behaviors including smoking, alcohol/drug use and unsafe sex (Springer et al., 2003).

A comprehensive review by Hildyard and Wolfe (2002) describes the developmental impacts of neglect at three life stages: early childhood/preschool; school age/early adolescence; and older adolescence/early adulthood. Compared with physically abused children of the same age, NEM-affected pre-school aged children have more cognitive and language problems, fewer positive social interactions, poorer emotional regulation and coping abilities, and more difficulty in forming parental attachments. These differences persist into the school years and early

adolescence. In both age groups, children display more aggression and externalizing behaviours than children who were not maltreated, but these are less severe compared with physically abused children. Neglected children also tend to internalize their emotions to a greater degree than children in other maltreatment categories. In older adolescents and adults, the differences between NEM-affected and physically abused children no longer persist, suggesting that the long-term developmental outcomes of the two groups are statistically similar. As the authors point out, this may be largely due to a scarcity of studies focusing on the long-term consequences of NEM.

According to the literature review carried out by Yates (2003), victims of emotional maltreatment often display insecure attachment to caregivers, tend to be noncompliant, display low enthusiasm and poor concentration, and have poor cognitive and motor skills in the pre-school years. At school age, exposure to emotional maltreatment is associated with low academic achievement, high levels of negativity and impulsivity, poor social skills and increased psychological diagnoses. Many of these impacts extend into adulthood, when victims of emotional maltreatment suffer from anxiety, depression, personality disorders, low self-esteem, and a host of physical health problems. As with neglect, when emotional maltreatment occurs alone, it can have more adverse impacts on the child and on psychological functioning in adulthood than the psychological consequences of physical abuse, especially with respect to self-esteem and depression, aggression and delinquency, and interpersonal problems such as domestic violence (Kairys et al., 2002).

## **4.2 Economic Impacts of Child Maltreatment**

Associated with the cited list of health and developmental consequences resulting from neglect and emotional maltreatment are measurable economic costs incurred by individual victims and society as a whole. A study by Bowlus and colleagues (2003) is the first attempt to estimate the major economic costs of child maltreatment in Canada. The study aims to capture the costs associated with maltreatment suffered by children and surviving adults that have suffered

child maltreatment. The authors adapt an economic costing model developed by one of its co-authors (Day and McKenna, 2002); the so-called Day Model was first employed to estimate the economic costs of violence against women. The adapted model is based on six separate cost categories: judicial costs (policing; incarceration/parole; courts, legal aid and compensation); social services (provincial social welfare, outreach services); education (special education programs); health (immediate and persistent treatment for children, long-term treatment for adults); employment (lost future earnings); personal (out-of-pocket costs for health, legal, relocation, security services). The authors attempt to be conservative in their approach; where reliable data are not available, they exclude costs from the monetary estimate. They also attempt to estimate real economic cost on a marginal-cost basis wherever possible.

Based on the Day economic costing model and the estimated population of child maltreatment victims, Bowlus et al. (2003) conservatively estimate child maltreatment costs borne by Canadians for the year 1998 alone were greater than \$15 billion. The highest costs were in the employment domain where victims of abuse lost an estimated \$11.3 billion in potential earnings because of such factors as having achieved lower education levels, not reaching their potential in the employment sector and/or being incarcerated. The next highest toll was personal costs of \$2.3 billion, which includes out-of-pocket expenses for such things as relocation, legal fees, therapies, drugs and other goods and services purchased because of maltreatment. Thus, nearly 85% of all monetary costs are borne by the victims of child maltreatment and their families with the remainder borne by government in the form of social service costs (\$1.8 billion), judicial costs (\$0.6 billion), public health costs (\$0.2 billion), and special education costs (\$2.4 million).

Recall that NEM comprise roughly half of all maltreatment cases in Canada (and in B.C.); according to CIS-2003, child neglect accounts for 30% of all substantiated maltreatment reports in Canada and emotional maltreatment accounts for an additional 15% (Trocmé et al., 2005). Given the research literature indicating the long-term personal impacts of NEM to be at

least equivalent to those of other forms of maltreatment, it is fair to assume that the costs of NEM are similar to those of other types of maltreatment. Based on this assumption and the work of Bowlus et al. (2003), the total combined cost of NEM to Canadian society in 1998 was more than \$6.75 billion (45% of \$15 billion). Given that British Columbia accounts for approximately 13 percent of the Canadian population, the total cost of NEM in B.C. can be estimated at greater than \$875 million (1998 dollars). Projecting this figure at an inflation rate of 2 percent, the cost of child neglect in B.C. in 2009 alone is estimated at nearly \$1.1 billion. To place this figure in perspective, MCFD's entire updated 2009/10 budget for all child and family development services (including child protection services) is \$747 million (Government of British Columbia, 2009). This comparison points to a strong economic case for combating NEM in B.C.

## **5: Methodology**

### **5.1 Primary Data Source**

Informational interviews were conducted with representatives from two groups of child protection service providers in British Columbia: i) frontline child protection social workers employed by the Ministry of Children and Family Development; and ii) community service program managers of community organizations delivering child protection support services on contracts with MCFD. Program managers are not frontline workers but oversee a team of outreach workers that work directly with MCFD client families. Six interviews were conducted in all, three with child protection social workers and three with community service managers. All participants work (or worked) in either the Vancouver Coastal or Fraser service region, which together account for 60% of B.C.'s total population (Source: B.C. Statistics). The interviewed social workers have worked in a number of child protection social work capacities including intake/investigation work, family services, family development response, and family group conference coordination. The interviewed community service managers all oversee programs funded by MCFD including family preservation and family development response. The identities of all participants are confidential and are, therefore, not included in this report. For writing purposes, each participant is referred to by a pseudonym (see Appendix A for anonymized participant profiles).

Child protection social workers were recruited through an advertisement in the November 2009 electronic newsletter of the British Columbia Association of Social Workers (BCASW). Though the BCASW has members throughout the province, all three participants live and work in either the Fraser or the Vancouver Coastal service regions. Community service program directors

were recruited through direct email solicitation of support service managers working for organizations affiliated with MCFD in the Vancouver Coastal and Fraser regions.

The final sample is non-random and non-representative of the population of child protection social workers and FDR program directors. However, the sample is appropriate for this study design because the focus is not on statistical power but on eliciting detailed qualitative accounts of how policy is applied to on-the-ground practice. Thus, while the participants' accounts do not capture the whole universe of existing views on the issues, the expressed views are appropriate for analysis because they represent the lived experiences of participants that are highly trained and knowledgeable in the field of child protection in British Columbia. Qualitative research design theory indicates that the views expressed by such participants are a suitable target of analysis (Guba and Lincoln, 2002).

Another potential limitation related to my participant group is the possibility of partisanship or self-interested behaviour on behalf of the participants. Social workers were recruited through the BCASW, which is an advocacy organization that represents the interests of its voluntary members. Similarly, the views of community service program managers might be influenced by their frequent roles as advocates for child and family rights; or alternatively, by their reliance on MCFD for operational funding. In answer to these issues, a pragmatic approach to qualitative research recognizes that any individual that willingly chooses to participate in a research study brings with them a set of values and beliefs based on personal experience (Morgan, 2007). This is true of both participants and those directly involved with organizing and executing the study. Since personal values and beliefs are unavoidable, we must acknowledge them in advance and account for them in the analysis of qualitative findings. In the analysis of the research findings to follow (Chapter 7), any reservations held by the author about participants' points of view are clearly stated for the reader. As a form of quality control, any contentious

issues raised by primary interview participants were also evaluated against the backdrop of secondary elite interviews of individuals with expert knowledge in the field of child protection.

## **5.2 Key Informant Interviews**

The six informational interviews were all conducted in person over the space of eight weeks. Interviews varied in length from 40 to 90 minutes, depending on the experience of the individual participant and the time available. Two separate interview schedules were created, one for social workers and one for community service managers (for full schedules, see Appendix B). Both schedules were designed around four topic areas intended to elicit descriptive accounts of participants' experiences as frontline practitioners as well as their views about the strengths and weaknesses of B.C.'s policy response to child neglect and emotional maltreatment. For social workers, the four topic areas were experience as a social worker, MCFD case intake procedures, MCFD child protection interventions, and overall views of B.C.'s child protection system. For community service managers, the four topic areas were details about the community organization and their role within it, details about MCFD-affiliated programs and their intake procedures, their evaluation of program effectiveness, and their overall views about the child protection system. Prior to each interview, participants were informed about the goals of the study and provided with working definitions of neglect and emotional maltreatment. For the purposes of this study, child neglect includes physical neglect, failure to supervise, medical neglect, abandonment, and educational neglect. Emotional maltreatment includes emotional abuse, non-organic failure-to-thrive, and emotional neglect (due to inadequate nurturance/affection).

All interviews were in a semi-structured format, meaning that the questions posed as well as the order of questioning varied between interviews. In each interview, a number of spontaneous questions that do not appear in the schedule were also discussed. Whenever possible, questions were framed to elicit information specific to child neglect and emotional maltreatment.



### **5.3 Thematic Analysis of Interview Data**

Interviews were recorded on a digital voice recorder, transcribed into electronic text documents, and coded using the guidelines for thematic analysis described by Braun and Clarke (2006). Interviews were coded semantically (looking for explicit or surface meanings), as opposed to thematically (requiring interpretation of meaning underlying stated language). Based on knowledge of existing theory and practice in B.C. child protection with respect to NEM, eight initial candidate codes were used in the first phase of coding and eight additional codes became evident through three subsequent readings of each interview transcript (see Appendix C for the full list of data codes). Second and third readings were necessary to identify new data items that had been missed upon previous readings. On the third reading, no new data items or unique codes were identified in the interview transcripts. It is important to note that, for the purposes of this study, a relevant theme need not appear numerous times within the data. In fact, it may appear as little as one time and still be included, provided that it sheds light on some aspect of the research questions under investigation.

The next phase of analysis involved a number of iterative examinations of all the data items under each code to determine their relevance to the research question (i.e. relation to the issues of neglect/emotional maltreatment policy and practice) and their relatedness to one another. Data items were reorganized under several stages of interim thematic headings prior to the identification of the final three broad themes discussed in the next chapter describing research findings. Many of the initial data codes remain as sub-themes under one of the three thematic headings.

### **5.4 Policy Analysis**

Participant accounts are evaluated against the relevant policies and practices set out in MCFD policy documents, publications and statistics, and the provincial legislation governing

child protection (the Child, Family and Community Service Act [1996]). Based on this analysis, a range of possible alternatives aimed at improving BC's child protection policy with respect to NEM was formulated and evaluated using a multi-criteria analysis. To facilitate this part of the project, a supplementary interview was conducted with Dr. Richard Sullivan (Professor, School of Social Work, University of British Columbia), an expert in the field of child protection in B.C.

## **6: Research Findings**

Thematic analysis of primary interview transcripts revealed three broad sets of factors – or themes – that shed light on B.C.’s child protection policy with respect to neglect and emotional maltreatment.

1. Neglect/emotional maltreatment-specific factors: this theme captures aspects of qualitative interview data that speak directly to the ministry’s approach to neglect and/or emotional maltreatment cases. It provides insight on a range of policy issues, including intake/risk assessment procedures, the effectiveness of interventions, and barriers to more effective practice inherent in neglect and emotional maltreatment cases.
2. Systemic/bureaucratic factors affecting service delivery: this theme captures a number of general strengths and weaknesses of B.C.’s child protection system. Among the strengths is an emphasis on collaborative practice and, for the most part, maintenance of strong working relationships between practitioners inside and outside the ministry. Among the weaknesses are resource scarcity, short-sighted bureaucratic thinking and the challenges that negative attitudes toward child protection create for practitioners and their clients.
3. Family and child focus of child protection practitioners; this theme captures the emphasis placed on the importance of respecting, supporting and, wherever possible, maintaining families within a child protection context. All participants in this study identified this as a best practice in dealing with any child protection concern, including NEM.

In the sections to follow, the key findings under these three themes are analyzed for their relevance to the question at hand: what are the strengths and weaknesses of B.C.'s policy with respect to NEM? Heavy emphasis is placed on the first theme, as it is most relevant to the current focus on NEM. Themes two and three are discussed in less detail, because they are more generally applicable to child protection practice as a whole and not NEM in particular. Thus, only those sub-themes that shed light on NEM issues will be discussed below. The analysis that follows is not divided into subsections based on these three themes. Rather, the following narrative is intended to emphasize the interrelations within and between themes and the potential targets of policy reform that they highlight.

### **NEM and Poverty**

As discussed in Chapter 3, there is a strong link between poverty – particularly Aboriginal poverty – and the incidence of child neglect in particular. Poverty is a reality in British Columbia; B.C. has the highest provincial child poverty rate in Canada at 16.1% below the after-tax low income cut-off, (Rothman and Noble, 2008), which is nearly 1.5 times the national child poverty rate of 11.3% below after-tax LICO.<sup>12</sup> Not surprisingly, participants in this study – both social workers and community service managers – identified poverty as a commonality amongst most of their clientele. Participants indicated that a lack of financial resources is often a serious challenge to family functioning for the vast majority of families involved with child protection but did not draw clear distinctions between NEM families and families where other maltreatment issues are paramount. Participants indicated that a large proportion of clients are lone mother families who rely on social assistance. These observations are consistent with the statistical profile of families at-risk for child maltreatment issues and NEM in particular.

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<sup>12</sup> The after-tax LICO is a measure of income from market sources and transfers delivered outside the tax system. LICOs vary by the size of the family and of the community. The after tax LICO for a lone parent with one child in a large urban centre (population over 500,000) was \$21,384 in 2006 (Source: Survey of Labour and Income Dynamics, Statistics Canada).

When questioned, participants did not agree that increased financial assistance alone would be an effective approach to reducing risk of neglect or emotional maltreatment, indicating that most families in this situation tend to face challenges go beyond a lack of financial resources. Even for those families where NEM are secondary to financial issues (e.g. failure to meet basic needs), most participants believed that a more effective and sustainable approach to mitigating NEM risk is to assist client families in connecting to resources available in their local communities (e.g. food bank, libraries, neighbourhood and family centres). For families with more complex NEM concerns (e.g. intentional failure to protect from harm, emotional abuse), poverty may be an important issue but building up parental capacity to provide adequate and/or appropriate care must be central to the protective response.

Child protection has an important role to play in addressing the needs of children and families at risk of NEM. However, several participants suggested that B.C.'s overall policy response to NEM must go well beyond the child protection system to address structural factors contributing to child maltreatment. These factors include caregiver, household, and community factors, some of which may be mitigated through implementation of thoughtful community development and prevention programs. Given the overrepresentation of Aboriginals amongst families affected by child neglect, such programs must be carefully designed to be culturally appropriate as well as effective in reducing the antecedent factors of neglect (Blackstock et al., 2004).

### **NEM as Secondary Concerns**

To understand the overall child protection response to child neglect and emotional maltreatment in B.C., it is first necessary to determine the extent to which the participating child protection social workers and community service managers actually encounter NEM issues in their work. In general, participants from both groups indicated that the proportion of cases in which neglect or emotional maltreatment is the primary concern is relatively small. One family

services social worker, Anne, indicated neglect to be the primary concern in no more than 20% of her 30 active cases at any one time and emotional maltreatment to be the primary concern in none of her cases. Another family services worker, Carla, indicated that just prior to her retirement in 2008, it was very rare to see cases where neglect or emotional maltreatment were primary concerns. In the following interview extract, Carla draws a distinction between the ability to work on NEM cases when she retired and approximately 10 years earlier.

So, you had a few family service files where you could do [things like] neglect. Now they're all high risk and that's the mistake they're making. There aren't any [low risk] files because that gatekeeper – [intake social worker] – is only letting in high risk files ... [B]efore, you had maybe five cases that you're ... losing sleep over and you're getting calls on the weekend and everything else. Now, when I left, ... all of them [were high risk cases].

This observation is somewhat surprising given the CIS-2003 data indicating that half of all substantiated maltreatment reports list neglect or emotional maltreatment as the primary protection concern (Trocmé et al., 2005). Moreover, according to MCFD statistics half of all child protection investigations yielding substantiated concerns list at least one sub-type of neglect or emotional maltreatment as a concern (pers. comm.<sup>13</sup>). To put this in perspective, recall that in 2009 the ministry identified the need for protection in over 5,000 investigated cases, meaning that more than 2,500 cases involved at least one NEM concern<sup>14</sup>. Despite the large number of cases involving NEM, study participants still identified neglect or emotional maltreatment as the primary reason for intervention in only a small minority of cases. The following interview extract reiterates the views expressed by most participants indicating that neglect occupies a secondary position in the continuum of child protection concerns.

Anne: I think maybe also, often there other issues that are maybe more primary and neglect is kind of secondary. [I]f I actually think about my caseload, neglect

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<sup>13</sup> Data provided on November 30, 2009 by Scott MacIsaac, Senior Economist (Research, Analysis, and Evaluation – Ministry of Children and Family Development).

<sup>14</sup> This estimate pertains only to investigated cases and does not include NEM cases referred to other streams of service such as family development response or referral to voluntary support services.

might have been a problem before with the family but there's something else that's considered more pressing of an issue.

The discrepancy between statistical incidence data and the personal accounts of on-the-ground practitioners may be explained by an important difference between the CIS-2003 study methodology and the reality of actual social work practice in B.C. The CIS-2003 required participating social workers to designate a primary protection concern when recording data on maltreatment reports (Trocmé et al., 2005). In practice, however, social workers in B.C. may provide up to three protection concerns when assessing a maltreatment report, but these concerns are not ranked as primary, secondary, and tertiary. While neglect or emotional maltreatment may be the actual primary concern of an investigating social worker, to ensure that a child receives adequate protection it is often necessary to place greater emphasis on other concerns that are easier to substantiate with evidence (pers. comm.<sup>15</sup>). The need for social workers to employ such a strategy underlines the secondary status of NEM among child protection concerns.

### **NEM and the Legal Burden of Proof**

The legal burden of proof is an essential consideration in determining the type of protective intervention that is warranted in response to any child protection report. To justify mandated supervision or taking a child into care, a social worker must clearly establish that a report constitutes an offense under the CFCSA Section 13, which defines the circumstances when protection is needed. If a delegated social worker believes protection is needed under Section 13, they must present sufficient evidence to allow the court to issue an interim order to intervene. The social worker must establish an interim plan of care for the child and, when applying to remove a child from the family home, must clearly demonstrate that any “less disruptive measures” of protecting the child have been exhausted (CFCSA Section 35). The less disruptive measures principle is in line with the guiding principles and service delivery principles in Sections 2 and 3

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<sup>15</sup> Information provided by Dr. Richard Sullivan in a phone interview on Tuesday March 9, 2010.

of the Act (see above Chapter 2, Subsection 1). These principles affirm the rights and responsibilities of parents to care for their children. They also enshrine in legislation the importance of respecting family rights and maintaining family unity whenever possible.

Participants in the present study indicated that one of greatest barriers to mounting an appropriate response to many incidents of neglect or emotional maltreatment is making a legal case for intervention in a child protection context. However, this is not true in all cases. Participants agreed that the current system is usually effective in identifying and responding to high risk neglect cases – “life-threatening situations” (p. 23) and “dangerous but not life-threatening situations” (p. 25) – as defined in the *Risk Assessment Model for Child Protection in British Columbia* (Government of British Columbia, 1997)<sup>16</sup>. These types of severe neglect issues are usually easier to substantiate through investigation. For example, physical signs of child malnourishment and a corresponding lack of food in the fridge are clear signs of physical neglect. Likewise, finding a child that has been physically abandoned or identifying parental incapacity due to drug or alcohol use are clear signs of being unable/unwilling to care for a child.

Less severe forms of neglect and emotional maltreatment are classified as priority levels three and four according to risk assessment protocols. The MCFD *Risk Assessment Model* defines priority three reports as “damaging but not life-threatening or dangerous situations” (p. 27), which include moderate physical neglect, moderate medical neglect, serious emotional abuse, and refusal of non-medical treatment for emotional, mental, or developmental needs<sup>17</sup>. Priority four reports are defined as “potentially damaging situations” (p. 29), which includes cases where

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<sup>16</sup> High risk neglect cases are those classified as Priority Level 1 or 2 and include severe forms of physical neglect, lack of supervision, and medical neglect.

<sup>17</sup> *Moderate physical neglect* includes compromising child growth or development through inattention to basic hygiene, clothing, or nutritional needs as well as compromising educational/developmental due to inadequate sleep or rest (p. 27).

*Moderate medical neglect* includes situations where arrangements for basic medical check-ups, dental check-ups, and immunisations are not maintained by parents (p. 27).

*Serious emotional abuse* includes “extreme rejection or chronic hostility toward the child, or withdrawal of affection” (p. 28). Provided in the manual are behavioural warning signs for serious emotional maltreatment; these include anxiety, depression, withdrawal, self-destructiveness, and aggression.



likelihood of physical harm or sexual abuse exists because of neglect (e.g. failure to supervise). Participants were virtually unanimous in characterizing these more moderate NEM issues as “difficult to prove” (Anne), “a grey area” and “very subjective” (Barb); “difficult to identify” (Carla); “difficult to define” (Alan); “not as definitive” (Brian), and “very difficult” (Chris). One interview participant (Barb) provided a representative insight from a social worker’s perspective, indicating that so-called moderate forms of neglect may be considered “bad [by the investigating social worker] but not bad enough [for the ministry] to justify staying involved.” With respect to emotional maltreatment, all study participants agreed that, while it can be a serious concern, it seldom (if ever) forms the entire basis for protective intervention. One social worker, Anne, provided another representative insight.

[I]n terms of emotional [maltreatment], that’s really difficult to prove. We know often that it’s going on but to go to court you have to be able to prove a number of different things and it’s almost impossible to figure that out and so, I think when we approach a case, emotional is not something [pause] ... We usually mention it as a concern but, in the end, we don’t have it as a finding because it’s so difficult to prove.

The preceding statements from Barb and Anne point to the particular difficulty of substantiating reports of moderate neglect and emotional maltreatment to meet the legal standard of proof necessary for intervention. In each case, the investigating social worker must be able to clearly demonstrate that a child “has been, or is likely to be, [physically or emotionally] harmed” by parental action or inaction (CFCSA, Section 13). The implication of this is that such cases must often be coupled with another type of maltreatment to be subject to protective intervention. This is especially true for emotional maltreatment because the signs and symptoms of emotional maltreatment are subtle and, even more so than neglect, only become obvious through the cumulative effects on a child’s cognitive, social and emotional development over time (Kairys et al., 2002).

The existing legal standard of proof ensures that a significant threshold of evidence must be reached before the court will issue an order for protective intervention. None of the participants favoured a diminished legal standard for NEM cases, as each individual expressed the importance of respecting parental and family rights and having empathy for the families served by the child protection system. Nevertheless, most identified this high legal standard as a significant barrier to intervention in many NEM cases<sup>18</sup>. Again, because the effects of NEM are both more subtle and cumulative than physical forms of abuse, it is often difficult to meet the evidentiary standard required to warrant intervention on grounds of these concerns alone. Thus, in practice, cases where NEM are the primary (or only) concerns are more likely to receive a lesser response, or in some cases, no significant response at all.

### **Limits on Understanding NEM Risk**

Connected to the difficulty of establishing clear proof of NEM are a number of interrelated system-level and on-the-ground practice barriers that conspire to reduce the likelihood of mitigating the worst impacts of NEM<sup>19</sup>. The first of these barriers is at the level of intake/initial assessment. The four risk priority levels discussed above are in place to guide decision-making about the level of risk associated with a child protection report, the appropriate response time for assessment, and the determination about whether to initiate an investigation. Depending on the age of the child and the level of risk associated with the case, a report may be treated in a number of ways: no response or referral to voluntary support services, a differential response (Family Development Response/Youth Services Response), or a full child protection investigation (see above Chapter 4, Subsection 2 for details).

As discussed previously, the existing intake procedures do capture many cases where NEM are documented as concerns (half of all cases that reach the investigation stage). However,

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<sup>18</sup> This is the basis for the third theme summarized at the beginning of this chapter.

<sup>19</sup> This is the basis for the second theme summarized at the beginning of this chapter.

study participants expressed the view that intake practices still leave many lower risk NEM issues unaddressed. In Alan's view, at the intake level some of these NEM issues are "easy to sweep away and not have to deal with" while, in Barb's view, it is often a case of "waiting for something more serious to happen." These views are consistent with those expressed by MCFD social workers in another qualitative study conducted by the Vancouver-based advocacy group Pivot Legal Society (Bennett et al., 2009). In that study, several current and former social workers criticized MCFD's intake process for focusing on high risk cases and an overall lack of focus on prevention. Participants' views are also consistent with others who criticize child protection risk assessment procedures in general for giving insufficient attention to the majority of cases (96%) that do not involve serious physical harm requiring medical attention (Knoke and Trocmé, 2004; Trocmé et al., 2005).

Two study participants – Carla and Alan – suggested that screening out of lower risk cases might be made possible by the initial protection report assessment process itself. They were critical of the process for too often being limited to asking questions over the telephone rather than making an effort to see the child, the family environment and, where necessary, seeking assistance from medical or mental health professionals familiar with the signs of NEM in children. As Carla explained about her experience as an intake worker "I've done intakes that sounded very innocuous [on the phone] and gone out on an intake that was a nightmare ... I'm a real believer in investigating fully every report." This suggests that some NEM cases would benefit from a more rigorous initial assessment process, which would facilitate earlier identification of nascent NEM concerns and create the possibility of initiating an intervention, if evidence turns out to be sufficient. According to Dr. Richard Sullivan, MCFD's initial assessment practices are essentially "an allocational formula for achieving maximum use of available resources." He acknowledges that some cases inevitably do get set aside because significant harm has not yet occurred; while this is clearly not always the best choice in specific cases, Dr.

Sullivan believes it is a reasonable policy to follow given current funding and staffing levels. To improve the overall intake process, he believes, would require ongoing and rigorous evaluation of the accuracy of decisions made to differentiate reports into available service streams.

As discussed previously, the negative impacts of chronic NEM tend to accrue and become more obvious through the passage of time. Carla was not only critical of the initial intake/risk assessment process, but expressed the view that the most effective approach to understanding and reducing risk in many NEM cases is through long-term family services work, because it allows social workers to develop a trusting relationship with client families.

You don't catch that whole risk at that intake level. They only go to the interim order. They don't have any long-term and you – [the family services worker] – understand the family long-term. You give them little breaks here and there, if the risk is reduced, and give them a chance to try out their wings. Then a call comes in, you can update the next worker, you have this body of information. That's where the information comes in, it's not through the intake system, it's through the family service system because that's where the substantive information is, you know.

Of course, the primary goal in any case is to understand the risk and implement the necessary interventions to help the family to move toward a place where they no longer need child protection services. However, Carla emphasized a secondary advantage of working closely with the family over an extended period is the opportunity to understand family dynamics, observe the risk factors up close, and draw upon the expertise of other qualified professionals to evaluate the situation (e.g. medical/mental health professionals). According to Carla, this process of building up substantive information through family services work becomes a great asset if it is ever necessary to convince a judge of the need to take a child into care. Of course, it is not feasible for family service work to be the primary approach to risk assessment because initial risk decisions must be made quickly when a report is first received. However, Carla's views about the advantages of family service work points to the importance of using longer-term service options in responding to NEM cases.

## **NEM Interventions and Prospects for Improvement**

The participants in this study represent the entire continuum of service providers: community service providers offering non-mandated voluntary support services and mandated support services (e.g. FDR, family preservation, counselling, etc.) as well as social workers with experience in intake/investigation, family development response, alternative decision-making processes, and family services. Given the breadth of participant experience, it was useful to explore the protective actions that are typically taken to address NEM cases.

First, consistent with the finding that NEM are often considered secondary to other maltreatment concerns, participants generally identified a more passive approach toward intervening in the NEM issues that are identified. For example, Anne made the following observation.

[W]ith most of our families we are addressing those other issues – [NEM] – but in a less formal way. Like, we’re connecting them with different community agencies and such, so that’s happening but it’s not our primary focus.

Importantly, some participants expressed the belief that a more passive approach – connection to community-based services as opposed to actively working on the issue – is appropriate and effective in many cases in which NEM are truly secondary or minor concerns. Others, however, strongly believe that the approach taken in chronic NEM cases can be problematic.

Barb: [W]e’ve often gone in and out of the same home, because there’s always neglect and there’s always these things going on and nothing really happens and then they – [the child] – become a teenager and they’re angry, right? So you see that a fair amount.

Consistent with criticisms of the risk assessment/intake process discussed, Barb’s statement reflects a lack of preventative focus with respect to some NEM cases. Barb implies that even when NEM cases do receive intervention, a significant number receive inadequate services to mitigate negative developmental outcomes. Others agreed with this assessment, including Carla, who indicated that in her role as a family services worker she has, at times, found it difficult to

secure specific services for children, particularly when those services are required over a long period of time (e.g. counselling beyond six months). This underlines the often-chronic nature of NEM and suggests the possibility that current policy and practice does not adequately address the ongoing needs of such cases. Furthermore, it suggests that a hands-off approach to NEM issues may contribute to the development of more serious protection concerns in the future (i.e. as these children reach adolescence).

### **Collaborative and Strength-Based Approaches to Child Protection Intervention**

The numerous barriers to identifying and responding to NEM indicate the need for a different approach to service delivery. Ideally, the approach would allow for the provision of early (and ongoing) protection services to families without reliance on the courts to mandate services. In recent years, MCFD has introduced a number of new programs that attempt to emphasize and build upon the strengths of families by involving them in collaborative decision-making about their case. These programs include the family development response, family group conferencing, and family mediation. MCFD has committed itself to increasing the use of these programs, from approximately 3,000 cases in fiscal year 2008/09, to 4,000 in 2009/10, and up to 5,300 cases by 2012/13 (Government of British Columbia, 2010).

The family development response is a program that seeks to avoid investigation and court-based child protection processes in favour of a more collaborative, strengths-based service model. The range of services provided under this model include those aimed at improving family functioning, parenting capacity, and/or addressing existing issues with the child through therapy or other programs (e.g. behavioural intervention, special needs programs). These services are typically provided by MCFD-contracted community service agencies with expertise in family service work and clinical counselling. The FDR program becomes an intervention option when initial assessment by an intake social worker indicates that a family is likely to need protective services. Where risk is determined to be relatively low (typically priority levels 3 and 4), parents

are empowered to choose FDR as a path to take control of their situation and avoid intrusive and often contentious child protection investigation. According to participants, the key operational difference between FDR and other support services (voluntary or supervised) is that FDR is a prescriptive process. Areas of need are identified through a family functioning assessment tool, a service plan is implemented, and intensive support is provided under that plan over a 90-day period. In practice, some families are discharged early from the program because no significant issues are identified upon closer inspection. Many others complete the three-month plan and show enough improvement to be discharged from FDR while a significant number voluntarily choose to stay connected to ancillary support services outside the FDR program or to reconnect with the FDR agency for additional support at a later date. A small minority of cases are deemed to require extended services under FDR or may be referred back to an investigation due to newly identified sources of risk or a lack of parental cooperation.

Participant accounts and statistics from MCFD indicate that FDR is not a major stream of service for NEM cases. In fact, despite the emphasis on FDR in MCFD's public pronouncements as well as in its service standards (Government of British Columbia, 2003; 2009), FDR remains a relatively small component of the overall child protection caseload. As of 2009, the ministry was closing 150-200 FDR cases on a monthly basis (MCFD, 2009a); which contrasts sharply with the total number of children in care at a point in time (8,681 as of October 2009) as well as the total number of active family service files (1,872 as of March 2008) (MCFD, 2008; MCFD, 2009a). Furthermore, three FDR program managers and one FDR social worker (Barb) interviewed in this study indicated that, in their experiences, this program has not often been applied to cases where NEM are the primary concerns, but most often in cases involving minor physical abuse (e.g. inappropriate discipline) or family conflict issues. Most participants believed that the FDR model is a highly positive development in MCFD service delivery because in the cases where it is used, FDR better engages the family, seeks constructive solutions rather than focusing on problems,

avoids court, and is generally a more preventative approach to child protection. This was especially true of the participants with the most FDR experience, Barb (social worker), Alan, Brian, and Chris (FDR program managers). The same can be said of voluntary support services and mandated services provided by community service agencies, which, to their credit, do a good job of emphasizing strengths and moving the focus away from problems.

One participant, Barb, expressed the belief that FDR-type services would be appropriate for the vast majority of child protection cases and with the exception of immediately dangerous situations (e.g. serious physical abuse or sexual abuse). In spite of her support, Barb did express reservations that FDR would be useful in chronic NEM cases.

FDR is not suited to those cases because they are often chronic and it is intensive and time-limited. I don't think it should be a 90-day time limit. I think that if you were an FDR worker and had a smaller caseload and a longer time to have a family, like a family service worker that can go on for years, then maybe you could [use it as an intervention for NEM].

The FDR program is designed to provide short-term, intensive support services to build on the existing strengths of low-to-moderate risk families (Government of British Columbia, 2004a; 2004). Thus, while many NEM cases fit the lower risk criterion of FDR, the time-limited nature of the program may not be the best approach to potentially chronic concerns.

Another participant, Carla, made a similar point about FDR, criticizing the time-limited nature of FDR compared with the longer and, more open-ended family services process: "I'm not fond of family development response because a social worker can go in, a family service worker, get involved with the family and it takes time for them to get to a point where they can trust you enough to take service."<sup>20</sup> The point being made by Carla not only indicates a potential limitation of FDR but also alludes to the negative perceptions and mistrust that child protection social

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<sup>20</sup> One FDR program manager (Chris) took specific exception to the criticism that the FDR program allows insufficient time for building trust between workers and clients. He commended the FDR outreach workers he supervises for doing an excellent job of building trust quickly with client families. In support of this, he cited very high success rates (95% of cases avoid investigation and are discharged within the allotted three months) and highly positive client feedback about the program.



workers often face in their dealings with clients. Her view is that FDR might be beneficial in some cases, on a superficial level, but does not allow sufficient time to build the trust necessary to get families more permanently on the right track. This criticism is perhaps most valid in NEM cases, which often require longer-term support. For NEM and other chronic cases, the time-limited nature of FDR may limit its potential effectiveness by ending services too quickly and helping to mask risk factors. While, at present, FDR is not often applied to chronic cases, the implication of Barb and Carla's comments is that such a strength-based model might be more effective in NEM cases if it was possible to work with families for more than the current 90 days. This point was generally agreed upon across all participants in the study.

In addition to FDR, MCFD has increased its use of alternative decision-making processes that are examples of the strength-based, collaborative approach. These processes are family group conferencing and family mediation. According to service standards, these decision-making processes are preferred over reliance on court-ordered decisions (Government of British Columbia, 2003). A family group conference (FGC) is a meeting organized that brings together all of the parties with a role in keeping the child safe – parents, extended family and friends, members of the family's local community or involved community organizations, and the social worker. The goal of an FGC is to engage and support the family in developing a plan to keep the child safe. Social workers and other professionals participating in an FGC are there to provide guidance, not to impose decisions on the family. According to participants in this study (and MCFD documents), this is a labour intensive activity for social workers, requiring between 20 and 35 hours of advance preparation and also challenges them to develop strong skills as facilitators. Family mediation (FM) is similar to FGC in that it often brings together a similar group of people with an interest in a child's safety. The key difference is that FM is a dispute resolution process whereby a neutral mediator (from outside MCFD) helps parties to reach a mutual mediation agreement that settles a dispute over a child's plan of care or, more generally,

addresses communication issues between parties. The FM process is less time consuming for social workers, requiring only an estimated 4-5 hours of advance preparation. The traditional court-driven decision process is not only more adversarial than these approaches but also very costly in that it requires significant advance preparation and attendance by social workers in court, which takes away from the time spent actively working with families. One family service worker (Carla) estimates that she spent up to 75% of her time attending to paper work; the others share similar views but did not provide numerical estimates. The social workers participating in the present study generally support the increased use of alternative decision-making processes, because they find these methods to be effective as well as empowering to families to participate in decisions that affect them. The social workers confirm that these are time-consuming and often challenging processes but support them nonetheless.

While all participants had generally positive things to say about their experience with the strength-based, collaborative approach to service delivery, most were also sceptical about the likelihood of sustaining the momentum for such programs. This scepticism arises from the perception that MCFD has made policy choices in the past to eliminate promising programs in favour of taking the latest “quick fix” (Alan) or “silver bullet” (Carla) approach. Alan, in particular, expressed the belief that bureaucratic thinking tends to result in seeking “panacea” or “global” solutions to child protection issues. He recounted in his 10-plus years of experience how various programs and initiatives have been emphasized as “the next big thing” by MCFD, (e.g. foster parenting, FDR). While Alan was very critical of past decisions, he largely supports the range of programs MCFD currently has in place; he suggested that the greatest challenge to maintaining these programs is resource scarcity.

Here’s the deal ... there’s very little wrong with the ministry itself, per se. There’s very little they need to add and there is very little they need to take out. They just need to do it. Kids will die in care, period. It’s the cost of doing business. But in following with what you said, follow your procedures and you will mitigate the devastating effects of those kind of circumstances. [*Interviewer: The ones that are preventable will ...*] will be prevented. But they don’t and it’s right down to

resources. They don't have enough resources to do the job that they need to do. Some of that is their own fault because of how they do the work. Some of it is because they don't expect people that are providing, they've turn to foster care, which is really expensive, as the panacea, which it's not. You need a collaboration of models working together because all of the kids that you're bringing into care are at different stages.

Other participants, particularly the community service managers supervising MCFD-contracted ancillary service provision, echoed Alan's comments on resource scarcity. Alan, Brian, and Chris all made reference to some variation on the "collaboration of models" necessary to do effective child protection work. They separately advocated for a multi-layered system that is designed to capture multiple levels of risk, as opposed to seeking "silver bullet solutions." Each program manager felt strongly about the early successes of programs like FDR and alternative decision-making making but also expressed the concern that the progress made under these initiatives may be threatened by funding cuts in the current economic climate. Since these interviews, the new provincial budget for 2010 has effectively resulted in a funding freeze for Child and Family Development services (budget to risk by approximately \$1 million in each of the next three years) (Government of British Columbia, 2010). To date, no specific program cuts have been made.

## **Summary**

Interviews with social workers and community service managers as well as a review of MCFD legislation and service standards reveal a number of issues related to the policy response to NEM. First, while it is commendable that the ministry accurately documents neglect and/or emotional maltreatment in half of all investigated cases, the actual response to NEM is often secondary to concerns about other issues. Second, the initial assessment process, often consisting of phone-based interviews, may be insufficient to identify more subtle protection concerns or those that are not coupled with "higher priority" issues like serious physical abuse. This creates practical conditions whereby some NEM cases are not identified at an early stage and receive intervention only after further deterioration. Thirdly, the burden of proof that social workers must

meet to justify a child protection intervention, combined with the subtleties of identifying and substantiating NEM, are a significant barrier to services. Fourth, mechanisms that allow social workers more time to work closely and collaboratively with families from an early stage (with options to continue this work over an extended period) would improve the overall response to NEM. To be most effective, service options that do not require court involvement are preferable because of the high burden of proof and the resources required that would be more useful if spent on services for families. The ministry has begun to implement a range of such service options (FDR, FGC/mediation, voluntary service agreements) and, while effective in many cases, none is ideally suited to deal with NEM issues on its own.

## 7: Policy Alternatives

Based on the research findings discussed in Chapter 6, the following five policy alternatives have been formulated for improving British Columbia's policy response to neglect and emotional maltreatment issues.

1. *Maintain the status quo.* This alternative indicates no significant policy change based on the findings of this research project.
2. *Alter existing standards or develop new standards for initial assessment.* New or updated standards would place increased attention on cases in which neglect or emotional maltreatment is the primary concern of the report. This reform would target the subset of NEM cases that currently would not be subject to an investigation or a subsequent protective response. Due to the subtle and cumulative effects of NEM, the new standards would instruct social workers assessing 'borderline' NEM reports to err on the side of visiting the family and observing/speaking with the child within a prescribed number of days. To ensure the quality of the process of assessing NEM reports, intake social workers could receive additional specialized training in recognizing the risk factors for NEM. Alternatively, intake teams could be staffed with a dedicated social worker or mental health professional with expert knowledge in identifying NEM issues. The inclusion of a NEM expert would not only confer greater quality in the assessment process, but would be a valuable expert witness in rare instances where emerging NEM issues require court involvement.
3. *Targeting families in which marginal-to-low risk NEM issues are identified as the primary concern (families who would not otherwise receive services), offer short-*

*term (3 month) voluntary service agreements and community-based support services.*

This alternative is intended to address a gap in early support services for currently un-served families and would allow the ministry and professionals associated with community agencies the opportunity to identify emerging risk factors and more fully evaluate the likelihood of long-term NEM risk. Families in which higher levels of risk emerge would be elevated to a higher level of protective intervention, (e.g. FDR, child protection investigation). This alternative could also include increased use of alternative decision-making processes (family group conferencing/family mediation) as a mechanism to increase familial and community-based support for families at risk of NEM.

4. *Targeting families with low-to-moderate NEM issues, implement a modified FDR program.* This alternative is intended to provide early support services and formal supervision to families who might otherwise have been limited to a voluntary service agreement (or possibly no formal services at all). It would also improve services to any families already participating in FDR for NEM issues. Candidates for this program are those in which there is sufficient risk placing them on the borderline for investigation. Like the current FDR program, parents would have the choice to participate in the program or be subject to a child protection investigation. This program would retain all the important features of FDR but would be planned for an initial period of at least three months and up to six months (twice the current length). This would allow a longer period of services for the family as well as more time for social workers and other professionals to develop an understanding of any NEM risk factors through their relationships with the family. A review of how FDR services might need to be modified to accommodate longer-term cases would be part of this alternative.

5. *Targeting children and families with moderate-to-high risk NEM issues, ensure professional counselling services are available on an ongoing basis while family service files remain open.* This alternative is intended to enhance the intervention services already provided to families facing higher risk NEM issues. In general, families that remain under long-term supervision (6+ months) of a family services social worker continue to be at-risk for child maltreatment concerns. Children who have suffered emotional harm as a result of neglect or emotional maltreatment may require long-term counselling from a qualified professional to counteract the effects of this harm and to reinforce the other supports being provided by MCFD. Implementation of this alternative would ensure that the mental health of children harmed by NEM is not compromised by rationing of such services. The standard for continuing services under this alternative would be the clinical judgment of the mental health professional with respect to the child's long-term needs.

## 8: Policy Criteria and Evaluation

A number of potentially important factors are considered in weighing the proposed policy alternatives against one another. The four criteria are effectiveness, budgetary cost, stakeholder acceptability, and public acceptability.

The *effectiveness* criterion evaluates how well a given policy alternative addresses the policy problem: high incidence of neglect and emotional maltreatment in British Columbia. Effectiveness refers to whether a policy alternative allows child protection officials to more accurately identify the risk factors of NEM and initiate appropriate interventions. This criterion is intended to evaluate whether a given alternative fulfils the best interests of the child principle of the CFCSA (Section 4). This criterion also evaluates whether the alternative is consistent with the CFCSA service delivery principles requiring that “services should be planned and provided in ways that are sensitive to the needs and the cultural, racial and religious heritage of those receiving the services” and that “aboriginal people should be involved in the planning and delivery of [these] services” (Section 3). This is an important consideration given the particularly high incidence of child neglect within the Aboriginal community. Based on the research findings described in Chapter 6, qualitative rankings (Low/Moderate/High) will be determined for each policy alternative.

In assessing the effectiveness of alternative policy interventions, I consider the potential consequences of initiating an intervention based on either type I or type II errors in the identification of child neglect. In the context of this study, type I error (or a false positive) would result in the initiation of a child protection intervention in a case where one of NEM has not actually occurred. Conversely, type II error (or a false negative) would result in the failure to initiate a child protection intervention in a case where one of NEM has occurred. Both types of



error have associated costs. At the extreme, type I error might result in the unjustified separation of a child from the family and placement in a foster care environment that may be detrimental to the health, education, and employment outcomes of the child (Doyle, 2007). At the other extreme, type II error might result in serious harm or the death of a child due to lack of timely intervention. Given the severity of the possible consequences and the MCFD directive to act in the best interests of the child, the risk of type II error is of greater concern to policy makers. For child protection authorities, the keys to minimizing both types of error are effective risk assessment procedures, which are a target of analysis for this study.

The *budgetary cost* criterion is intended to capture the total cost in terms of human and financial resources that must be committed to implement a policy alternative. This criterion is based on an estimated qualitative ranking relative to the status quo (Low/Moderate/High). Note that a ranking of ‘High’ indicates that an alternative is relatively inexpensive, while a ‘Low’ ranking indicates large expense associated with an alternative. Qualitative rankings are assigned based primarily on information shared by participants about the labour intensiveness of various functions they perform in their regular duties. Where applicable, the cost of hiring a new social worker is taken to be \$46,598, which coincides with the starting rate of pay for a child welfare worker newly employed by the Government of Canada beginning in October 2010<sup>21</sup>. Where applicable, the actual cost of support service provision is based on estimates generated from the 2008/09 annual report of the West Coast Family Resources Society (WCFRS). This is a Greater Vancouver-based community organization contracted by MCFD to provide a range of ancillary child protection services (e.g. family preservation, FDR, counselling) in parts of the Vancouver Coastal and Fraser service regions (WCFRS, 2009). WCFRS served 1,702 clients (children and parents combined) at a cost to MCFD of over \$3.9 million in fiscal year 2008/09; based on these

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<sup>21</sup> This information is taken from the website for the Treasury Board of Canada Secretariat, in table SW-SCW1. Last viewed on March 15, 2010 at: [appropriate salarhttp://www.tbs-sct.gc.ca/pubs\\_pol/hrpubs/coll\\_agre/sh/sh07-eng.asp#toc235259039](http://www.tbs-sct.gc.ca/pubs_pol/hrpubs/coll_agre/sh/sh07-eng.asp#toc235259039)

figures, the average per capita cost of providing these services is estimated at \$2,300/year.

Appendix D shows the monetary calculations upon which the qualitative rankings are based.

The *stakeholder acceptability* criterion is included to evaluate the level of support from the various groups that will be directly impacted by the implementation of a policy alternative. These groups include the family, the social workers whose duties would be affected by policy change, and the community organizations whose duties under MCFD contracts could be affected by policy change. Another key stakeholder is B.C.'s Aboriginal community, which would be disproportionately affected by any child protection policy change, especially alternatives targeted at reducing child neglect.

The *public acceptability* criterion is intended to evaluate the likely level of support among the electorate for a given policy alternative. This criterion is based on the best available evidence on public opinions and values with respect to child maltreatment and neglect. For example, Section 43 of the Canadian Criminal Code allows the reasonable use of corporal punishment by teachers, parents, or guardians. In 2003, 51% of respondents to a national survey believed that S. 43 should be repealed (Toronto Public Health, 2003). A larger majority (71%) indicated that they would support repealing S. 43 if it could be demonstrated that child abuse would be reduced. Canadians are also well known for their broad support for social programs for vulnerable children. In a series of EKOS research polls conducted throughout the 1990s, greater than 80% of Canadians consistently ranked child poverty as a high priority for government action (Mendelsohn, 2002). While neither of these surveys speaks directly to the issue of child neglect, they do suggest that Canadians strongly support the goal of protecting our most vulnerable children and see a clear role for governments. These public values will be considered when assigning qualitative rankings (Low/Moderate/High) to policy options based on this criterion.

Among these four criteria, *effectiveness* is most important because it directly evaluates the paramount consideration of whether a given policy alternative serves the best interests of the

child. *Budgetary cost* is the second most important criterion because it recognizes the existence of resource scarcity in the MCFD budget. The *stakeholder acceptability* criterion is an important criterion because the extent to which various groups identify with and support the goals of a policy alternative is central to that policy's success or failure. This is especially true for the frontline practitioners charged with putting policy into practice. Finally, *public acceptability* is an important criterion for policy decision makers, though less important in the context of this policy area, where MCFD is bound to protect the best interests of children regardless of public mood.

## **8.1 Policy Evaluation**

In this section, the five policy alternatives described in Chapter 7 are evaluated using the four criteria defined above. A summary of this evaluation is presented in Table 8.1 below followed by a detailed discussion of the evaluation.

### **Alternative 1: Status Quo**

On the effectiveness criterion, the status quo ranks as low-to-moderate. Current policy and practice allow MCFD to identify neglect or emotional maltreatment issues in approximately half of all investigated cases where protection concerns are identified, indicating some degree of efficacy within the system. Many of these cases are subject to protective intervention but often only because they co-exist with other higher priority forms of maltreatment (e.g. physical and sexual abuse). Overall, participants suggest that NEM are often secondary concerns that do not receive adequate intervention if they are the only identified protection concern(s). For those cases that do receive intervention, inadequate attention is paid to the need for ongoing services to counteract the often chronic nature of NEM. As a result, cases can deteriorate to the point where higher risk concerns develop, resulting in the need for more drastic intervention. Thus, while policy and practice are not entirely bereft of effectiveness, the overall approach to NEM lacks the preventative, long-term focus to be effective in responding to these cases.

Table 8.1 Multi-criteria Matrix Evaluating Policy Alternatives

To facilitate the comparison of the five alternatives against each other, qualitative rankings were converted into numerical scores. Qualitative rankings define a range that includes five possible rankings: low, low/moderate, moderate, moderate/high, and high. These rankings are assigned numerical scores from 1-to-5 in the same order as listed. The effectiveness criterion score is double-weighted to reflect its importance relative to the others. Final scores are given in both weighted and unweighted forms.

<b>Criteria</b>	<b>Alternative 1: Status quo</b>	<b>Alternative 2: Risk Assessment Standards</b>	<b>Alternative 3: Early NEM interventions (marginal-to- low risk)</b>	<b>Alternative 4: Modified FDR (low-to- moderate risk)</b>	<b>Alternative 5: Ongoing counselling (moderate-to- high risk)</b>
<b>Effectiveness</b> <i>Identify NEM risk and intervene</i>	Low/moderate (2)x2=4	Moderate (3)x2=6	Moderate (3)x2=6	Moderate/high (4)x2=8	Moderate (3)x2=6
<b>Budgetary Cost</b>	High (5)	Low/moderate (2)	Moderate (3)	Low/Moderate (2)	Moderate/high (4)
<b>Stakeholder Acceptability</b> <i>Families, social workers, service providers</i>	Low/moderate (2)	Moderate (3)	Moderate/high (4)	High (5)	Moderate/high (4)
<b>Public Acceptability</b> <i>Electorate</i>	Low/moderate (2)	Moderate (3)	Moderate/high (4)	High (5)	Moderate/high (5)
<b>Total Score</b> <i>With (without) weighted scores</i>	<b>13 (11)</b>	<b>14 (11)</b>	<b>17 (14)</b>	<b>20 (16)</b>	<b>19 (16)</b>

The MCFD budget for all child and family development services (including child protection) in fiscal year 2008/2009 was \$746.8 million, and the projected budgets for the next three fiscal years are \$747.3 million, \$749.0 million, and \$749.0 million, respectively (Government of British Columbia, 2010). Despite the recent budget freeze, these values reflect a substantial increase over the budget from fiscal 2007/2008 of \$704.7 million (Government of British Columbia, 2008). For the purposes of this evaluation, the current budgetary cost is qualitatively ranked as high (high ranking = low cost) as a benchmark relative to all other

alternatives, which entail incremental costs. In real dollars, MCFD holds a substantial budget, the fifth largest ministerial budget in B.C.'s estimated 2010 provincial budget, at 3.3% of \$40.6 billion.

On the stakeholder acceptability criterion, the status quo ranks as low/moderate. Interview participants expressed support for many of the existing MCFD intervention strategies, largely on the grounds that many of the new approaches are more respectful and inclusive of client families, including Aboriginal families. However, most participants had reservations about program effectiveness in dealing with NEM and would support policy reforms aimed at these cases. In cases where NEM truly are secondary or very minor concerns, referral to community supports may be enough. However, a significant number of NEM cases require services earlier, more frequently, and for a longer period of time.

On the public acceptability criterion, the status quo ranks as low/moderate. For the status quo, this criterion is difficult to assess because the public's knowledge about the dominance of NEM among maltreatment issues is not clear. Were the public fully informed on these issues, support for the status quo would be relatively low, given the overall lack of attention paid to these issues. In the current environment, public interest is likely closer to neutral or moderate on NEM issues because the effects of NEM relative to other forms of maltreatment are not clearly understood.

## **Alternative 2: Improved initial assessment standards**

The second policy alternative calls for improved standards for initial assessment of cases involving NEM, especially those where the reporter names one of these as the primary concern. These standards would be targeted at primary NEM cases among the 15,000+ reports that do not currently reach the investigation stage but are on the borderline for being subject to investigation (see Figure 8.1). This alternative would require intake social workers (or those receiving child

protection reports) to err on the side of visiting families in-person in those instances where either neglect or emotional maltreatment is the primary concern. Visual inspection of the family environment and personal contact with potential victims and perpetrators of maltreatment are key to accurate identification of NEM. Because the signs of NEM are often subtle, these assessments would not ensure 100% identification effectiveness, but should allow the ministry to more accurately identify cases in which NEM concerns present as higher risk relative to reliance on primarily phone-based interviews. Overall, this alternative ranks as moderate on the effectiveness criterion; accurate identification of NEM risk factors is an important first step to addressing these issues, though more rigorous assessment standards do not ensure that effective interventions will be subsequently employed.

This alternative ranks low/moderate on the budgetary cost criterion, due to the likely need for significant additional funding for human resources and training. The reformed initial assessment standards would be more labour intensive because they require intake social workers to spend additional time assessing a subset of cases where NEM are the primary – or the only – concerns. The target group for this alternative is the 12,000 annual cases that do not get investigated or referred to alternative decision-making processes, roughly half of which (6,000) I am assuming to involve NEM concerns (see Figure 8.1). With the information available, it is not easy to estimate how many of the 6,000 cases would be subject to the more rigorous assessment process, though I am assuming a significant number of new social workers would need to be hired to apply the new standard. This is because social workers working in all parts of the system already carry heavy caseloads, so diversion of existing social workers to this new function would diminish services elsewhere. If we assume 50 new social workers are hired to fill these roles (10/service region), the cost of this alternative in salary alone is \$2.329 million for one year, not including the costs of any additional training for new and existing workers (see Appendix D for details).

This alternative ranks only as moderate on stakeholder acceptability because there is likely to be some disagreement among stakeholders. Most social workers and community organizations would applaud the general approach to identifying as many cases as accurately as possible. The population of social workers would likely applaud this alternative for the creation of additional social work jobs within the province. At the same time, many social workers and community organizations would likely express concerns over the effectiveness of this alternative in the absence of corresponding reforms to the intervention services available to address NEM cases. Finally, it is likely that some parents that would be newly exposed to direct ministry contact under the reformed assessment standards. This may be particularly true of Aboriginal families in which neglect is the most common maltreatment issue. For this reason, some parents and their advocates would strongly oppose this alternative in favour of the less intrusive phone-based assessment.

Overall, public acceptability is likely to mirror stakeholder acceptability with a moderate ranking. The public would support improved standards for identifying NEM but would also express reservations about their effectiveness in the absence of other downstream changes that ensure NEM risks identified are met with appropriate and timely interventions.

**Alternative 3: Offer short-term voluntary service agreements and community-based support services to families with marginal-to-low risk NEM concerns.**

Under this alternative, families on the low end of the NEM risk spectrum – those that, in the past, likely would not have been investigated and may not have received any formal services – would more often be connected to the ministry and community-based support services through voluntary service agreements. Consistent with CFCSA service principles, these services would be adaptable to the cultural traditions and practices of client families, including aboriginal families. This alternative ranks as moderate on the effectiveness criterion because it would be beneficial on two fronts. It would allow for early intervention in NEM cases that have not yet

reached a dangerous level of risk, thereby reducing risk of greater involvement with child protection in the future. In some cases, it would also facilitate the identification of latent and more serious risk that would not have been identified otherwise. Identification of such risk would allow social workers the option to initiate additional intervention services at an earlier stage and/or strengthening the protective response (e.g. FDR, investigation). This alternative is ranked only as moderate because it would not be effective in 100% of eligible cases; a significant number of parents on the low end of the risk spectrum may decline to enter a voluntary service agreement or may fail to seek out the services to which they are referred. In some parts of the province (rural and/or isolated communities, including small Aboriginal communities), appropriate services may not be easily accessible. Overall, however, more families would receive services they need to mitigate some of the long-term effects of NEM on children. It is conceivable that this alternative could contribute to reducing the incidence of NEM by helping to prevent some cases from developing into chronic concerns.

This alternative ranks as moderate on the budgetary cost criterion because it would require additional funding to extend services to families that may not have received any services in the past. The target group for this alternative is the same 6,000 annual NEM cases targeted by Alternative 2 (see Figure 8.1). It is not clear how many of these cases currently receive voluntary service agreements based on NEM concerns, or to exactly how many additional cases this alternative would apply. Assuming 10% of eligible cases accept six months of voluntary services over the course of a year, the total cost of these services would be between \$1,155,598 and \$1,621,196 (costs for 3 and 6 months of voluntary services, respectively). Based on MCFD's current service model, most additional funds would be directed to existing contracts with community-based service providers to scale up services. Some of this would also go toward the



hiring of approximately ten new social workers to oversee the voluntary service agreements<sup>22</sup>. Costs would be minimized because the administrative and intervention infrastructure called for under this alternative already exists within the child protection system, meaning that costs associated with program development would be low. Since most clients served under this alternative would likely not have been investigated in the past, the reduction in costs associated with investigation and legal proceedings are negligible. However, the preventative focus of this alternative would likely reduce NEM incidence over the long-term, resulting in reduced future costs to the system. Stakeholder acceptability ranks as moderate/high for this criterion because it attempts to address the key problem from the perspective of many social workers and community service providers: provision of strength-based, preventative social services to children at risk of NEM. These groups would also support this alternative because of the additional social work jobs and funding to contracted service providers though these increases may be scaled back over the long-term as the demand for NEM intervention services is reduced. Parents interested in receiving more services to strengthen their family's capacity to function are likely to strongly support this alternative. A smaller number of families will likely view this alternative as a further incursion into their lives and would not support it on these grounds.

Finally, this alternative ranks as moderate/high on the public acceptability criterion largely because it would be seen as more effective and preventatively focused than the status quo, with potential to reduce the scale of the NEM problem in British Columbia. Moreover, this alternative also affords additional respect and control to families over the protection decisions affecting them, which would also garner public support.

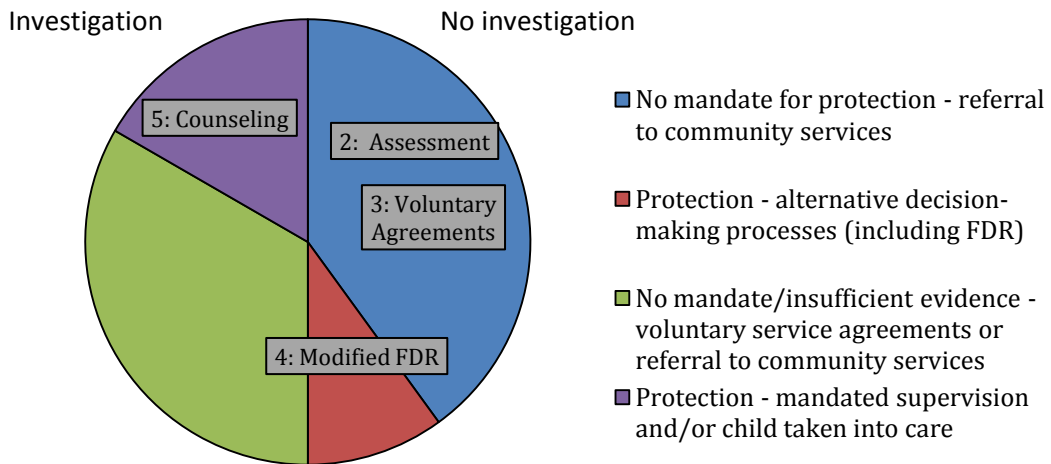
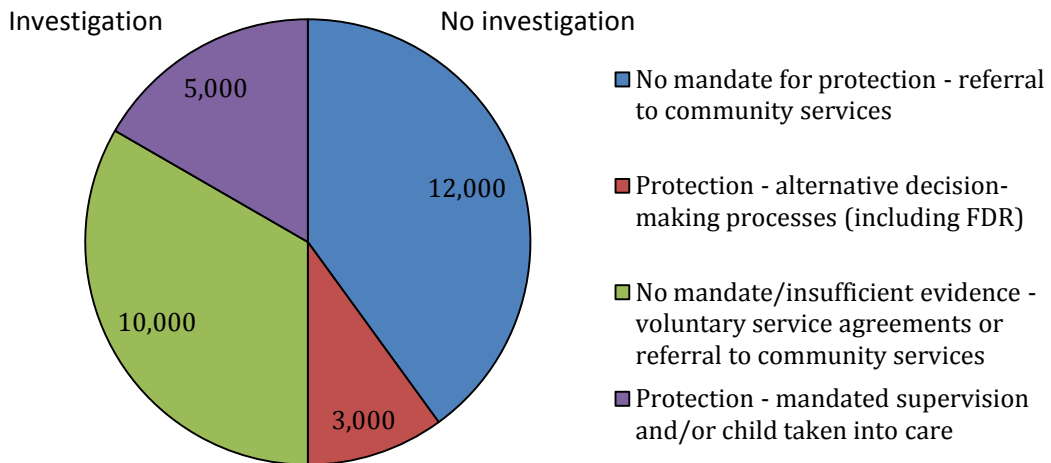
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<sup>22</sup> This estimate is based on the average family services social worker caseload size reported by social workers participating in this study.

Figure 8.1 Targets of policy alternatives based on previous type of ministry response.

This chart shows the estimated 30,000 annual protection reports, half of which are investigated (left half of chart) and the other half which are not (right half). The legend indicates the determinations that can be made in a case (either 'Protection required' or 'No mandate for protection') and the types of services that may be associated with each determination. These cases are further subdivided into 1 of 4 possible response categories defined in the legend. The number of cases in each response category are included on the chart. Estimates are based on MCFD data for 2008.

The lower chart indicates which group is targeted by proposed policy alternatives 2 through 5. Alternative 1 is not included because it represents the status quo. Alternative 4 is intentionally overlapping three response categories because it is targeted at clients that would previously have belonged to each of these three groups.



**Alternative 4: Implement a modified FDR program targeting families with low-to-moderate risk NEM concerns.**

Under this alternative, families with low-to-moderate NEM issues deemed to require some protection would be serviced through a modified FDR program that is planned for at least three months and up to six months (with the possibility of continuation). As with the previous alternatives, the modified FDR would be designed to respect the cultural identity and values of client families. By lengthening the initial service window from three to six months, this alternative would improve services to the apparently small number of NEM cases that already qualify for the FDR program. Moreover, this would provide early support services and formal supervision to families who might otherwise have been limited to a voluntary service agreement (or possibly no formal services at all). This alternative would help to de-emphasize further the reliance on court-driven investigations and intakes, though the highest risk NEM cases would continue to be serviced through investigations, mandated supervision and, in the most serious cases, intakes into care. This alternative ranks moderate/high on the effectiveness criterion because it targets the highest risk cases among those that did not previously receive formal protection services. Given the comments of participants in this study, there is reason to believe that an extended FDR program could reduce long-term risk in many of these cases. There is also reason to believe that this program would be an effective mechanism for identifying latent risk. This does not mean that this alternative would be effective in 100% of low-to-moderate risk NEM cases. First, some cases do not get referred to modified FDR because the initial risk assessment did not indicate the need for services. For those cases that are referred to FDR, the approach may not work for all families and all NEM issues. More chronic or difficult cases may still require escalation to a higher level of protective intervention (e.g. investigation and mandated supervision). As with alternative three, challenges to providing equitable access to rural and isolated communities might reduce the effectiveness of this alternative. On the whole, however, more families will receive services they need to mitigate some of the long-term effects of NEM

on children. Alternative four has a higher effectiveness ranking than alternative three because it seeks to address more pressing NEM concerns and is also expected to be applied to a larger number of cases (see discussion of budgetary concerns below). It is conceivable that this alternative could contribute to reducing the incidence of NEM by helping to prevent some cases from developing into chronic concerns.

This alternative ranks as low/moderate on the budgetary cost criterion because it would likely require significant outlays of money to extend FDR services to families that meet the low-to-moderate risk criterion. Because FDR is intended to address issues of moderate risk, it is likely that the eligible pool of candidates for this program would be drawn from two groups. These are: the 12,000 annual cases that do not currently qualify for investigation or an alternative decision-making process; and the 10,000 annual cases that do get investigated but are determined not to need protection following investigation (see Figure 8.1). Based on previous program uptake assumptions, it is assumed that the new FDR program will draw 500 cases from each group for a total of 1,000. The estimated costs of providing modified FDR services to this group are \$1,891,633 to \$3,076,633 (based on either 3 or 6 months of services), which is comparable to the cost of alternative two and therefore receives the same qualitative ranking (see Appendix D). As with alternative three, most of the infrastructure for this program already exists, though some program development costs might arise from implementing the change in program length. There are also likely to be cost savings due to the reduction in number of cases that proceed to investigation and/or the legal system.

Stakeholder acceptability ranks as high for this criterion because it is likely to be perceived as the most effective of the available alternatives by many social workers and community service providers. These groups would also support this alternative because of the new social work positions created and the additional funding to contracted service providers. As with alternative three, parents interested in receiving more services to strengthen their family's

capacity to function are likely to strongly support this alternative while a smaller number of other families would view the modified FDR program as an unnecessary incursion into their lives.

Finally, this alternative ranks as high on the public acceptability criterion largely because it would be seen as the most effective, having the most potential to reduce the scale of the NEM problem in British Columbia. Moreover, this alternative reinforces the strength-based, family rights-based approach to working with child protection clients which would likely garner further public support.

**Alternative 5: Ensure ongoing professional counselling services are available to children with long-term, moderate-to-high risk NEM concerns.**

Under this alternative, children under ministry protection due to higher-risk NEM concerns would receive improved services in the form of counselling services that are not time-limited. Implementation of this alternative would ensure that mental health of children harmed by NEM is not compromised by rationing of necessary counselling services. The standard for continuing services under this alternative would be the professional judgment of the mental health professional with respect to the child's long-term needs. This alternative would provide greater support to the children at highest risk of harm from NEM. The effectiveness of this program would be somewhat limited by the fact that the target cases are the most difficult to deal with, resulting in a smaller proportion of cases with a likelihood of long-term success. For this reason, this alternative is ranked as moderate on the effectiveness criterion.

This alternative ranks as low/moderate on the budgetary cost criterion because it is estimated to be the least costly of all available alternatives (except the status quo). Of the 5,000 investigated cases determined to need protection on an annual basis, NEM concerns are listed as a concern in 2,500. In keeping with previous assumptions, 10% of these are assumed to require long-term counselling services related to emotional harm suffered as a result of NEM. Therefore,

the incremental cost of extending counselling services to 250 children by six months is \$287,500; by 12 months is \$575,000; and by 18 months is \$862,500.

On the stakeholder acceptability criterion, this alternative is likely to be perceived by social workers and community service providers as an important service for children at the highest risk for long-term harm due to NEM. Community organizations would also support this alternative because it would result in additional funding on their MCFD service contracts. As with alternatives three and four, parents interested in receiving more services to strengthen their family's capacity to function are likely to strongly support this alternative while a smaller number of other families would view it as an unnecessary incursion into their lives. While stakeholders are likely to support this alternative in general, it receives a ranking of moderate/high because it is expected to be less effective overall than alternative four (FDR).

Finally, this alternative ranks as high on the public acceptability criterion because it would be viewed as an important service but also because it entails the lowest cost to the taxpayer.

## **9: Recommendations and Implementation**

Based on the multi-criteria policy analysis described in Chapter 8 and summarized in Table 8.1, this section presents a set of recommendations aimed at improving the child protection policy response to neglect and emotional maltreatment in British Columbia.

### **Recommendation 1**

I recommend consideration of alternative 4: implementation of a modified FDR program better suited to deal with the chronic nature of neglect and emotional maltreatment issues. This alternative ranks highest on the most important criterion of effectiveness because it targets the largest and highest risk group of currently un-served NEM concerns. It also ranks highest on the stakeholder acceptability and public acceptability criteria largely because it continues to promote the strength-based, collaborative approach favoured by service providers and citizens alike. Budgetary costs of this program are estimated to be the highest of any alternative (similar to alternative 2: improved initial assessment standards). These high costs are offset by the alternative's high rankings on the other three criteria and the fact that the maximum estimated budget for modified FDR still amounts to only 0.004% of MCFD's \$747 million child and family services budget.

### **Recommendation 2**

In addition to recommendation 1, consideration should be given to implementing alternative 5: ongoing counselling services for children at high risk of harm due to neglect or emotional maltreatment. This alternative ranked just behind the modified FDR program primarily because the latter received a higher effectiveness score; the expected effectiveness of ongoing counselling services for long-term clients is diminished by the very high risks faced by these

clients. Nevertheless, this program would likely receive strong support from most stakeholders and taxpayers. The low estimated cost of recommendation 2 results in only a small difference in costs to the taxpayer when added to the much larger cost of recommendation 1.

### **Concluding Remarks**

Implementation of these recommendations would greatly improve the overall child protection policy response by augmenting intervention services targeted at most children and families at risk due to neglect and/or emotional maltreatment. The modified FDR program targets many previously under-served families along the continuum of risk from low-to-moderate and reinforces the ministry's increasing focus on strengths-based, collaborative social work practice. Improving the availability of counselling services for long-term clients ensures that children at the highest risk from NEM have a better chance at substantial recovery from harm.

Child protection clearly has an important role to play in addressing the needs of children and families at risk of NEM in British Columbia. The primary goal of the present study was to uncover knowledge from child protection service providers about ways that the Province can better fulfil this role. In closing, however, it is important to acknowledge what the child protection system alone cannot do. A host of structural factors – including poverty, inadequate housing, barriers to parental functioning, and barriers to community development – contribute to the occurrence of neglect and emotional maltreatment. These factors help to explain the overrepresentation of Aboriginal children in the child protection system and point to the critical importance of tailoring intervention services to the unique cultural needs of this population. Moreover, these structural factors suggest that policy solutions focused primarily on child protection will be insufficient to reduce significantly the incidence of child maltreatment. Thus, while the recommendations in this report would be useful additions to B.C.'s child protection policy on NEM, they would be most effective in the context of a larger policy strategy aimed at the root causes of child maltreatment.



## **Appendices**

## Appendix A: Participant Profiles

Table A1. *Anonymized Participant Profiles*

*This table indicates basic personal and professional information about anonymized participants in primary interviews. (Note: under the 'Service Region' heading, all community service managers are listed as 'Vancouver/Fraser' to ensure that these individuals cannot be identified.*

<b>Name</b>	<b>Gender</b>	<b>Position</b>	<b>Experience</b>	<b>Service Region</b>
Anne	Female	social worker	3-5 years	Vancouver
Barb	Female	social worker	10+ years	Vancouver
Carla	Female	social worker (recently retired)	10+years	Fraser
Alan	Male	community service manager	10+ years	Vancouver/Fraser
Brian	Male	community service manager	5-10 years	Vancouver/Fraser
Chris	Male	community service manager	10+ years	Vancouver/Fraser

## **Appendix B: Interview Schedules**

This section contains two separate schedules of questions used as guidelines in informational interviews with child protection social workers and community service managers, respectively. Both schedules contain four main topic areas with a number of sub-questions listed under each. Interviews were in a semi-structured format meaning the questions posed as well as the order of questioning varied between interviews. In each interview, a number of spontaneous questions/topics that do not appear in the schedule were also discussed.

### **Social Worker Interview Schedule**

*Topic 1: Briefly explain your experience as a child protection social worker.*

Community; community make-up; client make-up; length of time; social work positions?

*Topic 2: Intake*

What basic steps are followed when a CP report is first received?

What factors are considered during a risk assessment? (risk level, time frame of response)

What is the likelihood of a protective response in cases where NEM is the primary concern? (proportion of caseload; type of response)?

How could risk assessment procedures be improved especially with respect to NEM?

*Topic 3: Intervention*

What types of interventions are provided for NEM cases?

Describe the main features of the relevant interventions?

Do they reduce risk to children? Improve parenting skills and family interactions?

How quickly do they close? How often do they recur?

How do families/children react to these interventions?

How could the intervention be improved especially with respect to NEM?

*Topic 4: Overall effectiveness of existing child protection policy:*

In your view, what works best about B.C.'s child protection policy, especially with respect to NEM?

In your view, what are the greatest challenges or weaknesses of the current system with respect to NEM?

### **Community Service Manager Interview Questions**

*Topic 1: Tell me about your organization, its mandate, and your role within the organization.*

*Topic 2: Program Details/Intake*

What are the main objectives of the program?

Reasons for referral; level of risk; demographics?

How is the service plan constructed? Who is involved?

How quickly do services begin after referral?

What specific services do you provide? Any services specific to NEM?

Who delivers these services? What training does the program staff have?

What time commitment is required from the family?

How is child/family progress monitored?

What role do social workers have in the service delivery?

Under what conditions does a service plan end? Who decides?

How long do services typically last?

*Topic 3: Evaluating the Program*

How long have you been providing child protection services to MCFD families?

Has participation grown/shrunk/reached capacity over that time?

Are families ever turned away/delayed/referred to another program?

In your judgment, are the types of referrals made to you appropriate?

Responses of client families to programs? (attendance; engagement, fairness)

How often are families referred back to MCFD?

Are any families ever re-referred for more services after discharge?

Do families ever seek other program supports after discharge?

How is your program different from other family support?

Overall, what are the strengths of the program as a NEM intervention?

What are the challenges/weaknesses of this program as a NEM intervention?

*Topic 4: Perceptions of the child protection system as a whole*

In your view, what works best about the B.C.'s child protection policy, especially with respect to NEM? What are the greatest weaknesses?

## **Appendix C: Data Coding**

Among the 16 codes listed below, codes 1-8 were included in the initial list of candidate codes and codes 9-16 were added throughout the first stage of the coding process.

### **Stage 1 Transcription Codes**

1. Proportion of neglect/emotional maltreatment cases in caseloads
2. Social conditions that lead to neglect/emotional maltreatment
3. Neglect/emotional maltreatment is less serious/lower risk/difficult to identify
4. Intake/risk assessment philosophy of the system/practitioners within the system
5. Neglect and emotional maltreatment interventions
6. Low resource availability
7. Decision-making processes/strength of teamwork
8. Family development response and other programs (FGC, mediation)
9. Importance of time in understanding protection issues
10. Lacking necessary supports/guidelines/learning opportunities/mentorship
11. Quick fix mentality of MCFD policy makers
12. Child protection not really social work
13. Collaborative approaches to service delivery
14. Importance of Community Resources
15. Family and child focus/respect for family rights
16. Social workers as cops

## **Appendix D: Budgetary Cost Calculations for Policy Alternatives**

### **Alternative 1: Status quo**

No new costs

### **Alternative 2: Risk Assessment Standards**

*New social worker salary costs*

Assume 50 new intake social workers (10 per service region) @ \$46,598

Alternative 2 Total estimated cost

= **\$2,329,900 + training costs**

### **Alternative 3: Voluntary agreements for early NEM interventions (marginal-to-low risk)**

Cost of services

(600 new voluntary agreements) x (2, assume 1 parent and 1 child per agreement) = 1,200

(Services for 1,200 individuals) x (\$2,300/year) x (0.25 years of services)

= \$690,000 (3 months)

Cost of social worker supervision

(600 new voluntary agreements spread evenly throughout the year) x (assume 0.5 years of services) = (300 cases at a time) / (30, family service social worker caseload) = (10 new social workers) @ (\$46,598/year in salary)

= \$465,598

Alternative 3 Total estimated cost

= **\$1,155,598 (based on three months of services)**

**Alternative 4: Modified FDR (low-to-moderate risk)**

Cost of services

(1,000 new modified FDR service plans) x (2, assume 1 parent and 1 child per agreement) =

2,000 (Services for 2,000 individuals) x (\$2,300/year) x (0.25-0.5 years of services)

= \$1,115,000 (3 months) to 2,300,000 (six months)

Cost of social worker supervision

(1,000 new FDR cases spread evenly throughout the year) x (assume 0.5 years of services) = (500

cases at a time) / (30, FDR social worker caseload assumed to be the same as above) = (16.67

new social workers) @ (\$46,598/year in salary)

= \$776,633

Alternative 4 Total estimated cost

= **\$1,891,633 to \$3,076,633 (based on 3 or 6 months of voluntary services)**

**Alternative 5: Ongoing counselling for existing cases (moderate-to-high risk)**

Counselling service costs

(250 NEM counselling cases) x (assume 1 child per case) x \$2,300/case x (0.5, 1, or 1.5 years)

Total estimated cost

= \$287,500 (6 months) to \$575,000 (1 year) to \$862,500 (18 months)

# Bibliography

## Works Cited

- Arias, Ileana. "The legacy of child maltreatment: Long-term health consequences for women." *Journal of Women's Health* 13, no. 5 (2004): 468-473.
- Bennett, D., Sadrehashemi, L., Smith, C., Hehewerth, M., Sienema, L., and J. Makolewski. "Hands Tied: Child protection workers talk about working in, and leaving, B.C.'s child welfare system." Vancouver: Pivot Legal Society. <http://www.pivotlegal.org/Publications/reportsht.htm> (accessed November 2, 2009).
- BC Stats. "Health Authority 3 – Vancouver Coastal: 2008 Statistical Profile". Socio-Economic Profiles Health Authorities. [http://www.bcstats.gov.bc.ca/data/sep/ha/ha\\_3.pdf](http://www.bcstats.gov.bc.ca/data/sep/ha/ha_3.pdf) (accessed on January 15, 2010).
- Blackstock, Cindy., Nico Trocmé, and Marlyn Bennett. "Child Maltreatment Investigations Among Aboriginal and Non-Aboriginal Families in Canada." *Violence Against Women* 10, no. 6 (2004): 901-916.
- Bowlus, Audra, Katherine McKenna, Tanis Day, and David Wright. "The economic costs and consequences of child abuse in Canada." Law Commission of Canada. [http://dsp-psd.pwgsc.gc.ca/collection\\_2007/lcc-cdc/JL2-39-2003E.pdf](http://dsp-psd.pwgsc.gc.ca/collection_2007/lcc-cdc/JL2-39-2003E.pdf) (accessed on November 15, 2010).
- Braun, Virginia., and Victoria Clarke. "Using thematic analysis in psychology." *Qualitative Research in Psychology* 3 (2006): 77-101.
- Day, Tanis, and Katherine McKenna. "The Health-Related Costs of Violence Against Women: The Tip of the Iceberg" In *Violence Against Women: New Canadian Perspectives*, edited by Katherine McKenna and June Larkin, 313-350. Toronto: Inanna Publications, 2002.
- Doyle, Joseph J. "Child Protection and Child Outcomes: Measuring the Effects of Foster Care." *American Economic Review* 97, no. 5 (2007): 1583-1610.
- Gough, Pamela. "British Columbia's child welfare system." Toronto: CECW Information Sheet #54E, 2007. <http://www.cecw-cepb.ca/sites/default/files/publications/en/BCchildwelfaresystem54E.pdf> (accessed on January 21, 2010).
- Government of British Columbia. "The Risk Assessment Model for Child Protection in British Columbia." Victoria: BC Ministry for Children and Families, 1997.
- Government of British Columbia. "Child and Family Development Service Standards." Victoria: Ministry of Children and Family Development, 2003. [http://www.llbc .leg.bc.ca/ public/PubDocs/bcdocs/439343/cfd\\_ss\\_may08.pdf](http://www.llbc .leg.bc.ca/ public/PubDocs/bcdocs/439343/cfd_ss_may08.pdf) (accessed on November 21, 2009).



- Government of British Columbia. "British Columbia's Family Development Response." Victoria: Ministry of Children and Family Development, 2004a. [http://www.mcf.gov.bc.ca/child\\_protection/pdf/fdr\\_overview\\_internet.pdf](http://www.mcf.gov.bc.ca/child_protection/pdf/fdr_overview_internet.pdf) . (accessed on November 21, 2009).
- Government of British Columbia. "Family Development Response or Child Protection Investigation." Victoria: Ministry of Children and Family Development, 2004b. [http://www.mcf.gov.bc.ca/child\\_protection/pdf/fdr\\_guide\\_internet.pdf](http://www.mcf.gov.bc.ca/child_protection/pdf/fdr_guide_internet.pdf) (accessed on November 21, 2009).
- Government of British Columbia. "2007/08 Annual Service Plan Report." Victoria: Ministry of Children and Family Development, 2008. [http://www.bcbudget.gov.bc.ca/Annual\\_Reports/2007\\_2008/cfd/cfd.pdf](http://www.bcbudget.gov.bc.ca/Annual_Reports/2007_2008/cfd/cfd.pdf) (accessed on January 2, 2010)
- Government of British Columbia. "2009/10 – 2011/12 Service Plan Update." Victoria: Ministry of Children and Family Development, 2009. [http://www.bcbudget.gov.bc.ca/2009\\_Sept\\_Update/sp/pdf/ministry/cfd.pdf](http://www.bcbudget.gov.bc.ca/2009_Sept_Update/sp/pdf/ministry/cfd.pdf) (accessed on: November 21, 2009)
- Government of British Columbia. "2010/11 – 2012/13 Service Plan Update." Victoria: Ministry of Children and Family Development, 2010. <http://www.bcbudget.gov.bc.ca/2010/sp/pdf/ministry/cfd.pdf> (accessed on: March 16, 2010).
- Guba, Egon, and Yvonna Lincoln. "Competing paradigms in qualitative research". In *Handbook of Qualitative Research*, edited by Norman Denzin and Yvonna Lincoln, 105-117. Thousand Oaks, CA: Sage, 1994.
- Hildyard, Kathryn. L., and David. A. Wolfe. "Child neglect: developmental issues and outcomes." *Child Abuse & Neglect*, 26 (2002): 679–695.
- Hughes, Ted. "BC Children and Youth Review: An Independent Review of BC's Child Protection System." Victoria: Ministry of Children and Family Development, 2006. <http://www.rcybc.ca/Groups/Archived%20Reports/Hughes%20Report.pdf> (accessed on September 10, 2009).
- Knoke, Della, and Nico Trocmé. "Risk assessment in child welfare." Toronto: CECW Information Sheet #18E, 2004. <http://www.cecw-cepb.ca/sites/default/files/publications/en/RiskAssessment18E.pdf> (accessed on January 3, 2010).
- Loman, L. Anthony, and Gary L. Siegel. "Differential Response in Missouri after Five Years: Final Report." St. Louis: Institute of Applied Research, 2004a. <http://www.iarstl.org/papers/MODiffResp2004a.pdf> (accessed on November 22, 2009).
- Loman, L. Anthony, and Gary L. Siegel. "Minnesota Alternative Response Evaluation Final Report." St. Louis: Institute of Applied Research, 2004b. <http://www.iarstl.org/papers/MODiffResp2004a.pdf> (accessed on November 22, 2009).
- Lowenthal, Barbara. "Effects of Maltreatment and Ways to Promote Children's Resiliency." *Childhood Education* 75 (1999): 204-209.
- MacMillan, Harriet. L., Ellen Jamieson, C. Nadine Wathen, Michael H. Boyle, Christine A. Walsh, John Omura, Jason M. Walker, and Gregory Lodenquai. "Development of a Policy-Relevant Child Maltreatment Research Strategy." *The Milbank Quarterly* 85, no. 2 (2008): 337-374.

- Mendelsohn, Matthew. "Canada's Social Contract: Evidence from Public Opinion. CPRN Discussion Paper No. P|01." Ottawa: Canadian Policy Research Network, 2002. [http://www.cprn.org/documents/15075\\_en.PDF](http://www.cprn.org/documents/15075_en.PDF) (accessed on: November 15, 2009).
- Ministry of Children and Family Development. "CF&CS Statistics for the Federation of Child & Family Services of BC." Victoria: MCFD Decision Support Branch, 2008. <http://74.125.155.132/search?q=cache:oquhTn1sHV4J:www.frpbc.ca/newsandevents/documents/MCFDCICStatisticsMar2008.doc+ministry+of+children+and+family+development,+statistics,+decision+support+branch&cd=4&hl=en&ct=clnk&gl=ca&client=firefox-a> (accessed on January 12, 2010).
- Ministry of Children and Family Development. "Aboriginal Children in Care October 2009 Report." Victoria: MCFD Research, Analysis and Evaluation Branch, 2009a. <http://www.fndirectorsforum.ca/reports-and-publications> (accessed on January 14, 2010).
- Ministry of Children and Family Development. "Open Protection Reports by Duration: October 1998-October 2009." Victoria: MCFD, 2009. [http://www.mcf.gov.bc.ca/about\\_us/pdf/october\\_2009.pdf](http://www.mcf.gov.bc.ca/about_us/pdf/october_2009.pdf) (accessed on January 14, 2010).
- Morgan, David L. "Paradigms lost and pragmatism regained: methodological implications of combining qualitative and quantitative methods." *Journal of Mixed Methods Research* 1 (2007): 48-76.
- Murphy-Berman, Virginia. (1994). "A Conceptual Framework for Thinking about Risk Assessment and Case Management in Child Protective Service." *Child Abuse and Neglect*, 18 (1994): 193-201.
- Rothman, Laurel, and Amanda Noble. "Family Security in Insecure Times: The Case for a Poverty Reduction Strategy for Canada, 2008 Report Card on Child and Family Poverty in Canada." Toronto: Campaign 2000, 2008. <http://www.campaign2000.ca/reportCards/national/2008EngNationalReportCard.pdf> (accessed on October 12, 2009).
- Schumacher, Julie. Amy M. Smith Slep, and Richard E. Heyman. (2001). "Risk factors for child neglect." *Aggression and Violent Behavior* 6 (2001): 231-254.
- Springer, Kristen W., Jennifer Sheridan, Daphne Kuo, and Molly Carnes. "The Long-term Health Outcomes of Childhood Abuse: An Overview and a Call to Action." *Journal of General Internal Medicine* 18 (2003): 864-870.
- Toronto Public Health. "National Survey of Canadians' Attitudes on Section 43 of the Criminal Code." Toronto: City of Toronto, 2003. [http://www.toronto.ca/health/pdf/ssl\\_survey.pdf](http://www.toronto.ca/health/pdf/ssl_survey.pdf) (accessed on: November 20, 2009).
- Trocmé Nico, Bruce MacLaurin, Barbara Fallon, Joanne Daciuk, Diane Billingsley, Marc Tourigny, Micheline Mayer, John Wright, Ken Barter, Gale Burford, Joe Hornick, Richard Sullivan, and Brad McKenzie. "Canadian Incidence Study of Reported Child Abuse and Neglect: Final Report." Ottawa: Minister of Public Works and Government Services Canada, 2001.
- Trocmé, Nico, Theresa Knott, Della Knoke. "An overview of differential response models." Toronto: CECW Information Sheet #4E, 2003. <http://cwrp.ca/sites/default/files/publications/en/DifferentialResponse4E.pdf> (accessed on January 2, 2010).

Trocmé, Nico, Della Knoke, and Cindy Blackstock. "Pathways to the Overrepresentation of Aboriginal Children in Canada's Child Welfare System." *Social Service Review* 78, no. 4 (2004): 577-599.

Trocmé, Nico, Barbara Fallon, Bruce MacLaurin, Joanne Daciuk, Caroline Felstiner, Tara Black, Lil Tonmyr, Cindy Blackstock, Ken Barter, Daniel Turcotte, and Richard Cloutier. "Canadian Incidence Study of Reported Child Abuse and Neglect – 2003: Major Findings." Ottawa: Minister of Public Works and Government Services Canada, 2005.

West Coast Family Resources Society. "2008-09 Annual Report: The Strength of Family." Vancouver: West Coast Family Resources Society, 2009. <http://www.westcoastfamily.org/Annual%20Repots/Annual%20Report%202008-2009%204.pdf> (accessed on January 15, 2010).

Yates, Tuppett M. "The Developmental Consequences of Child Emotional Abuse." *Journal of Emotional Abuse* 7, no. 2 (2007): 9-34.

## **Statutory Laws**

The Child, Family, and Community Service Act (R.S.B.C., 1996, c. 46)

The Constitution Act, 1867, 30 & 31 Victoria, c. 3. (U.K.)

The Criminal Code of Canada (R.S., 1985, c. C-46)

## **Websites Reviewed**

British Columbia Ministry of Child and Family Development. <http://www.gov.bc.ca/mcf/>