PRACTICE WISDOM IN CHILD PROTECTION DECISION MAKING

by

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ABSTRACT

Objective: The purpose of this study was to explore how practice wisdom is used by social workers in child protection by examining the factors they pay attention to in everyday decision-making.

Methods: This was an exploratory study using a factorial survey approach, which combines elements of survey research and experimental design. Case vignettes were constructed by randomly assigning characteristics that research indicates have an effect on assessing risk. Child protection social workers assessed the vignettes on risk level, the importance of a home visit, the number of contact hours they would have with the family as well as the services they would provide.

Results: The results indicate the factors that are paid attention to when making a decision, and the kind of knowledge that is used, depends on the kind of decision that has to be made. Social workers are more likely to utilize technocratic, *evidence-based* knowledge from the case situation when making decisions about risk level or service provision; whereas factors about the social worker and his or her work environment are more influential in their desire to develop subjective, or contextual, knowledge.

The research also revealed that the variables of income and race are not statistically reliable factors in decision-making.

Conclusion: Child protection practice and decision making is complex. In every day practice, it seems that social workers are using practice wisdom through an integration of objective, procedural knowledge and experiential knowledge. As child protection policy in B.C. refocuses on collaborative practice models, paying attention to the development of self-reflective practice is as important as the ongoing attainment of evidence-based knowledge if social workers are to develop practice wisdom in their decision-making.

Key words: Child Maltreatment; Decision-making; Factorial Survey Method; Risk Assessment; Child Protection Relationship Building.

DEDICATION

This research is dedicated to all the child protection social workers who make decisions in their everyday practice that affect children and families' lives so dramatically. In particular, it is dedicated to social workers who have developed a conscious practice that incorporates practice wisdom. For social workers, whose decisions have resulted in traumatic outcomes and public and internal inquiries, I hope that this research contributes to the understanding of the complexity of the decisions required in child protection.

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appreciate their dedication to the profession and child welfare, and interest in building onto the body of decision-making knowledge.

Lastly, but perhaps most importantly, it is impossible to understate my appreciation of the support from my family and friends over the last many years. During my moments of self-doubt or struggle, your belief in me enabled me to find strengths and capacities within myself that I was unaware of. I hope that I am able to reciprocate some of the same kindness in the years to come.

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1: INTRODUCTION

Children warrant special care and attention in society. Most children receive this protection and nurturance from their families; however, when parents are unable to provide an appropriate environment for the healthy development of their children, child welfare organizations intervene. This relationship between private families and the state in protecting children is complex and evolves over time as the social, economic, ideological, and cultural context changes. However, when parents harm a child, or a child is further traumatized while in the care of the state child welfare organization, there is understandable concern.

Child abuse and neglect is a serious social problem. Canada, as in other Western countries, has seen an increase in the reporting, investigation, and substantiation of child maltreatment over the last two decades (Bellefeuille & Hemingway, 2005; Cash & Wilke, 2003; Fernandez, 1996; Russell, Harris, & Gockel, 2008). While the reasons for these trends are multiple and include factors such as heightened awareness, different reporting mechanisms, and lower thresholds of what constitutes harm, these trends highlight the need to pay attention to the practice of child protection. The efficacy of child welfare organizations to protect children from harm comes under more intense scrutiny when high profile public enquiries are conducted into children's deaths. The subsequent review processes examine the circumstances of the child's life and death, and pay particular attention to the decisions that social workers, team

leaders, and managers make. The result of these review mechanisms is frequently that fault is found in the decision-making. The subsequent outcome is a series of recommendations calling on government to reform the practice and organization of child protection services. These recommendations usually incorporate a bureaucratic response of increased policy and procedures; with little attention paid to the complexity of the decision making process. The decisions that child welfare workers are asked to make everyday are critical as they can dramatically affect the lives of children and their families. While complete accuracy in child protection decision making is an unrealistic expectation (Munro, 1999a), understanding how social workers make decisions is important in order to develop better practices. However, despite the plethora of literature and research on child harm and the organization and practice of child protection, minimal attention has been paid to understanding the process of decision making or how the professional thinks in the context of everyday practice (Kondrat, 1992; Walmsley, 2004).

Decision making in social work, and in particular in child protection, is a difficult and challenging process that is fraught with risk and uncertainty; decisions are often made with insufficient, unreliable, conflicting, or missing information within a stressful and pressured organizational and political context (Budd, 2005; Gambrill, 2005a; Webb, 2002). Despite this uncertainty, social workers must make decisions about children's safety. They must use their knowledge and skills gained through their education, training, and experience to take the appropriate action. Contemporary child welfare is increasingly turning to

an analytical, scientific approach emphasising evidence-based knowledge to increase the effectiveness and accountability of decision-making. The development of Risk Assessment is the predominant example of the application of research-based knowledge into a procedural tool that can be used in everyday practice. Risk items are included when there is empirical research showing a statistical link between the items/factors and the circumstances of the case being assessed (Cash, 2001). These risk assessment tools provide a mechanism for standardizing service interventions and providing some predictability, and have become the central decision making mechanism in child welfare (DeRoma, Kessler, McDaniel, & Soto, 2006).

The development of empirical, or scientific knowledge allows for the application of systemic theory and procedural rules. In social work, although there are standard functions and contingencies that are met again and again, the situation or circumstance in which they find themselves is never quite the same and the minor differences mean that each problem or case has to be addressed on its own merits (Squires, 2005). In practice, decision-making is more than an exercise in technical rationality; it requires social workers to translate theoretical knowledge into skills and know-how for practice (Kondrat, 1992; Parton, 2003). In the messy real world it requires what Squires (2005) refers to as “repetition-with-variation”. The practice of social work is to interpret the individual client situation and take actions that are consistent with the organizational and societal context in which they are being practiced. This requires many ways of ‘knowing’.

While it is beyond the scope of this dissertation to examine the epistemology of knowledge, it is important to recognize the breadth of knowledge individuals may access in their decision-making. Ruch (2002) provides a framework of three main types of knowledge: Orthodox theoretical knowledge, tacit knowledge, and practice wisdom. Orthodox knowledge is derived from empirical, scientific knowledge that has been rationally deduced and is deemed objective. The risk assessment tool is an example of how this kind of knowledge is developed into a procedural tool. Ruch (2002) also describes tacit knowledge, which is knowledge that has been assimilated over time and is acted on in a way that cannot necessarily be articulated. The third type of knowledge Ruch (2002) describes is practice wisdom which she describes as "experiential theory or personal theory ... derived from integrating over time orthodox theoretical understanding with personal experiences" (p. 203). Whereas, empirical, or scientific knowledge allows for the application of systemic theory and procedural rules, this alternative form of experiential knowledge takes into account the professional's store of cultural, personal, and practice knowledge. It is this personal store of knowledge that becomes internalized and allows the professional to filter a situation through their own experience-based knowledge, to decide which information is relevant, and to discover patterns of meaning. The focus of this research is to attempt to examine practice wisdom in child protection by seeing how orthodox theoretical knowledge, as it is exemplified in the risk assessment tool, and the social worker's experience-based knowledge impact on decision making.

Social workers in child protection have to make multiple decisions throughout the process of working with a child and family. Decisions about the need to investigate, whether the child is safe, how much, and what services to provide all have to be made. These decisions will have serious ramifications for the child and family; they are difficult decisions, and are often made in the face of a great deal of uncertainty (Gambrill, 2005b). Given the complexity, it may not be surprising that there is disagreement among social workers and experienced practitioners in their decision-making (Gambrill, 2005a; Reamer, 1993; Sicoly, 1989). However, initial judgments have been shown to be important in decision-making. Gambrill (2005a) in her work on critical thinking in social work suggests that "we have a tendency to believe in initial judgments, even when we are informed that the knowledge on which we based our judgments was arbitrarily selected" (p. 19). Furthermore, she contends that these initial beliefs are resistant to challenges, even when new evidence is provided. Munro (1999a) in a study of reasoning in child protection in Britain had similar conclusions. She found that most determinations of risk were based on a limited range of data and subsequently, even with evidence contrary to the worker's initial case disposition decision, revision of judgment about cases was slow or nonexistent. Recognizing the rapidity with which social workers have to make decisions and the reluctance to modify those judgments heightens the need to understand decision making from first contact.

1.1 Research Context

Research begins with the identification of a problem of interest to the researcher. Imre (1985) argues that "there is an inseparable tacit dimension in the whole research process of deciding on a problem, on what seems to point to a hidden reality and is therefore worth exploring" (p 143). I have been a social worker in northern British Columbia for over twenty years, initially in the non-profit sector as a substance abuse and mental health counsellor working in small aboriginal and non-aboriginal communities. After completing a Master's degree in Social Work, and teaching at the University of Northern British Columbia (UNBC) for two years, I continued a career with the Ministry for Children and Family Development as a manager. Among other roles, one of the responsibilities was to provide leadership in Quality Assurance and investigate child protection complaints. I continued to teach on a sessional basis and returned to full-time post-secondary teaching at the College of New Caledonia five years ago.

My initiation into professional social work was developed in a context where an ethic of caring was predominant. To be effective in small communities, an *insider* status was required and my work was highly accountable through visibility in the community. The second half of my career (to date) has been spent in a large bureaucracy where accountability occurred through the implementation of rules and procedures and through a largely invisible, and certainly impersonal, vertical hierarchy. I struggled with this in the role of complaints manager as the predominant theme was that the client felt

misunderstood, unheard, and dehumanized as a “case”. Throughout this time, I saw varying approaches, both at the line and managerial level, to child protection decision making. Some decisions seemed to be made largely without emotion, but following the rules; other decisions seemed to be made based purely on intuition and gut feeling with a disregard for the policy. At the same time, I was involved in several high profile child deaths that continued to be scrutinized, long after my departure. I have seen the toll these public inquiries take on everyone involved. While the attempt by the media and court-based systems is to review decisions from a rules-based perspective, clearly the emotions and public interest that arise indicate that child protection social work is more than a simple adherence to policies and procedures.

My role in social work, at the moment, is to prepare students for generalist social work. Some will choose to practice in the social caring specialties of small community practice or counselling; others will choose to practice in areas such as child protection where social control is the predominant philosophy. Regardless of the site of their practice, my job is to use all of my knowledge and experiences to help them develop critical thinking to apply to their own practice. I believe that ultimately, I must prepare students to work with the most marginalized people in society in a caring way while maintaining the rigor of the bureaucratic requirement for efficacy and efficiency, and the public’s demand for transparency of decision-making. Clearly my own version of practice wisdom is not a gold standard but thinking about my own development over almost twenty-five years leads me to explore the concept of how decisions are made in everyday social

work practice. I chose to explore child protection decision making for two reasons. The first is that I was interested primarily in social work knowledge and the application of knowledge to practice; and child protection is the domain of practice in which social work is the primary profession. The second is that it is the decisions in child protection that are the most critical to vulnerable children and the most scrutinized by the profession, organizations, public, and media.

1.2 Research Question

Child protection social workers are required to make decisions about children's safety on a daily basis. Despite the importance of child protection decisions, and the visibility and profile when poor decisions are made, limited research exists on critically examining the complexity of how decisions are made (Taylor, 2006; Zeira & Rosen, 2000). This research is a small step in exploring the complexity of child protection decision making in practice.

In order to examine how social workers make everyday decisions, it was important to use a research process that replicated as much as possible the circumstances of daily decision making. The factorial survey method of research, first developed by Rossi and Anderson (1982), has been used to examine social judgments. It is a hybrid technique that studies people's perceptions, beliefs, judgments, and decisions that are associated with complex multidimensional phenomena (Jasso, 2006; Ludwick, Wright, Zeller, Dowding, Lauder, & Winchell, 2004; Shlay, Tran, Weinraub, & Harmon, 2005). The factorial survey technique "bridges two research paradigms by combining elements of experimental designs and probability sampling with the inductive, exploratory approach of qualitative

research" (Ganong & Coleman, 2006, p. 455). Although this method has had limited exposure in social work research, Taylor (2006) argues that "factorial survey has potential as a method for rigorous study of the impact of client, family, and context factors on decisions by social work and social care staff" (p. 1187). In the factorial survey method, the respondents are presented with contrived hypothetical situations, or vignettes. The factors (or independent variables) within the vignette are developed from the research and are randomly assigned to the vignettes that the respondent is asked to make a decision about. The random assignment of the independent variables ensures that each vignette is unique and furthermore that the variables are uncorrelated to each other within the vignette. Based on the unique vignette, each respondent is asked to make the same decisions, thus the impact of the various independent variables (factors within the vignette) can be assessed for their effect on the decisions (dependent variables).

When trying to unravel the complexity of how decisions are made as they were being made, as opposed to in hindsight, it is important to first look at the context of decision-making. The next chapter provides some historical and philosophical context of the socio-political and organizational environment; chapter 3 focuses on the British Columbia environment. Chapter 4 considers how social workers develop meaning from the individual client's circumstance; it will initially consider how the individual social workers personal and professional experiences impact decision-making and then consider the importance of the client-social worker relationship. The methodology and data analysis will then be

described. This dissertation ends with a discussion patterns of factors that emerged in the decision making and concludes with implications for policy, research, education, and practice.

2: THE SOCIO-POLITICAL CONTEXT OF CHILD WELFARE

Child protection practice takes place within a framework of organized social relationships which is sanctioned by society and structured by a legislative mandate and bureaucratic organization (Walmsley, 2004). In order to examine contemporary child welfare practice and thinking, it is necessary to explore how child welfare is socially constructed through these contextual dimensions. Notions of *child*, *family*, and *child maltreatment* have meanings that are constructed and evolve over time within a broader philosophical and cultural context (Anglin, 2002). This chapter will begin by considering how modernity influenced the implementation of managerialism and evidence-based practices in child welfare. Then, Habermas' concepts of two spheres of social existences will be explored to consider how modernity has separated the technical rationality of the organization of child welfare from the unique and complex realities of everyday life. In the final section of this chapter the Aristotelian concept of *phronesis*, or practice wisdom, will be explored as a way of understanding how social workers interface between the instrumentality of the organization and the contextual experience of the children and families.

2.1 Modernity and Child Protection

The concepts of child and family and the notion of child maltreatment, or child abuse are social constructions that have evolved over time. Historically, a

child was considered the property of their parents who had unrestricted authority to discipline them as they saw fit. From today's perspective, many of these disciplinary practices would be considered harmful to children. Using contemporary definitions of child maltreatment, references of child abuse can be found dating back to the Inca and Egyptians. Biblical literature refers to child sacrifices in order to please and appease gods. In ancient Rome, a father had the authority to sell, kill, maim, or sacrifice the child if he declared the child unfit to live. The concept that childhood was a stage of life that required greater protection did not emerge until the end of the nineteenth century (Macintyre, 1993). In Victorian society, historical accounts indicate some conception of child maltreatment. While it was considered socially aberrant, no more than a handful of cases appeared before the courts each year and there was an absence of professional mediation into parent-child relationships (Ferguson, 2004). Although, there is a history of various agencies, such as churches, acting as protectors of children, the modern child welfare system in which the state has a formal role in protecting children and taking over the functions that are normally carried out by parents only began to emerge in the last quarter of the nineteenth century. Child welfare practice and organization embodies the dynamic and reflexive aspects of modernity. Although the concept of modernity has multiple meanings, in its simplest form it refers to the cluster of social, economic, and political systems that emerged in the West with the Enlightenment. No longer was human order considered natural or God-given. Reason, and the application of science, became the foundation for human activities with the nation state

taking the responsibility for coordination of society's development. Politico-economic rationality combined with scientific objectivity emerged as the two key elements of modernity (Parton, 1996). As technical innovations and the resulting economic development occurred, industrialization and urbanization evolved into a new social order with modern political systems. New organizational forms developed which transformed the interactions between institutional and personal relations (Kaspersen, 2000). The emergence of professional social work is associated with these transformations. As new relationships developed between the state and the family, social work acted as an interface between the public and private spheres.

Child welfare had its beginnings over 100 years ago in the largely philanthropic and volunteer "friendly visitor" program that determined the worthiness of help. Largely as a result of the rapidity of industrialization at the end of the nineteenth century, child poverty and homelessness among the working class were increasing, while the middle class, especially women, had increased leisure time to dedicate to social change (Macintyre, 1993). Women's groups in the late nineteenth and early twentieth centuries were a type of Christian social action that transferred women's private mothering, maintenance, and caring for their own family members to a public caring for the poor, the disadvantaged, and the neglected (Macintyre, 1993, p. 19). During this time, "child protection was in equal measure a public and private experience in how it involved actions to protect children on the streets as well as in people's homes" (Ferguson, 2004, p. 32). During the latter stage of the nineteenth century, the

state was becoming increasingly involved through the enactment of legislation and the development of children's shelters (Ferguson, 2004; Macintyre, 1993). The volunteer system of giving help to individuals and families was gradually replaced by the employment of staff members, sometimes university-educated social workers. The moral shortcomings of the parents were no longer investigated and clients were no longer deemed to be either *deserving* or *undeserving* (Macintyre, 1993). Social workers were being taught to deal with clients in an objective manner in order to make a social diagnosis of each family and its members; this was a clear distinction from the moral assessment of the friendly visitors (Macintyre, 1993).

Social workers adopted casework practice as a systematic approach to assessing children and families. In addition to its basis in psychodynamic theory, casework practice provided a distinctive contribution with its focus on the whole person. This emphasis on personal skills in human relationships and an understanding of individuals and families provided an internal coherence to the knowledge base and provided a focus and legitimization for professionalism in social work (Parton, 1996). Social science knowledge was a prerequisite for professional rationality in a modern world and social work was beginning to emerge as an *expert* system. With this knowledge base, the profession of social work became institutionalized in Canada in 1926 with the formation of the Canadian Association of Social Workers (CASW). The professional association was dedicated to "upholding professional standards, encouraging proper and

adequate training, and cultivating and informing public opinion regarding the professional and technical nature of social work" (Macintyre, 1993, p. 33).

From the 1890s to the 1960s the growth of social science knowledge and the emergence of the welfare state occurred. This was in response to the recognition that social planning and state intervention would need to be developed in order to achieve widespread personal well-being (Howe, 1996). Attention was focused on the relationship between the condition of the individual and the maintenance of social order. In order to govern social life, a framework of universal social services was institutionalized. Goals of equity, fairness, and efficiency would occur through the proliferation of government regulations (Parton, 1996). Governments established social service departments based on the assumption that social problems could be overcome via state intervention, and experts with social-scientific knowledge and technical skills could make significant improvements in the lives of individuals and families through judicious professional interventions (Parton, 1996). Social work, with its increasing concern and interest in the experiences and behaviour of individuals who either suffered distress or caused distress emerged as an expert system, sometimes referred to as a *bureau-profession* (Ferguson, 2004; Howe, 1996; Parton, 1996).

The need for child protection and the profession of social work had emerged due to the consequences of rapid industrialization and urbanization associated with the technological advances of modernity; however, the organization and practice of social work would also be susceptible to the vagaries of modernity. According to Giddens (1990), modernity has three pervasive

themes: the transformation of time and space, the disembedding of social systems and a constant reflexivity. The development of a professional knowledge base becomes codified and proceduralized in some way so that it can be utilized uniformly over time and space. Inherent to expert systems is an attitude of trust. Giddens defines trust as confidence in the reliability of the person performing the actions, and that the systems generally work as they are supposed to. In modern times, this trust is socially constructed, rather than given by the nature of things or by divine influence. According to Giddens, the nature of expert systems (knowledge and trust is embedded into those experts) is that they act as a disembedding mechanism with the consequence that social relations are removed from the immediacy of the individual's context. However, systems are not static, they are dynamic, and as the practice is performed, new information occurs, requiring a reexamination of the practice. This interaction of thought and action constitutively alters and changes social practices and is what Giddens refers to as modern reflexivity (Giddens, 1990; Kasperson, 2000). Taylor (2005) summarizes the complexity of modernity well, stating:

> From the beginning, the number one problem of modern social science has been modernity itself: that historically unprecedented amalgam of new practices and institutional forms (science, technology, industrial production, urbanization), of new ways of living (individualism, securalization, instrumental rationality); and of new forms of malaise (alienation, meaninglessness, a sense of impending social dissolution). (p. 1)

Social work occupies a difficult and complex space in modern society. It carries with it the dual purpose of providing allegiances to the private lives of individuals and families while maintaining statutory responsibilities embedded in

state relations. The challenge of social work is to "establish the health and development of family members who are weak and dependent, particularly children, while promoting the family as the 'natural' sphere for caring for those individuals" (Parton, 1996, p.6).

The 1960s and 70s was a time of change. There were growing doubts about the effectiveness of the welfare state's ability to bring about improvements in individual's lives and civil liberties and *rights* movements emphasized diversity and individual freedoms. Social work was being criticized for being too zealous and intrusive in the private lives of families on the one hand, while being ineffective in ameliorating the conditions of their lives on the other. The profession was also experiencing an internal tension, as society was no longer implicitly placing their trust in expert systems such as social work. From the perspective of the more behaviourally and scientifically minded researchers, the capacity for social work to be effective in treating such things as poor parenting was questioned (Howe, 1996). Social workers were increasingly encouraged to consider the accumulating body of practice-relevant scientific information and draw upon evidence-based practices of health care, medicine, nursing, and mental health (Howard, McMillen, & Pollio, 2003).

Evidence-based practice is a paradigm that promotes more effective social interventions by encouraging the conscientious, judicious, and explicit use of the best available scientific evidence in professional decision-making (Gibbs & Gambrill, 2002; Kessler, Gira, & Poertner, 2005). It links interventions to outcomes based on research and controlled experiments, or gold standards. The

argument for evidence-based practice is to increase the effectiveness, as well as enhance the credibility, of the profession (Bates, 2006). Evidence-based practice is the “what works” movement and counters the concern that much of social work decision making is ineffective and prone to subjective bias and a reliance on vague assessments and predictions (Webb, 2002). Evidence-based practice provides a mechanism for standardizing service interventions and outcomes as well as providing some predictability. Although evidence-based practice and intervention in social work has a long history dating back to Jane Addams (1911), who suggested that systematic data collection and information processing were critical aspects of effective interventions, the adoption of evidence-based practices has largely been elusive (Jenson, 2005). Research indicates that not only do most practitioners fail to consider empirical evidence when selecting interventions for their clients, but that the outcome literature reveals few effective interventions for clients (Jenson, 2005; Regehr, Stern, & Shlonsky, 2007).

Contrasted with the emphasis on individual interventions were the “sociologically inspired critics who argued that social workers should take a more political and structural approach to understanding and dealing with clients and their problems” (Howe, 1996, p. 82). From this perspective more would be gained by changing the social system to suit the individual, rather than to change individuals to fit the social system. Throughout the 1950s and 60s the nature and extent of child abuse was sequestrated (Giddens, 1990). This process had the effect of removing basic aspects of life experience, and especially moral crises connected with such things as madness, criminality, death, or sexuality from the

regularities of day-to-day life (Ferguson, 2004). The process of sequestration allowed for the concealment of issues such as incest and child sexual abuse but also ensured that the "the belief in the 'science' of child protection remained largely un-interrogated at a public level" (Ferguson, 2004, p. 102). However, social forces were bringing about dramatic changes. In 1962, the American pediatrician Henry Kempe raised awareness of the "battered child syndrome". His work provoked public interest and helped reorient the conception of child abuse in the public consciousness and in social policy (Ferguson, 2004, p. 108). His work eventually lead to mandatory reporting laws. Concomitantly, the women's movement raised awareness about domestic and sexual violence in the private lives of families.

Just as child maltreatment and children's deaths were concealed, the process of sequestration also occurred within the expert systems. "Through the 1940s, 1950s, and 1960s, even within the professional community itself there was no acknowledgement or discussion of death which meant that professionals had secrets that they kept even from themselves" (Ferguson, 2004, p. 110). The 1970s, with the beginning of public scandals, were going to change this. Child protection, in late modernity, was quickly becoming constructed through "scandal politics". This occurred throughout Britain, Australia, the U.S., and Canada. Media began to report, and then sensationalize cases in which child protection failed to either prevent death or serious physical and sexual abuse of children.

The common response to the invariably aggressive attentions of the media has been a predominantly managerial response in an attempt to close off the

gaps in practice that have contributed to system failures (Ferguson, 2004, p.110). This has usually come in the form of the creation of new legislation and bureaucratic structures. Giddens' concept of reflexivity occurs at the institutional level as well as the individual. Problems of risk management in child protection come to concern hazards brought about by the development of the expert system itself (Ferguson, 2004, p. 118). As the organization of social services took on a more business-like culture, "the role of the manager changed from an expert and consultant on skills and methods of working with clients, to a designer and monitor of systems" (Otway, 1996, p. 166). As social work agencies have become preoccupied with procedures and guidelines, practice has changed to concentrate on agreements, task completion, and skills training. Howe (2004), points out that the focus of attention is now on the "act" rather than the "actor". Otway (1996) says that practice takes place at the level of the "performance" and not the "performer" which leaves social workers responding to the surface of events at the detriment, or exclusion, of exploring the depth of people's lives. In the culture of accountability that has risen out of the *scandal politics* of child abuse, the predominant concern for management has become an instrumental preoccupation with techniques and control. Feminist researchers have argued that the new managerialism has masculinized child protection by accentuating the bureaucratic, legalistic, and administrative aspects of the work over the supportive and caring aspects of working with children and families (Gray & Fook, 2004; Otway, 1996). This discourse of efficiency and effectiveness places an emphasis on following procedures, completing check-lists, and identifying risk

factors on the surface and away from understanding the complexity and depth of children's and families' lives (Otway, 1996).

2.2 Technical Rationality and Human Interaction

Against the backdrop of a risk adverse society, remedies to perceived failures in the child protection system are heavily influenced by a technocratic ideology that focuses on "fixing" the problem through changes in systems, policies, and procedures (Spratt & Houston, 1999). However, these types of changes do not address the complexity of human interaction that occurs in social work practice. Jurgen Habermas, the German philosopher, provides a framework that assists in understanding the effect of modernity on social work theory and practice. He distinguishes between two spheres of social existence which he describes as the *system* and the *lifeworld*. The system comprises the institutions and formal structures within the state such as economic and government spheres that govern the activities of the citizens. The system is purposively rational in that actions are driven by scientific and technical interests and attitudes. The purpose of actions within the system is to have "success"; they are teleological and ends driven. The system is driven by instrumental rationality in which the rules of the social systems are efficiently developed in order to realize a given objective (Edgar, 2006). However, Habermas argues that this domination of *instrumental reason* seeks to colonize all other modes of thought and is found wanting as a method of dealing with human activity (Spratt & Houston, 1999).

Counterbalanced with the system is the lifeworld which is the sphere centered on culture, society, and personality and that gives everyday meaning to people. It is the constructed social world that is maintained through the taken-for granted social skills and stocks of knowledge of its members. The lifeworld is maintained through ordinary people communicating with each other and establishing a shared understanding of the world as a meaningful place (Edgar, 2006). This lifeworld is inhabited by a value rationality and *actors* draw upon implicit meanings to make sense of their social worlds (Houston & Campbell, 2001). Actions are practical and contextually grounded and are based on moral considerations, rather than the ends, in and of themselves (Eriksen & Weigard, 2003).

Habermas' model distinguishes universalism developed by the state from contextualism, which occurs within the lifeworld. His contention is that as societies become larger and more complex the resources of the lifeworld become overburdened. No longer can social interaction be achieved through establishing common meanings and common interpretations; society requires systematic rules in order to have largely predictable actions and reactions. However, this adaptation of social relations poses a danger as the state bureaucracy slowly intrudes further into everyday life. In this way the system *colonizes* the lifeworld though the imposition of rules which effectively displace communicative rationality in favor of instrumentality. Habermas argues that in modern society the economic and administrative domains of the system are gradually separating from the lifeworld. This split results in one functionally integrated component

based on objectified phenomena and instrumental relations and a separate contextual, meaning-interpretative, communicatively integrated lifeworld on the other (Eriksen & Weigard, 2003). As colonization occurs the modern state becomes increasingly bureaucratic, specialized, rule-bound, hierarchal, and closed off to feedback, and the social agents can no longer question (or even understand) the rules that govern their actions (Edgar, 2006; Kelly, 2004). As the state becomes increasingly bureaucratic and rational, citizens are treated as objects to be processed and controlled. Thus, modern society becomes locked in Weber's iron cage of instrumental rationality.

Habermas' ideas are relevant to understanding modern social work in child welfare. The system embodies welfare-oriented spheres of activity with their modus operandi of technocratic consciousness (Spratt & Houston, 1999). Social work organizations are an integrative part of societal reality and as such are defined as inter-mediating organizations between the lifeworld and system of a society (Blindenbacher, 1999; Houston & Campbell, 2001). Habermas characterizes the welfare state as "halfway successful". On the one hand, the welfare state aims to give social rights to citizens in order to secure their well-being; however, the more the state is involved with citizens' lives, the more it tends to bring systematic power into the lifeworld. The spontaneous, communicative organization of everyday life is replaced with legal and administrative relations. This encroachment naturally gives rise to alienation and the citizen's well-being is depersonalized through bureaucratic abstraction. "The

lifeworld becomes both separated from and yet controlled by the instruments of state power" (Kelly, 2004, p. 43).

Habermas draws our attention to a central tension in child protection that social workers have to resolve in their everyday practice. Social workers are accountable to a state bureaucracy. Here, their competence is framed in terms of technocratic rationality, which is assessed through procedural processes and audits. However, in practice social workers engage in human interactions. With their clients, success is framed as the ability to develop shared meaning and understanding in order that positive change can occur. In other words competence is framed in relational terms (Kondrat, 1995). The social worker, working within the bureaucracy must interface these two worlds and manage both the primary concern of *risk* for the system while understanding the *need* of the client.

2.3 Practice Wisdom

Child protection organizations are the site where relationships between the social worker representing the child welfare system, and the client in his or her lifeworld gets played out. Social work knowledge is often conceptualized as a dichotomy between empirical knowledge and phenomenological experience in which one side is right and the other side is wrong (Imre, 1985; Klein & Bloom, 1995). At one end is the scientific, rational approach of empirical knowledge combined with the development of rules and objective measures of the bureaucracy. This perspective embraces the teleological aim toward the good life which corresponds to the principle of universality and focuses on ends and

external goods rather than means (Kaplan, 2003). This is the social control focus in social work and has become the predominant paradigm for child welfare practice. Technical rationality has become the dominant method of making practical decisions in contemporary Western society (Polkinghorne, 2004). This kind of means-end reasoning is held to be normative; the most efficacious and efficient action is selected from the body of scientific knowledge to achieve a chosen end (Polkinghorne, 2004). At the other end of the perspective is the highly reflective practitioner who learns by experience and reflection to respond to the uniqueness of a particular situation. These practitioners recognize social work as highly complex, ambiguous, and unpredictable and through the use of skill and wit, weave their way through a maze of interactions in order to bring their clients to some sort of satisfactory outcome (Callahan, 1993). This is the *art* of social science and focuses on the "process" or means of the activity rather than the externally imposed criteria for success. Clinical interventions and therapeutic care services tend to predominantly use this model.

Instrumental rationality, or technocratic consciousness, is inadequate to understand the complexity of human interactions and in particular the uniqueness of particular families. In everyday practice, there are many social work decisions, and indeed human interpersonal decisions, in which there is a conflict between the means and the ends or individual autonomy and universality. Social work practice requires an interaction, or reflexivity, between the professional social worker and the family. Bellefeuille, Garrioch, and Ricks (1997) described professional practice as an "ongoing process of learning where practice informs

theory and theory informs practice" (p. 66). Schon referred to this as *knowing in action* in which professional practice is an ongoing process of reflection and informed action (as cited in Bellefeuille, Garrioch, & Ricks, 1997, p. 67).

MacIntyre (1984) considers practice as any "coherent and complex form of socially established cooperative human activity" (p. 187). He further explores the concept of practice by differentiating it from a technical skill. Practice requires the achievement of goods internal so that both the ends and the goods involved in the activity are systematically extended. Tic-tac-toe, throwing a football, or bricklaying are not practices; however chess, the game of football, or architecture are all practices (MacIntyre, 1984). This notion separates a person who simply attends church from someone who is a practicing Christian. Similarly in social science, it differentiates someone who has simply stopped drinking, or merely attends Alcoholics Anonymous (A.A.) meetings, from someone who practices the principles of A.A. in their daily life. Practice occurs when the principles are internalized into the person's character and, because they *live* it, their quality of life is perceived the better for it. Similarly, in social work, the act of making a referral to a parenting class is a skill with an inherent 'ends' value. However, helping a parent develop self efficacy as they learn to parent in an effective and caring way is the practice of social work and has both goods internal and external.

Kondrat (1995) connects Habermas' schema to social work practice. She differentiates between the technical and practical approaches of practice. The technical emphasizes the "centrality of conceptual knowledge and procedural

rules acquired in formal settings" (p. 406). Thus, practice develops into a series of problem-posing questions: how to deliver more effective services, how to make the system more responsive, or how to improve an individual child or family's economic, social or emotional condition. This empirically-based practice is defined by systematic and theory-informed interventions. In contrast, the practical framework takes as its starting point the professional's store of cultural and experiential know-how which then helps the social worker to "grasp how the meaningful world of another is constructed" (Kondrat, 1995, p. 412). In this heuristic-based rationality, decisions are not made algorithmically, as they are in technical rationality, but rather they emerge as part of a process of discovering patterns of meaning and value that particular circumstances hold for those involved. From this perspective, the focus is on the interaction. The "pragmatic issues of practice are posed in relational terms: how to develop the kind of interpersonal rapport, understanding, and consensus that facilitate positive change for clients" (Kondrat, 1995, p. 409). "The practitioner engages a client and learns about the life situation from the client's perspective. The practitioner then combines this knowledge with whatever categories of knowledge exist in his or her experience to give further meaning to the client situation" (Klein & Bloom, 1995, p.802). This communicative action and mutual understanding occurs in the lifeworld and allows for the integrative skill of practice wisdom, or *phronesis*, to be developed.

According to Halverson (2004), the Aristotelian concept of "*phronesis*, or practice wisdom, concerns how individuals act based on their interpretation of the

contextual particular. "The aim of phronesis is not to develop rules or techniques true for all circumstances but to adjust knowledge to the peculiarity of local circumstance" (Halverson, 2004, p. 93). It is a way of knowing that is expressed through particular actions, it is how individuals *size up* or *see* a situation and develop and execute an appropriate plan of action (Halverson, 2004). Aristotle's notion of practice wisdom emerges from the transaction between the objective, evidence-based, scientific information with the subjective, personal, and value-driven phenomenological experience of the client situation (Klein and Bloom, 1995).

Practice wisdom is a natural feature of professional social work practice (Chu & Tsui, 2008). It provides a delicate balance between deontology and teleology, between social care and social control, between task and process, and between the *science* and *art* of social work. In intractable situations, practice wisdom upholds the moral norm while being applied differentially to the particulars of the situation. This occurs less in the sense of a compromise and more in an attempt to find a common ground (Kaplan, 2003). It is a "non-theoretical yet principled form of ethical knowing that provides a viable alternative to the scientific reduction of 'real' knowledge to objective theory and technique" (Halverson, 2004, p. 93). Practice wisdom is "constituted intersubjectively and grounded in personal contexts and local sites" (Chu & Tsui, 2008, p. 48). It is an awareness that there are many ways of knowing. It includes personal and professional awareness that is not easily articulated or transferred through an educational process. It requires the application of "general theories to specific

contexts" (Chu & Tsui, 2008, p. 50). Practice wisdom is "an integrating vehicle for combining the strengths and minimizing the limitations of both objective, or empirical, practice model and the subjective, or intuitive-phenomenological, practice model in the development of efficacious knowledge in social work" (Klein & Bloom, 1995).

3: TECHNICAL RATIONALITY OF THE 'SYSTEM' IN B.C.

The last 30 years have seen major and rapid restructuring in the organization and practice of child welfare across the Western World largely due to local, national, and even global notoriety about the ineffectiveness of child protection systems (Ferguson, 2004). As children's deaths exposed the uncertainty and inadequacy of the child protection system the overwhelming response by welfare states has been to attempt to close the gaps through administrative changes. Bureaucratic solutions have been introduced through more and more laws, procedures, and guidelines to manage the risk and uncertainty of child protection (Ferguson, 2004).

The consequence of all these changes has been an increasing number of families being investigated for suspicion of child abuse or neglect (Trocmé, Fallon, MacLaurin, & Neves, 2003; Whitehead, Chiodo, Leschied, & Hurley, 2004). According to the Canadian Incidence Study (2003) there were over 217,000 child investigations conducted in Canada of which 47% were substantiated. This represents an incidence rate of 21.71 substantiated maltreatment cases per 1,000 children investigated, a 135% increase from 1998 to 2003. This trend is not unique to Canada, other countries in the Western World including Australia (Fernandez, 1996), the U.S. (Cash, & Wilke, 2003; Russell, Harris, & Gockel, 2008) and Britain (Ferguson, 2004, p. 111) have

identified increasing rates of both reporting and substantiation of child maltreatment (Turnell & Edwards, 1999).

The task of deciding whether a child has been, or is likely to be harmed and then to decide which services to provide is formidable and daunting. "While continually balancing the risks of unwarranted intervention with the risks of non-intervention, the investigator carries out the primary responsibility of "objectively" assessing whether the child needs protection, and if so, how best to protect that particular child" (Craft & Bettin, 1991, p. 107). These decisions occur every day as child maltreatment continues to be a serious and growing social problem. Risk management has become the dominant activity in child welfare services and risk assessment tools, although debated by some, have been developed primarily to improve the consistency and effectiveness of child protection investigations (Munro, 1999b; Ryan, Wiles, Cash, & Siebert, 2005). Risk assessment models have become the central decision making mechanism in child protection as a response to concerns about erratic or erroneous decision making (DeRoma, Kessler, McDaniel, & Soto, 2006). This chapter looks in depth at the development of the risk assessment model in B.C., some of the empirical research that has gone into it, as well as the ramifications on decision making.

3.1 Child Protection in B.C.

In B.C. the shift towards the implementation of a formal risk assessment model in child welfare occurred after the death of 5 year old Matthew Vaudreuil who was "known" to the Ministry. Following much public outcry about the inadequacy of the system, Judge Gove was appointed to head an independent

commission of inquiry into the policy and practices of child welfare in British Columbia. Matthew's life and death, as well as the Gove inquiry received intense media coverage. Gove blamed the system for losing sight of the purpose of child protection pointing out Matthew's well-being became secondary to the parent's (Schmidt, 1997). Foremost among his 118 recommendations Gove proposed a new child-centered ministry that would integrate all services to children, youth, and their families (Armitage & Murray, 2007). Additional recommendations included new educational and training requirements along with regulation of the profession in order to promote greater accountability, a higher standard of practice (Armitage & Murray, 2007; Schmidt, 1997) and the implementation of *risk assessment* protocols and instruments for investigation (Callahan & Swift, 2007). This followed U.S. and British child welfare practices that were already using risk assessment models, also as a response to a number of highly publicized child welfare "scandals" (Callahan & Swift, 2007).

"Risk assessment is defined as the systematic collection of information related to the future abuse or neglect of a child" (Cash, 200l, p. 811). Cradock (2004) outlines the attractiveness of implementing risk assessment tools into the bureaucracy of child protection. Firstly, child protection actions are more defensible as the calculation of risk is objective. Secondly, the risk assessment process is easily amenable to audit functions, thus allowing for transparency and accountability. Thirdly, any errors of judgment can be attributed to a specific time and place, and usually to a specific person who failed to enter accurate values and to perform correct calculations in the risk assessment procedure.

As the new Ministry was established, attention was first directed to the development of risk assessment tools (Armitage & Murray, 2007). The pressure was now on professionals to avoid mistakes of any kind and the emphasis in child welfare shifted to a socio-legal framework with a focus on investigations in the hope of improving accuracy (Munro, 1999b). According to Gove, risk assessment models, with their numerical scoring, "could improve empirical accuracy of decision making" (Callahan & Swift, 2007, p. 162). It was a feature of child welfare in other jurisdictions and it quickly became entrenched in child welfare management practice in B.C. (Callahan & Swift, 2007). The risk assessment tool was a product of modernity and the system. It provided a technocratic tool that could be applied universally, was based on empirical evidence, and would ensure accountability and transparency of decision making. The risk assessment tool became tightly woven into the fabric of child welfare practice as a standardized tool that promotes reliable and un-biased decision making (Hughes & Rycus, 2007).

3.2 Risk Assessment Tool

In child protection investigations, social workers are required to assess a child's safety and decide whether to support the family through the provision of services or to remove the child from his or her home. The risk assessment model provides for a quantitative assessment tool that translates the child and families' experiences into expert knowledge by extracting specific risk indicators out of the circumstances of the child and family's life (Brown, 2006). The sole factor for the inclusion of risk items or factors is empirical research showing a

statistical link between the items/factors and a subsequent case outcome whose risk is being assessed (Cash, 2001, p. 818). "Risk assessment purports to give the state a means of determining which parents are sources of danger to their own children" (Cradock, 2004, p. 317). It provides a means of assessing potential harms to children through a process of compiling an overall risk profile to determine which children are being, or are likely to be, harmed by their parents.

The Risk Assessment Model for Child Protection in British Columbia (MCFD, 1996) includes the following major and sub-categories: Parental influence (abuse/neglect as a child, substance use, expectations of child, acceptance of child, physical capacity to care for child, mental/emotional capacity to care for child, and developmental ability to care for child); Child's influence (child's vulnerability, child's response to parent, child's behaviour, child's mental health and development, physical health, and development); Family influence (family violence, ability to cope with stress, availability of social supports, living conditions, family identity, and interactions); Abuse/neglect (severity of abuse/neglect, access to child by perpetrator, intention and acknowledgement of responsibility, history of abuse/neglect/neglect committed by present caregivers,); and Intervention influence (parent's response to identified needs and parent's cooperation with intervention). Social workers are provided with key indicators in each of these risk areas in order to rank the degree of risk from zero (*no perceived risk*) to four (*severe risk*). "If the choice is unclear, social workers are

encouraged to err on the side of caution and choose a higher rating to ensure adequate planning for the child's safety" (Brown, 2006, p. 359).

An exhaustive examination of the research that pertains to each of these individual domains is beyond the scope of this dissertation; thus, particular attention has been paid to those factors that either dominate the literature or are present in a substantial number of children and/or families that are investigated by child protection. Eight factors have been chosen to examine further in this research, including: (1) harm to child; the socio-economic factors of (2) income, and (3) housing; (4) culture; the parental influence of (5) substance use; the family influence of (6) family violence and (7) social supports; and the intervention influence of (8) parent cooperation. The next section of this chapter identifies some key literature research findings pertaining to these factors.

3.3 Harm to Child

The Child Family and Community Service Act (1996) section 13 outlines the circumstances under which a child needs protection. These are related to four main categories of harm: physical abuse, neglect, emotional abuse, and sexual abuse. Although the legislation does not differentiate between the type of harm and the need for protection, the specificity and severity of harm are critical factors in decision-making and the determination of the type of intervention. In Platt's (2006) study in the U.K. of social worker's decision-making for the prioritization of referrals in child protection, he found that harm, or possible harm, to the child was an integral component of the social worker's decision about how to proceed. He also noted that the type of harm was important recognizing that

observable events or injuries received greater attention than harms associated with neglect or emotional abuse. Jones (1993) concurred with this, identifying that physical and sexual abuse carry with them a sense of urgency that danger is immediate and demands a protective response. Buckley (2000) argues that the risk assessment tool performs poorly in terms of neglect cases and that a history of poverty and neglect tended to lessen the possibility that a referral would be endorsed as child abuse. This is noteworthy as, in Canada, the most investigated and substantiated type of harm seen by child protection workers is neglect.

Two national studies on Child Maltreatment have been conducted in Canada. The first one, in 1998, resulted in the Canadian Incidence Study of Reported Child Abuse and Neglect Report (CIS, 1998). The analysis was based on the 1993 Ontario Incidence Study of Reported Child Abuse and Neglect that Nico Trocmé had adapted from the design of the U.S. National Incidence Studies of Child Abuse and Neglect (CIS-2003, 2005, p9). The CIS (1998) found an estimated 135,573 child maltreatment investigations were conducted in Canada in 1998. Almost half (45%) of these investigations were substantiated; with neglect being the most common reason for investigation. The second cycle occurred in 2003 (CIS-2003, 2005). In 2003, there were 217,310 child investigations conducted (in all jurisdictions excluding Quebec), which involved an estimated 103,297 children. Results showed that 47% of the investigations were substantiated. Neglect was, once again, the most common form of substantiated maltreatment, with nearly one-third (30%) of all cases having

neglect as the primary category of maltreatment. Exposure to domestic violence was the second most common form of substantiated maltreatment (28%), followed closely by physical abuse (24%). Emotional maltreatment was the primary category of substantiated maltreatment in 15% of cases while sexual abuse represented 3% of all cases. Between 1998 and 2003, there was a 125% increase of substantiated maltreatment. The authors of the CIS-2003 report explained this increase in three ways. Firstly, the implementation of systematic reporting and investigation procedures may have shifted how child welfare workers classified cases (less cases suspected and more substantiated). This shift, according to the authors, is at least partially attributable to structured assessment tools and new competency-based training programs. Secondly, there was a more systematic identification of victimized siblings; with an increase in the number of investigated children per family from 1.45 to 1.66. Thirdly, and the authors argue the most important factor, was the dramatic increase in cases of exposure to domestic violence and emotional maltreatment. "The rate of exposure to domestic violence increased 259% … and the rate of emotional maltreatment increased 276%" (CIS-2003, 2005, p. 3). The authors did not provide an explanation for this substantial increase; however the broadening of child maltreatment definitions to include exposure to adult violence in their homes and heightened awareness of the devastating effect on a child's emotional well-being are likely both contributing factors (Coohey, 2007).

3.3.1 Income & Housing

Children who live in poverty are overrepresented in the child welfare system. The CIS-2003 (2005) found that more than forty percent of substantiated maltreatment occurred in family homes where the income source was part-time employment, social assistance, or unknown. The link between child poverty and child maltreatment is well documented. The Community Panel (1992) report on child welfare in B.C. identified that "poverty is a child welfare issue and when governments allow children to live in poverty they are in effect committing systemic child neglect" (p. 9). Wharf (2007) argues that the child welfare context is dominated with poverty and "that the single most powerful way to improve child welfare is to eliminate poverty among children and families" (p. 229). Russell, Harris, and Gockel (2008) identified poverty as the primary barrier to the capacity to provide adequate care for children. In their qualitative study, high-risk parents described their experiences in poverty as "a daily preoccupation that consumed parental time, strength, and patience … which negatively impacted virtually all aspects of their lives" (p 93).

While there is little disagreement about the correlation of poverty and child maltreatment, there is disagreement about the nature of the relationship. Three explanations dominate the research. The first posits that it is the impoverished circumstances and stress associated with poverty that contributes to child maltreatment. According to Fraser, coping with the sheer demands of inadequate resources makes it "harder to be consistent in discipline, to be responsive to children's needs, and to provide a range of socially and educationally stimulating experiences" (as cited in Cash, 2001, p. 815). The

second is that there are higher reporting rates due to research and practice bias. Families living on social assistance have more contact with social agencies and therefore are more visible to the system and subject to higher scrutiny. "The third explanation for the poverty-abuse link is that it is the correlates of poverty, rather than poverty per se, that influence child protection workers' decisions" (Moraes, Durrant, Brownridge, & Reid, 2006, p. 158).

Moraes, Durrant, Brownridge, and Reid (2006) looked at the relationship between family poverty and decision–making in cases of physical punishment reported to child welfare agencies. They found that professional decision making in reported cases of physical punishment was not substantively explained by any of the five indicators of poverty – including household education level, living in public housing, living in unsafe housing conditions, receiving social assistance, or family size. They also found that no indicator of poverty changed the substantiation of child maltreatment; although, when the child was living in unsafe conditions the odds of substantiation increased. However, the authors cautioned that this may not be due to family poverty per se, but the child's overall safety. Pfohl (2008) in her analysis of a secondary data set of neglect files from the Minnesota child welfare system found that protective services intervention was 15.9 times greater when poverty factors where present and 3.4 times greater when housing or public assistance was present leading her to conclude that poverty factors highly influence child welfare workers judgments and decisions.

It is generally accepted that poverty and inadequate housing are strongly correlated with increased abuse and neglect (Daniel, 2005; McKenzie & Trocmé,

2003; Pfohl, 2008; Spencer & Baldwin, 2005). The CIS (1998) study identified that in "14% of investigations, housing conditions were described as unsafe, and in 65% of these investigations, maltreatment was substantiated. When the housing conditions were described as safe, only 37% of investigations were substantiated (McKenzie & Trocmé, 2003, p. 70). DeRoma, Kessler, McDaniel, and Soto (2006) looked at factors effecting decision making about service provision. Social Workers were asked to consider 35 family risk factors that might precipitate a child being placed outside of the home and asked to rate the importance of each factor in their decision to remove the child. The most important issue to consider when deciding about the removal of a child from the home was the condition, security, and stability of housing.

3.3.2 Culture

The over-representation of investigation and substantiation of the maltreatment of aboriginal children in Canada is also well documented. Despite a focus in Schools of Social Work on the role of historical assimilation polices on child welfare policy and practice, and a heightened awareness of racial bias in decision making, the number of aboriginal children involved in the child welfare system continues to rise. The CIS-2003 (2005) study found aboriginal children to be at high risk of being reported for maltreatment, and that they were over-represented at every stage of intervention. In the analysis of the 1998 CIS report, Trocmé, Knoke and Blackstock (2004) identified that while only 5% of children in Canada were aboriginal, 17% of children reported to the child welfare system were aboriginal. Of the investigations 22% of substantiated reports of

child maltreatment involved aboriginal children, and 25% of children admitted to care were aboriginal. Foster (2007) also found that there were major differences in the services provided to Aboriginal and non-Aboriginal children. Aboriginal children are more likely to be admitted into care following an investigation of a protection report. "In early 2006 Aboriginal children in British Columbia were more than nine times more likely to be in care relative to a non-Aboriginal child" (p. 57). Alarmingly, there are more aboriginal children placed in out-of-home care today than in residential schools at the height of the residential school movement (Blackstock, 2003).

While the over-representation of aboriginal children in the child welfare system is well documented, the explanation remains unclear. Research seems to indicate that a variety of factors contribute to this overrepresentation; however, there remains a question of how much racial bias accounts for the differing rates of aboriginal child welfare involvement. Castrianno Galante's (2000) doctoral dissertation on this question concluded that while neither modern racism or aversive racism practices affected child welfare decision-making, the study "presented an inconsistent view of how race matters in child welfare decision making" (p. 1). Trocmé, Knoke, and Blackstock's (2004) examination of this issue suggested that "the disproportionate presence of risk factors among aboriginal families contributes significantly to decisions regarding substantiation and out-of-home placement" (p. 594). These authors concluded that child protection decision making was less influenced by ethno-racial status than by the higher rates of socioeconomic disadvantage, and the consequent

disproportionate presence of risk factors that aboriginal people face in Canada. Foster (2007) also recognizes the challenges, such as unemployment, violence, and substance abuse that affect aboriginal communities as major factors leading to the overrepresentation of aboriginal children in care. As Trocmé, Knoke, and Blackstock (2004) identified, these structural soci-economic factors are well beyond the child welfare system.

3.3.3 Parental Influence: Substance Use

In a society characterized by its pervasive preoccupation with risk, substance use by parents is a key concern which attracts intense media and political attention, and protecting children from the resultant harm of their parents' substance misuse has emerged as one of the key challenges facing child welfare services (Walker & Glasgow, 2005). Many studies and reports have recognized that substance abuse is a critical factor in the families involved with the child welfare system (Howell, 2008; Landsman & Copps Hartley, 2007; Semidei, Feig Radel, & Nolan, 2001). The CIS-2003 study confirmed this finding, identifying that family stressors were associated with maltreatment investigations. Among the most important of these stressors was alcohol or drug abuse, which was apparent in 34% of investigations. While not all substance-misusing parents mistreat their children, and it cannot be assumed that dependence on drugs or alcohol automatically reduces parents' capacity to parent effectively, the research does suggest that both alcohol and drug misuse add to the risk for negative family processes (Kroll & Taylor, 2003). In the U.S. "children of substance

abusing parents have become the largest group entering the child welfare system" (Howell, 2008).

Parental substance misuse is associated with all the harms that comprise child abuse. A study by the National Center on Addiction and Substance Abuse found that parents abusing drugs or alcohol were 4.2 times more likely to be neglectful than parents who did not abuse drugs or alcohol (Cash & Wilke, 2003). Walsh, MacMillan, and Jamieson (2003) in their examination of parental substance abuse and child maltreatment found that parental substance abuse was associated with a more than twofold increase in the risk of a child's exposure to both physical and sexual abuse. An interesting study by Howell (2008) looked at the relationship between the social worker's values about substance use and their decision-making in child protection cases. His study found that there was an "apparent significance of worker bias, or at least strongly held beliefs or stereotypes, regarding substance use" and decision-making (p. 310).

3.3.4 Family Influence: Spousal Violence

"Child welfare policy and legislation has begun to reflect that children who are exposed to domestic violence are at risk of emotional and physical harm" (Black, Trocmé, Fallon, & MacLaurin, 2008, p. 394). In reviewing the trends of child maltreatment in Ontario between 1993 and 1998, Trocmé, Fallon, MacLaurin, and Neves' (2003) found the harm with the greatest increase in investigation and substantiation was emotional maltreatment. They identified an eightfold increase in substantiated cases, noting that this "increase was driven, in part by cases involving exposure to domestic violence" (p. 348). Trocmé, Fallon,

MacLaurin, and Neves (2003) attributed this trend to society's growing awareness of the harmful effects on children of exposure to domestic violence. They noted that professionals working with children were at the forefront of this change as professionals made 90% of the reports of exposure to domestic violence.

Research in the U.S. has also indicated a co-occurrence of domestic violence and child maltreatment, with a higher percentage of children who have been a witness to domestic violence than those who have experienced neglect in child protective custody (DeRoma, Kessler, McDaniel, & Soto, 2006). Edleson (1999) found the co-occurrence of domestic violence and child maltreatment to be between 30 and 60% (as cited in Landsman & Copps Hartley, 2007).

In the CIS-1998, emotional maltreatment was noted in 37% of substantiated child maltreatment with "exposure to spousal violence being the most frequently documented form in the category" (Trocmé, Tourigny, MacLaurin, & Fallon, 2003, p. 1431). The CIS-2003 found that "domestic violence was investigated as the primary or secondary form of maltreatment in an estimated 49,995 cases, a rate of 10.51 investigations per 1,000 children" (p.45). This was lower than neglect as a primary or secondary reason for investigation (18.95 per 1,000 children) or physical abuse (15.18 per 1,000 children) but higher than emotional maltreatment (8.40 per 1,000 children) and much higher than sexual abuse (2.67 per 1,000 children). Exposure to domestic violence was substantiated in over two-thirds of these cases.

3.3.5 Family Influence: Resources and Supports

Most families require a network of resources and supports to parent effectively. For parents at risk, there are multiple difficulties in developing social support networks as they face material and psycho-social barriers such as lack of telephone, poor verbal and social skills, poor self-esteem, and unresolved conflicts with family members or neighbours (Macdonald, 2005). Although, the research on the effectiveness of social supports in decreasing risk to children and increasing parenting skills has been minimal; Gaudin found that after parents completed nine months of social network interventions, 80% of participants improved their parenting from neglectful or severely neglectful to marginally adequate parenting and 60% of the cases were closed (as cited in Macdonald, 2005).

When the assessment process focuses on deficits and weaknesses, rather than strengths and resources, the family's sense of its own capacities and capabilities can be undermined, which may contribute to them appearing defensive and resistant (Turnell & Edwards, 1999). Berg (1994) argues that in order to overcome resistance and *treat* mandated clients successfully the worker needs to "set her sights on clients' strengths rather than on weaknesses" as the focus on strengths can construct a different future (p. 4).

Cash (2001) argues that the presence or absence of social support networks is an amelioration factor in child abuse and neglect and that risk assessment models tend to be deficit focused. While the B.C. Risk Assessment Model does assess the availability of social supports there are no key indicators or ranking matrices to tabulate the positive factors or strengths (Brown, 2006).

As many of the service interventions provided to parents-at-risk are aimed at providing increased support networks, for the purposes of this research this area was considered important to include.

3.3.6 Intervention Influence: Parent Cooperation

Parental engagement and cooperation (or compliance) are considered key factors in child protection decision making and in determining outcome (Littell, 2001; Russell, Gockel, & Harris, 2006). Buckley (2000) found that the decision about parents' protective capacity was determined not on their ability to keep their child safe from harm but on parents' respect for authoritative intervention and cooperation, and being appropriately honest and contrite about their parenting difficulties (as cited in McConnell, Llewellyn, & Ferronato, 2006). De Roma, Kessler, McDaniels, and Soto (2006) also found that parental cooperation played a significant role in child protection removal decisions. The interrelationship between cooperation and intervention is important and in particular, the way parents have responded to previous interventions can provide useful information about the capacity to change. Daniel (2005) in his review of child neglect identifies the concern that "all too often, extensive resources are poured into neglect situations without an initial or ongoing assessment of whether parents are sufficiently motivated to change, or are able to change" (p22). However, although treatment participation is considered a risk of future harm to the child and does affect child welfare decisions, the influence of participation or noncompliance is not well understood (Littell, 2001).

3.4 The Impact of the Risk Assessment Tool on Decision Making

When the Risk Assessment Tool was introduced in B.C., social workers, politicians, and managers were on the same page in supporting the implementation (Callahan & Swift, 2007). Dawson (2001) the Director of Child Protection at the time identified that "risk assessment is the backbone of child protection practice" (p. 151). He stated that "clinical experience and research had identified factors that are clearly related to the occurrence and recurrence of child maltreatment" (p. 152). He also noted that the risk assessment tool would provide for accurate and consistent child protection decision making while making the practice more open and accountable. Risk Assessment seemed to provide a well researched, formalized, structured approach to assessing child protection risk. However, even though the risk assessment tool is presented as an evidence-based instrument grounded in scientific research, there is some question about the validity of this claim. Callahan and Swift (2007) point out that it does include factors that professionals think are associated with child maltreatment but there "is little research confirming that these factors are actually predictors of future maltreatment of children" (p. 170). Other research has supported this view. Hughes and Rycus (2007) in their wide-ranging review of the literature on the predictability of risk assessment raise concerns about the lack of reliability and validity of most of the risk assessment models and instruments currently used by child welfare agencies. They raise concerns that the net effect of the reliance on faulty risk assessment tools is that "many of our current risk assessment models may not have significantly improved services to

children and families, and in some cases, may actually have had a harmful impact" (p. 113). In recent research in the U.K. it was found that the determination of risk was about 70% successful in protecting children from future abuse (Anglin, 2002).

The implementation of the risk assessment model was to make decision making more reliable and more accountable. Along with the implementation of the model, various audit mechanisms were also established. Essentially, the practice of social work in child protection has become a series of procedural steps. Good practice has come to mean the "completion of specific tasks with measurable outcomes defined by managers for workers and by workers for parents" (Callahan & Swift, 2007, p. 180). In an attempt to promote safer lives for children, the bureaucracy has attempted to control all individual discretion. Ferguson (2004) describes this as a "precise attempt to improve the coding of risk through proceduralization and greater accountability" (p. 121). The outcome is that "workers perceive the focus of child protection to have become more legalistic, bureaucratic, authoritative, and concerned with high risk cases, which some regard as deskilling" (Ferguson, 2004, p. 133). In essence, the risk assessment tool became an attempt to control every decision so that mistakes wouldn't be made (Bellefeuille, Garrioch, & Ricks, 1997). Bellefeuille, Garrioch, and Ricks (1997) argue that the bureaucracy has become policy-bound, rather than policy directed. In Gillen's (2008) analysis of child-protection decision making in Great Britain, she identifies an "ask the manager culture, whereby analysis and decision-making are taken away from frontline staff in direct contact

with families and placed, instead, in the hands of those who have never met the people they are making decisions about" (Gillen, 2008, p. 2). The policy of using a risk assessment tool becomes more than a guiding principle but a rule of how to do even the smallest thing.

One of the unforeseen consequences of the risk assessment tool was an increase in child protection activities. "The number of child protection reports, investigations, children under supervision, and children in care increased markedly" (Callahan & Swift, 2007, p. 173). The number of children in care in B.C. increased from 7,600 children in September 1996 to about 9,800 by September 1998" (Armitage & Murray, 2007, p. 148). This rise in the number of children in care was partially a result of a new threshold of what constituted child risk, but also indicative of the risk felt by child protection workers because they felt themselves at risk of being blamed for making untrustworthy judgments (Cradock, 2009). In Walmsley's (2004) qualitative study of child protection in B.C. he identifies this fear felt by social workers in such statements as being "out there on a limb", "under a microscope" and "walking on eggshells". Cradock (2004) points out that "one can see the beginnings of a kind of risk inversion where the supposed objectivity of risk assessment has actually come to measure the degree of danger felt by their users" (p. 325). The only category of child protection activity that decreased after the implementation of the risk assessment tool was requests for voluntary service, in which parents were calling themselves for supports. The increase in investigations and children in care resulted in increasing costs and expenditures for covering those costs and resources for

programs to assist families slowly drying up. Thus, the risk reduction feature of risk assessment was given short shrift. As resources to support families became increasingly unavailable, and the risks clearly documented, there was little choice other than removing the child from the parents (Callahan & Swift, 2007).

This sharp rise in the number of children in care and the costs associated with it quickly became the focus of attention for a new Liberal government elected in B.C. in 2001. Throughout 2002 and 2003, the Ministry was reorganized and new programs intended to keep more children at home with their families were introduced. These changes occurred simultaneously with stringent budget reduction targets of 12% to services for children and families and a 55% reduction in executive and support services (Hughes, 2006). The introduction of Bill 65 in British Columbia provided for decentralized community-based governance authorities. This rhetoric for localized service delivery argues that the local community members are in the best position to know the problems and strength of the local communities (Cradock, 2004).

Two of the programs that were implemented were: the differential response and kinship care, including family case conferencing. It can be argued that these policies return some opportunity for judgment in social work decision making and both of these policies are intended to limit the incidence of risk assessment as well as the number of children in care (Callahan & Swift, 2007). While having options for less intrusive interventions is laudable, Callahan and Swift (2007) point out that if resources are not provided with these programs,

then they simply become a measure to cut costs and off-load care onto family members.

The child protection system in B.C. was once again reviewed by an independent body following the death of a 19 month old Nuu-chah-nulth child in Port Alberni in 2002. She was with family members using a *kith-and-kin* agreement at the time of her death. The Coroner's inquest made 19 recommendations including better training for social workers, better reporting of suspected abuse, and tighter controls around kith-and-kin placements. Hughes' (2006) recommendations maintained a decidedly technocratic bias. He recommended the continuation of a child-centered approach, with public accountability through the measurement of performance and outcomes. He recommended the appointment of a Representative for Children and Youth as an independent Officer of the Legislature with the primary responsibility to "monitor, review, audit and investigate the performance and accountability of the child welfare system" (p. 147). Other recommendations included: providing aboriginal agencies with modern information technology systems (15); the establishment of common measures and linked data sets (24); data to be used as a tool to support operational and management decision making (25); develop capacity to do aggregate analysis of recommendations from case reviews and regional practice audits (27); adopt a common review tool to guide the conduct of case reviews (31); ensure timeliness of internal reviews (32); and ensuring the Ministry provide required orientation, training and mentoring for practice analysts (40).

Hughes (2006) review took the same stance as many before him. He saw 'evidence' that professionals were unable to assess risk accurately which led to a corresponding loss of trust in the expert's (social worker's) knowledge and practices. The result was a demand for more detailed standards and protocols, an increase in audits, and in a search for whom to blame when something goes wrong (Anglin, 2002, p. 242). Paradoxically, Anglin (2002) explains that "the more professionals have to rely on and follow detailed policies and procedures, the greater the likelihood of errors being made in their practice" (p. 242). Nowhere in Hughes (2006) report does he consider the complexity of the lives of the people involved or the uncertain context in which child protection workers have to make their daily decisions. By avoiding examining the complexity of the decision making through a contextual lens, and reducing practice to a set of procedures, the clinical judgment in social work decision making is once again essentially made invisible.

In response to the Hughes report, the Ministry of Children and Family Development developed a new integrated framework for Children and Youth which promotes enhanced co-ordination, cross-ministry work, and a five pillar approach. The principles underlying this approach include a strengths based approach that is holistic and child, family, and community centered. In the most recent document, *Strong, Safe and Supported* that the Ministry of Children and Family Development (n.d.) has distributed, the concept of collaboration planning is highlighted with particular reference to alternative mechanisms such as Family Development Response, Family Group Conferencing, and Mediation. Once

again, the Ministry seems to be looking at programs to maximize family resiliency as the preferred method of keeping children safe.

This is not an unchartered approach to child welfare. Insoo Kim Berg (1994) proposed a solution-focused model of intervention that focused on strengthening and empowering the family unit, rather than focusing the intervention on the child or the parents separately. She described the philosophy in this way:

> By involving the family as a partner in the decision-making and goal-setting process and using the family's existing resources, family based services strives to enhance the family members' sense of control over their own lives. The result is that family members feel an increased sense of competency in conducting their lives and can create a safe and nurturing environment for the children while maintaining the unique cultural and ethnic characteristics of their family unit. With such help, families are able to live independently with a minimum of outside interference. (p. 2)

Turnell and Edwards (1999) also advocate for a collaborative, partnership approach to child protection. They argue against the *professional as expert* model "with professionals taking upon themselves sole responsibility for analyzing the problem of child mistreatment and generating solutions" (p. 18). Rather, they advocate for a child welfare renewal which requires social workers to step outside of the expert role and approach the client with a genuine sense of respect and engagement in order to build partnerships with the service recipients and share the responsibility to resolve the situation. Turnell and Edwards (1999) recognize that child protection workers cannot abandon their legal authority, but challenge social workers "to exercise this authority in a manner that fosters cooperation between the professional and the family" (p. 20). They do not see

the ideas of partnership and paternalism as a contrast or a dichotomy but as two ends of a continuum which professionals must balance. Hughes and Rycus (2007) also promote utilizing a continuum of empirically supported decision making tools, rather than relying solely on risk assessment.

3.5 Conclusion

Increasingly, since the 1980s the organization of child protection in B.C. and child welfare generally has seen the rise of managerialism; this is similar to other jurisdictions in Canada. For example, when Alberta shifted its child welfare services to regional authorities, only four of the eighteen Chief Executive Officers had social work training (Westhues, Lafrance, & Schmidt, 2001). The emphasis on business principles has focused on setting standards and improving consistency, and has resulted in a proliferation of technical, procedural, and bureaucratic devices focused on information gathering and a structured approach to decision making (Taylor & White, 2001). The Risk Assessment Model in B.C. is an example of the reductionist model of decision making. Buckley (2006) argues that this growth of the managerial component of child protection has minimized the skilled and in-depth elements of the work in favour of a practice governed by procedures and audit. Parton (1996) contends, that such approaches fail to acknowledge the central and pervasive concerns related to uncertainty and ambiguity.

Both Gove and the Ministry recognized that the tool did not replace good social work practice. Gove cautioned that the danger with standardized forms is that they may come to be seen as a replacement for professional skill and

judgment. Further he pointed out that no formal risk assessment system can replace social worker judgment (Callahan & Swift, 2007). The formal training also adopts this position. The B.C. Risk Model (Ministry for Children and families, 1996) stipulates that “the formalized, structured risk assessment helps to improve but does not replace clinical judgment and knowledge of child abuse and neglect” (p. 11). However, these critical thinking issues largely got lost in the implementation of the use of the tool within the bureaucracy. The technocratic approach of the risk assessment tool has eliminated the relational component of social work by endangering “the ability to uncover the meaning of experience for others and to explain how that meaning shapes their behavior” (Callahan & Swift, 2007, p. 180). Bellefeuille, Garrioch, and Ricks (1997), also make this contention, suggesting that bureaucracies have become bound by policy and rule which has inhibited the ability for social workers to work in relationships and to know and care about people on a personal level (p. 4). Taylor and White (2001) argue that this technical-procedural approach does not assist social workers in the process of making sense of the information or understanding the client world, while Buckley (2000) argues that the increased “proceduralization” has made social workers into passive agents. Although child protection is occurring against a backdrop of a risk oriented culture, emerging B.C. policy is promoting more collaborative and partnering processes to strengthen families and reduce harm to children. In order to do this work, social workers (as actors) must locate themselves as conscious and active participants in the arena of child welfare (Spratt & Houston, 1999).

4: UNDERSTANDING AND MEANING IN THE 'LIFEWORLD'

The supporters of evidence-based practice claim that clients will receive better services and social workers will have more professional credibility when they adopt and apply empirical knowledge to particular situations (Bates, 2006). This is consistent with modernity and an objectivist epistemology that maintains that knowledge and truth exist outside the mind of the individual. Using the terminology of Habermas the rationality and objectivity of such tools as the risk assessment model is consistent with the actions embedded in the *system*. Success, from this perspective is ends driven and is accountable through mechanisms such as audits and paperwork completion. However, technocratic consciousness is not sufficient to reduce harm to children, or children's deaths. In B.C., despite early claims by the Children's Commissioner that the risk assessment was resulting in fewer deaths, a review by Callahan and Swift (2007) on children's deaths from 1996 to 2004 revealed no consistent change in the number (p. 177). Hughes (2006) did note that the death rate of children in British Columbia, including children in care was declining.

However, child deaths are only one component of child welfare. The risk assessment tool analyzes the likelihood that a harmful event will occur and the potential severity of that harm. A criticism of the risk assessment tool is that it does not consider the child's broader needs. Anglin (2002) contends that "a

serious consequence of the risk focus has been neglect of the fact that children in need of protection are also *children in need*, with a wide range of developmental deficits requiring concerted attention" (p. 246). Weller and Wharf, (2002) also highlight the weakness of the risk assessment tool in situations of ongoing or chronic neglect, or where parents simply do not have the resources to care for their children (as cited in Callahan & Swift, 2007). Supporting family functioning has always been a complementary goal of child protection and the most recent addition of collaborative and family centered practices in B.C. highlight this activity. However, this focus has got lost with the dominance of the risk assessment model as a primary practice tool. As a consequence of the focus on the objectivity and accountability that the risk assessment tool provides, minimal attention has been placed on how the social worker develops a deeper meaning about this client's situation in their lifeworld. This chapter considers the use of "self" as another source of knowledge as well as the importance of developing a client relationship to gain understanding.

4.1 Experiential knowledge.

The conceptualization of knowledge from a positivist standpoint is that objective, external knowledge is the one form of rationality and that knowledge from any other source is irrational (Taylor & White, 2001). By contrast, a constructivist perspective assumes that knowledge acquisition is affected by the individual's prior experiences (Bellefeuille, 2006). The task of a child protection social worker "is to find out what really happened or is happening in a particular situation and then to decide how to respond" (Taylor & White, 2001, p. 46).

However, this is not as simple as it sounds. In practice, the social worker is confronted with multiple versions, accounts, and perspectives of the same event; and they must interpret what parents and children are saying and doing in order to analyze risk and harm. The social worker is left with the task of deciding which evidence is relevant to the case. The evidence does not establish the right way to proceed, nor does it encourage a questioning approach to understanding the situation. The practice requires more than formal knowledge alone, it requires a range of other rationalities.

Reflective practice is comprised of diverse sources of knowledge that acknowledges the empirical or positivist knowledge while also paying attention to the emotional dimension of social work (Ruch, 2002). The concept of reflective practice stands in contrast to the "orthodox and established understanding of knowledge, associated with modernity and the monopoly of science, [which] tends to restrict what is considered to be authentic knowledge to empirical, scientifically-proven facts" (Ruch, 2002, p. 202). Positivist knowledge, according to Ruch (2002) is one-dimensional and privileges objectivity over subjectivity and *hard* facts over *soft*, experiential knowledge. This dominance of positivist knowledge leads to the belief that "there is one 'right' response to specific practice scenarios which the 'expert' practitioner will accurately identify, intervene in and resolve" (Ruch, 2002, p. 202). This one-dimensional, rational perspective disregards the uniqueness of each situation encountered as well as the extraordinary complexity of human functioning resulting in a marginalization of both the emotional complexity of people's lives and the use of self in practice

(Ruch, 2002). In contrast to the one-dimensional nature of the expert model, "the pivotal characteristic of reflective practice is its recognition of the breadth of knowledge accessible to an individual and in particular the attention it pays to non-rational as well as rational responses to experiences" (Ruch, 2002, p. 203). This reflective knowledge is sometimes referred to as practice wisdom or experiential knowledge, and by others as tacit knowledge or even intuition (Ruch, 2002). These terms that are used interchangeably in the literature are referring to knowledge that has been assimilated over time and is acted on in a way that is not necessarily easily articulated.

Social work has to take into account the complexity and variability of human events in order to understand the transactional and symbiotic relationships between the individual and his or her social and physical world. In order for social workers to make decisions and take action, they have to filter a situation through their own thinking and knowing processes. They have to decide which evidence is relevant to the situation in order to decide whether the situation is harmful and risky, or otherwise (Taylor & White, 2001). In order to perceive or *see* the situation in a meaningful way social workers must pay attention to both the rational, objective knowledge as well as the inductively derived knowledge that has been assimilated over time from personal and experiential learning. This reflective knowledge is less objective but recognizes that actions are a response to a cyclical and on-going process in which thoughts, feelings, and actions are informed by our intellectual understanding and emotional awareness (Ruch, 2002). "Every-day practices do not ordinarily issue from conscious, rational

calculation; instead, they flow from background understandings that are culturally embedded" (Polkinghorne, 2004, p. 152). Polkinghorne (2004) describes these background understandings as a holistic web of understandings about how to go about and get things done in the world rather than a set of logically ordered rules about what to do. He argues that it is these background understandings, although unconscious, that serve to interpret situations and give meaning to experiences.

Dewane (2006) asserts that it is the use of self that explains why tools, techniques, and approaches come out differently in different hands. In social work practice, the techniques and tools are rarely separated from the practitioner's own style and behavior. The use of self refers to "the fund of resources, intellectual and emotional, conscious, and unconscious, that a human being uses in thinking about what is being focused on, or in performing a skill directed to some purposeful end" (Imre, 1985). This melding of personal self (personality traits and life experiences) with professional self (knowledge and training) is universally accepted as a hallmark of skilled practice (Dewane, 2006). Because this reflective knowledge is an unclear form of knowledge and not easily amenable to investigation, or accountability, it often holds a lower status in truth-value than knowledge derived from scientific research. However, Parton (2003) argues that this tacit and implicit knowledge, which is grounded in and arises from practice situations, is the most appropriate form of knowing for the inherently ambiguous and uncertain situations with which clients and practitioners

engage. He characterizes this as the *art* of social work which has been lost in recent discussion of social work practice (Parton, 2003).

4.2 Social Worker Characteristics

In the area of practice research on reflective practice and the use of self, it is recognized that the practitioner brings a reservoir of tacit knowledge to the research (Imre, 1985). From this perspective the *self* is a vital source of knowledge for professional social work (Ruch 2002). Practice decisions are influenced by personal characteristics of the social worker as well as the context they are in (Gambrill, 2005b). However, there are few sources of information about the characteristics of child welfare workers or how self is used in decision-making (Lazar, 2006).

The CIS (1998) explored some of the personal characteristics of child protection social workers. In this study, the child protection workers were asked to complete a Worker Information Form as part of the data collection process. A total of 490 workers, or a response rate of 85%, for regions where the form was used, completed the form and Fallon, MacLaurin, Trocmé, and Felstiner (2003) analyzed the CIS data. Child welfare workers were a very homogenous group. "The majority of workers were women (80%), and the primary language spoken was English (97%). Seventy per cent of workers were between the ages of twenty-six and forty-four years. Fourteen per cent of workers were under the age of twenty-five and 13% of workers were between the ages of forty-five and fifty-four years. Ninety-four per cent of workers were white" (p. 44).

Almost two-thirds of child protection workers were trained in social work (Fallon, MacLaurin, Trocmé & Felstiner, 2003). Sixty-five percent had either an MSW or a BSW as their highest degree, with the majority (53%) having a BSW. One-third of workers had more than six years of child protection experiences and 35% had less than two years experience. They also found that: the majority of workers (92%) identified that they were trained in risk assessment and most had received some training in two of the three typologies of child maltreatment; 70% had received training about assessment and intervention in physical abuse; and 68% had received training in sexual abuse; however, only about half (53%) had received training in neglect assessment, and less than a third (32%) had received training in family preservation interventions.

4.2.1 Degree

Judge Gove (1995) identified the inadequacy of the education and training of social workers in B.C. in his review of Matthew Vaudreuil's death. He reported that two-thirds of social workers had no professional degrees and that the two-week training was inadequate. Since Gove's inquiry the training of B.C. child protection social workers has changed. The minimum educational requirement is now a child welfare specialty in a Bachelor of Social Work (BSW) program or a Bachelor of Child and Youth Care (BCYC). A social work degree as the degree of choice for child protection is consistent with other jurisdictions. Dhooper, Royse, and Wolfe (1990) examined the value of differing educational backgrounds as preparation for child welfare practice and found that "employees with social work degrees, either bachelor's or master's, were better prepared

than were those without social work degrees" (p. 57). While this study was in Kentucky where the majority of child welfare workers held a non-social work degree and so it may have some limited generalizability, it indicates that social work education is differentiated from other degrees in practice.

In B.C., schools of social work and the schools of child and youth care reviewed their curricula in the early 1990s and agreement was made to develop and subsequently implement specialized child welfare programs within the degrees. This specialized, consistent curriculum provided the consistency and depth of attention to child welfare work that Gove had recommended (Armitage & Murray, 2007).

The Canadian Incidence Study (1998) provided an opportunity to examine decision making in child maltreatment investigations based on worker characteristics. When substantiation (balance of evidence indicates that abuse or neglect occurred) rates were examined in relationship to worker's education, Fallon, MacLaurin, Trocmé, and Feltstiner (2003) found that the decision to substantiate was lower for workers with a MSW, but that those with higher degrees had slightly higher rates of child welfare placement. Workers with an MSW or BSW placed children out of the home at a 7% rate, compared to a placement rate of 4% with another degree or 5% with a college certificate. However, workers with a partial certificate or degree completed made out-of-home placements at a rate of 17%. This data has to be utilized with some caution and there is limited other literature available to assist in the interpretation. For example, in 1991 Craft and Bettin "examined the demographic variables of

forty-one graduate students on decision making for medium-risk child protection vignettes, and found no significant relationship between decision making and the level of education, work experience, or parental status (as cited in Fallon, MacLaurin, Trocmé, & Felstiner, 2003). So while a great deal of attention has been focused, in B.C. on the assurance of particular degrees and training components, it is unclear what effect the degree held by a social worker has on decision making.

4.2.2 Gender and Age

Child protection is practiced predominantly by women with women, and it can be viewed as an extension of women's traditional caring role in society. However, it is not evident in the literature how gender informs decision-making (Walmsley, 2005). Having said that, Lazar's (2006) study of demographic and personality variables on child protection workers' decisions in emergency situations found that worker's gender was associated with decision making. They found that female child protection workers tended to choose a less severe form of intervention than their male counterparts, particularly when the child was female.

MacLaurin, Trocmé, and Fallon's (2003) examination of out-of-home placement decisions found that age did have an impact. They found that "workers between the ages of twenty-five and thirty-four years had a higher placement rate than did other age groupings" (p. 35). In a study by Craft and Bettin (1991) examining decision making on medium-risk vignettes, they found

that the subject's age did account for a small amount of variance (as cited in Fallon, MacLaurin, Trocmé, & Felstiner, 2003).

4.2.3 Professional Experiences

Social work decisions are not only influenced by the personal characteristics of the social worker, but also by the context in which they are made (Gambrill, 2005b). In Fook's study of experienced (5 years post-graduation practice) social workers' practice the issue of context emerged as an important theme. Fook identified that social workers were "acutely aware of the influence of differing contexts, particularly of workplace, in determining the parameters of their practice…for different workplaces might have different roles or expectations" (as cited in Parton, 2003, p. 4).

MacLaurin, Trocmé, and Fallon's (2003) examination of out-of-home placement also found some relationship between years of experience and decisions about placement. Children from maltreatment investigations completed by workers with between one and two years experience were placed at a higher rate; investigations completed by workers with extensive experience (greater than six years), or novice workers (less than six months) had the lowest placement rate. MacLaurin, Trocmé, and Fallon (2003) cited other studies such as those by Runyan et al, (1981) and Wolock (1982) that also identify that organizational or resource factors such as worker experience and training, and location of jurisdiction may impact on the decision to place a child in out-of-home care. In her qualitative study of mother's experiences in the child welfare system in B.C., Brown (1996) states that most of the women interviewed "expressed

skepticism about the experiential knowledge of frequently young and childless social workers being sufficient to understand the complexities of raising children or to evaluate risk" (p. 360).

Workplace satisfaction and supervision have also been shown to have some impact on decision making. McKenzie and Trocmé (2003) identified lack of supervision as having adverse effects on job performance, and Blindenbacher (as cited in McKenzie & Trocmé, 2003) noted that "research in social service organizations shows convincingly that work dissatisfaction in social work professions has a negative influence upon work quality" (p. 133).

Regardless of the characteristics of the social worker or the strength of the organization she or he works in, it is the individual social worker who is tasked with meeting with the client to assess the interventions required. Knowing in practice "develops from a dialogue with people about the situation, through which the practitioner can come to understand the uniqueness, uncertainty and potential value conflicts that must be addressed" (Parton, 2003, p. 2). In order to make sense and attribute meaning to a child's life, talking with the client is key. Numerous studies have attempted to identify what clients have found useful and helpful, and time and time again, it is not the particular model or technique used that is significant but the quality and value of the experience (Parton, 2003, p.3).

4.3 Client Relationship

Research in counseling and psychotherapy has confirmed the long-held social work belief that the quality of a helping relationship is one of the most important determinants of client outcome (Horvath & Bedi, 2002; Berg, 1994).

Lambert and Barley's (2002) review of hundreds of studies across the last 60 years concludes that "measures of therapeutic relationship variables consistently correlated more highly with client outcome than specialized therapy techniques" (p. 26). Therapist characteristics such as understanding and accepting, empathy, warmth, and support are all associated with positive client outcome. Furthermore, Lambert and Barley (2002) found that minimizing negative behaviors such as blaming, ignoring, or rejection, are also important in positive client relationships. Horvath (2006), in his review of the literature, also suggests that "there is a strong convergence of evidence that components of the therapeutic relationship bear close links to positive client change" (p. 261).

The conceptualization of client relationship and engagement varies widely in the literature, and the effect of the therapeutic relationship in child welfare has not received as much attention as other fields of social work. However, when it is defined as a positive involvement in a helping process it is considered as a beneficial component in the practice of child welfare (Yatchmenoff, 2005). Both practitioners and clients perceive a positive partnership as necessary; "families who have been subject to child protection investigations consistently describe their wish for increased collaboration between themselves and statutory workers" (Turnell & Edwards, 1999, p. 8). While it is recognized that the nature of child welfare offers challenges in client relationship development it remains a primary pre-requisite for effective assessment and intervention (de Boer & Coady, 2007; Platt, 2008, Yatchmenoff, 2005). De Boer and Coady (2007) recognize that in the procedurally driven and bureaucratic system of child welfare, the social

control function of child welfare is often emphasized over the viability and significance of a good helping relationship. Beutler, Moleiro, and Talebi (2002) in their clinical work with resistant clients conclude that authoritative and directive interventions with resistant clients interfere with their progress, reduce the effectiveness of the treatment, and lead to a higher likelihood of dropout. Turnell and Edwards (1999) in their review of child protection consumer studies found that "a positive relationship was more likely to develop when parents understood that the worker's focus was on the safety of the child(ren) in collaboration with the parents rather than safety for the child(ren) in opposition to the parents" (p. 22). Platt (2008) attributes the increasing managerialism to the reduction in social workers' attention to relationship skills.

Unfortunately, the client-social worker relationship in child protection is often characterized by mistrust, resistance, hostility, and estrangement (Ribner & Knei-Paz, 2002). In Ribner and Knei-Paz's qualitative study of client's perceptions of social work relationships they identified that for all the women in their study positive relationships with social workers "stood out as isolated instances from a long history of social agency contacts characterized by unfulfilled expectations, unmet needs, and recurring disappointments" (p. 385). In focus group interviews with child welfare workers, Drake (1994) found that many clients recounted instances of poor relationship with workers who were perceived as disrespectful (pushy and rude), judgmental, demeaning, and not wanting to listen or understand.

The role of the relationship in child protection is often neglected due to the aspects of social control child protection workers are required to exercise (Platt, 2008). Responding and investigating to alleged child maltreatment often requires serious confrontational or even controlling aspects. However, Platt argues that the requirements of relationship-building in child protection requires "coercion to be backed up with fairness, openness, and respect without compromising the necessary social control elements of the role" (p. 304). His study considered whether a less coercive, more supportive response to child protection was more effective. His study revealed that there was support for the "intuitive view that a skilled worker can achieve positive engagement with some parents, even in situations involving quite significant legal coercion" (p. 313). The key components of this relationship building were worker sensitivity, honesty, listening, and accurate understanding. In addition, communication that was straightforward and provided adequate information was important. Platt's conclusion was that in the current context of increasing proceduralization in statutory social work, that changing the structures and techniques may be helpful, "but the roles of skilled workers are at least equally important" (p. 314).

Studies have identified the essentiality of a good relationship to improved outcomes for children and families in child welfare. Lee and Ayon (2004) discovered a significant correlation between a good worker-client relationship and improvements in children's physical care, discipline, and emotional care and parental coping (as cited in de Boer and Coady, 2007). Drake (1994) pointed out that if workers do not build good relationships, clients would be less likely to

cooperate, thus compromising the protection of the child. In a subsequent study exploring child welfare competencies from consumer and child welfare worker perspectives, both groups cited a functional working relationship between the worker and the consumer as a necessary prerequisite to assessment and intervention skills (Drake, 1996). This relationship required an ability to communicate, and for both consumer and worker to use clear, direct, and unambiguous language that avoids threatening terms. In the Callahan, Field, Hubberstey, and Wharf (1998) study of best practice in child welfare, they concluded that investigations should be done in a manner that includes parents and children in assessing risk. They argued that "just as counselling and other support measures can be provided respectfully and in partnership fashion, so can investigations" (Wharf, 2007, p. 232). Ribner and Knei-Paz (2002) in a study that asked clients from multi-problem families about their relationships with social workers, found that clients "emphasized the importance of relationships as the basis for the success of any intervention strategy" (p. 386). They described that *doing* activities such as home visits assisted with the relationship building. In addition *being* with the client, with referred to qualities such as warmth and having an acceptance of equality, was necessary for relationship building. Barth (2008), while acknowledging that the research on child welfare involved families is weak, noted that attendance at parenting sessions was improved by providing 5 to 15 minutes of motivational work per week.

Cash (2001) identifies that practice wisdom can be incorporated into the risk assessment process through the way questions are asked, the way

information is gathered, and the manner in which the worker establishes rapport or a relationship with the family. An example he provides of how to accomplish this is by gaining a visual assessment of the environment (p. 817). Home visits are important in terms of developing knowledge and developing a relationship. In Ribner and Knei-Paz's (2002) study of client-social worker relationships, a home visit was described by clients as an activity that "softened the reality" of their distress and permitted them to be helped, without the degradation they had so often felt in the past (p. 385).

4.4 Decision Making

At the core of a risk society is an awareness of risk as risk. However, Giddens (1990) identified that even with the use of scientific evidence, there are limitations of expertise and 'no expert system can be wholly expert in terms of the consequences of the adoption of expert principles" (p. 125). "To recognize the existence of a risk or a set of risks is to accept not just the possibility that things might go wrong, but that this possibility cannot be eliminated" (Ferguson, 2004, p. 127). "The paradox in child protection is that social worker's fears and anxieties have multiplied at a time when the actual phenomenon of child death in child protection is such an extremely rare experience that only a tiny fraction of professionals will ever encounter it" (Ferguson, 2004 p 122).

Social workers, politicians and managers agree that the goal of child welfare is to prevent child maltreatment through an identification process of identifying parental tendency to maltreatment. The risk assessment tool provided an accountability tool for this. The task of deciding whether a child has been, or

is likely to be harmed and then to decide which services to provide is formidable and daunting. "While continually balancing the risks of unwarranted intervention with the risks of non-intervention, the investigator carries out the primary responsibility of *objectively* assessing whether the child needs protection, and if so, how best to protect that particular child" (Craft & Bettin, 1991, p. 107). These decisions occur every day as child maltreatment continues to be a serious and growing social problem.

Child welfare in B.C. has experienced two decades of restructuring which has impacted how social workers provide child protection. Emerging from the evidence-based movement, and consistent with the technical rationality of modernity, the risk assessment tool has been a major influence in child protection decision making. While managerialism practices advocate for the benefits of proceduralization, standardization, and accountability that the risk assessment tool provides, the decisions made with these tools continue to come under scrutiny and errors in judgment continue to occur which attract the public and media attention. After twenty years of implementation in Canada, the U.S. and Britain, substantial research has been conducted into the risk assessment process and there is much academic concern about the validity of the empirical research that informs the development of the tool. This may partially explain the differential decision making when using it. However, what also seems to be clear is that social workers are using their own reflective practice, or *professional agency* when making decisions. That is, they use practice wisdom when making decisions. Parada, Barnoff, and Coleman (2007) in their review of decision

making in the Ontario child welfare system found that social workers were continuing to be “active subjects in the processes of decision-making” (p. 36).

Social workers are not automata, they are professional actors “who need to locate themselves, as fully conscious participants, within arenas where understanding and action will be contested” (Spratt & Houston, 1999, p. 315). While evidence-based knowledge is one form of knowledge, practice wisdom is a more complex form of knowledge which recognizes the merits of reflexivity, and use of self in addition to theoretical knowledge in order to make meaning of a complex situation in everyday practice. Reflexivity recognizes that the personal characteristics and experiences, as well as the organizational context affect the lens through which social workers practice and reflection-in-action is in part, developed through understanding the client from his or her perspective.

The focus on child welfare reform over the last 30 years has essentially been on organizational processes. Despite the huge amount that has been written about child protection, the “knowledge of what is going on in social worker’s and other professional’s minds and bodies while in the course of doing the work, especially at the point of action of seeing children and parents has been very limited” (Ferguson, 2004, p. 213). This is in part because “tacit knowledge or practice wisdom cannot be critically examined in and of itself” (Zeira & Rosen, 2000, p. 103). However, despite the difficulties that research has in examining the multiple sources of knowledge that social workers use to make decisions in daily practice, the decision making and practice continues. As noted in the introduction, decisions that social workers make are critical to

children's and family's lives but are rarely investigated, other than through a review process after a child has died. Clearly, social workers are independent actors with independent thought, and are not automata. This research will examine the impact of self, organization, and the risk assessment tool on decision making related to the assessment of risk, service provision, and the building of a client relationship.

5: RESEARCH DESIGN

This research was aimed at understanding how social workers use practice wisdom to make decisions in child protection. Chapter 2 considered how the ideas of modernity and Habermas' concepts of the system and the lifeworld affect child welfare and child protection practice. It concluded by suggesting that practice wisdom occurs in decision-making through the integration of empirical, or research based knowledge, and a more subjective, reflective, or experiential knowledge. The next chapter looked at the technical rationality of the child protection system, and in particular the development of the risk assessment tool as the central decision making tool in child protection. The last section of the literature review considered how practice wisdom requires social workers to use experiential knowledge in addition to technical knowledge in order to make meaning of a particular situation. For this to occur there is a need for a self-reflective process in which the social worker makes meaning of the client's situation through their interaction with them. To further explore how technical, empirical knowledge and experiential knowledge is used in practice, this research examined which factors from the risk assessment tool were important in making decisions. In addition, it explored how characteristics about the social worker themselves, and their organizational context effected the decisions.

The notion of practice and, by extension, practice wisdom suggests that academic and evidence-based knowledge must have meaning as it is applied to a particular situation or circumstance. It was important that the research method reflect the complexity of everyday practice situations while also being relevant to

education and practice. As it was clear that an experimental research design that isolated selected variables could not reflect the complexity of everyday decision-making, the focus of the research was to look at how decisions were made when multiple factors were considered. The primary purpose was not to consider the detail of specific variables, or to judge the efficacy of decision making but rather to focus on the *how* of the decision.

5.1 Research Approach

The factorial survey method of research was developed first by Rossi and Nock (1982) to examine social judgments. It is a hybrid technique that is an excellent method for studying people's perceptions, beliefs, judgments, and decisions that are associated with complex multidimensional phenomena (Jasso, 2006; Ludwick, et al., 2004; Shlay, Tran, Weinraub, & Harmon, 2005;). The factorial survey technique "bridges two research paradigms by combining elements of experimental designs and probability sampling with the inductive, exploratory approach of qualitative research" (Ganong & Coleman, 2006, p. 455). The design produces multilevel data that considers individual characteristics of the respondent as well as variables within the unit of analysis, in this case vignettes (Hox, Kreft, & Hermkens, 1991). Factorial survey has been used in nurses' decision-making about nutrition (Ludwick, et al., 2004); parents' perceptions of child care quality (Shlay et al., 2005); intergenerational responsibilities in helping (Ganong & Coleman, 2006); definitions of alcohol abuse (O'Brien, Ross, & Tessler, 1982); and how health care providers recognize child abuse (Garrett, 1982). In addition, O'Toole, O'Toole, Webster, and Lucal

(1994) have looked at nurses' and teachers' recognition, reporting, and responses to child abuse and Webster, O'Toole, and O'Toole (2005) have looked at teachers' reporting of child abuse. Although factorial survey has been widely used in social sciences, its use in social work has been limited. However, Taylor, Lauder, Moy, and Corlett (2009) have recently published a study conducted in Scotland on professional judgments on *good enough* parenting using a factorial survey method.

"The power of the factorial survey design lies in the ability to examine normative beliefs of a group about a concept, judgment, or a decision, but unlike the real world, the independent variables are virtually uncorrelated in the factorial survey" (Ludwick, et al., 2004, p 227). In a factorial survey, respondents are presented with contrived hypothetical situations, called vignettes, of a constructed world in which specific factors, or stimuli, are built in experimentally or randomly manipulated by the researcher (Ganong & Coleman, 2006; Hox, et al., 1991). "The construction of such situations … follows factorial experimental protocols which ensure orthogonality of all components of the situations/objects" (Rossi & Nock, 1982, p. 10).

The concept of orthogonality is critical in factorial surveys. In real life, it is often difficult to disentangle the influence of one fact as opposed to another if the two factors occur together regularly because their presence is related to each other (Taylor, 2006). For example, in child protection poverty and housing are related to each other. "Factors that occur in association with each other are known as 'collinear' or 'non-orthogonal'" (Taylor, 2006, p. 1197). So, poverty and

housing would be considered non-orthogonal. If they are linked in the survey tool, the ability to disentangle their separate effects on the decision making is impossible. Therefore, each independent variable in a factorial survey is randomly assigned, ensuring that any non-orthogonality of the independent variables is due to random error only (Taylor, 2006, p. 1197). "Individuals then respond to a *sample* of all possible contrived situations" (Rossi & Nock, 1982, p. 10). The core concept of factorial survey is that "the dependent variable (i.e. the decision to be made) is measured for combinations of the various factors (independent variables) in the vignette (Taylor, 2006).

The basic element or unit of analysis in the factorial survey technique is the vignette. Crucial to the method is writing a vignette that tells a logical story and that includes all the variables that are to be tested. Identification of the independent variables and their levels is a basic step in developing the vignette and its framework (Ludwick, 2004). Each independent variable is considered categorical and is included because of its importance in the literature. In this approach there can easily be as many as 10 to 15 independent variables. "Increasing the number of levels of factors in the independent variables reduces the statistical power in the analysis, but with the large samples that are readily achievable, this raises little problem" (Taylor, 2006, p. 1191). Each independent variable, referred to as a *dimension* is then broken into *levels*. So, the dimension is a discrete variable whereas a level is a specific value within a dimension (Shlay, Tran, Weinraub, & Harmon, 2005). For a complete listing of the

dimensions and labels, see Appendix A. The vignettes are then assembled by randomly assigning levels of each dimension to each vignette.

5.2 Strengths and Limitations

The factorial survey method as a research design has important strengths. These include internal and external validity as well as robustness. Internal validity is high due to the random combination of factors within vignettes, and the random allocation of vignettes to participants (Ganong & Coleman, 2006; Landsman & Copps Hartley, 2006; Taylor, 2006). External validity is high as the decisions resemble closely those that are made in normal work situations, unlike the limited scenarios in the more common factorial experiment (Taylor, 2006). External validity is also enhanced through keeping the wording of the same factors constant, which reduces the potential for bias in interpreting the statements (Landsman & Copps Hartley, 2006).

The robustness is increased due to the vignette being the unit of analysis rather than the respondent. Firstly, because the factors within the vignette are orthogonal to one another each vignette is considered independent, this provides the randomness required. A second advantage of this method is how the sample size is defined. “In the conventional survey design, the sample size is determined by the number of participants in the study, and researchers are interested in variation across subjects and subject groups” (Shlay, Tran, Weinraub, & Harmon, 2005, p. 403). However, as the vignette is the unit of analysis, it is the number of vignettes that forms the sample size. This maximizes the statistical power (Landsman & Copps Hartley, 2006, p. 458).

Although the vignette is the unit of analysis (not the respondent), demographics and other factors relating to the decision-maker can be considered for their effect on the decisions (Taylor, 2006).

There are also some limitations to the factorial survey methodology. For practical purposes, the vignettes were developed using only a limited number of factors from the risk assessment model. These factors were chosen either because of their over-representation in national child protection caseloads or because of the body of literature that is associated with their linkage to child maltreatment. However, it is important to note that social workers would be using a much broader range of factors in deciding the level of risk in a specific and real situation. It is possible that the decisions made in this research would have been different if other factors had been included. Another disadvantage occurs because of the random assignment of a large number of dimensions and levels. This research has eight independent variables, or dimensions; seven of which have 4 levels and one dimension has 2 levels. So, theoretically, the total number of combinations of levels is very large, with (7^4 x 1^2) or 32,798 possible vignettes. This makes it difficult to examine the possible combinations of effects due to the small N in some of the conditions (Appelbaum, Lennon, & Aber, 2006). A third limitation to the study is the response rate. While 124 social workers responded, and this was sufficient to do the statistical analysis, this is a low percentage of the 2540 total number of social workers working in the Ministry. A limitation related to the data analysis was the number of statistical tests of significance that were calculated. This has the possibility of the data giving a false appearance of

significance. One way of correcting for this type of error is to do a Bonferroni correction. In this research, that correction was not calculated.

5.3 Research Method

This research was aimed at exploring the concept of decision-making in child protection. Practice wisdom requires the interaction between the evidence-based knowledge that social workers obtain through their education and training and the knowledge gained through personal and professional experiences. Although as Zeria and Rosen (2000) point out, understanding this interaction has been elusive to critical examination, this research attempted to identify whether, and how, these differing types of knowledge affected decision-making.

The overarching research question simply became: What factors influence child protection decision-making? There were three research objectives:

Objective 1: To assess the utility of the factorial survey method in understanding decision making in social work.

Objective 2: To explore the effect of evidence contained in a case situation and the experiential knowledge contained in the personal and organizational characteristics of the social worker on child protection decisions about risk, service provision, and client contact.

Objective 3: To identify implications for social work education, research and practice.

5.4 Survey Instrument

The identification of the independent variables within the vignette is critical to the realism of the vignette. Consideration was given to all of the dimensions currently identified in the BC Risk Assessment Model and decisions were made about which ones to use as a static factor in the vignette and which ones should be used as independent variables. Some dimensions identified in the BC Risk Assessment Model were omitted. For example, family make-up and gender are influential determinants in child welfare services, as there is an "overrepresentation of women, particularly those who are single parents and poor, among those who come to the attention of the child welfare system" (McKenzie & Trocmé, 2003, p. 70). However, in this research the independent variable of domestic violence was considered an important independent variable because of the dramatic increase in cases of child emotional maltreatment due to spousal violence. The CIS-2003 profile reported that exposure to domestic violence was the highest causation of substantiated emotional maltreatment, which was noted in 37% of all child maltreatment. In order to include domestic violence as an independent variable, it was important to have a two parent household; and given that the majority of two parent households are male-female, a decision was made to have a father-mother headed household. In terms of the age and gender of the children, the CIS-2003 found that the maltreatment for males and females up to age 7 was almost identical. As the primary purpose of this research was to consider decision-making, I avoided changing the gender and age of the child. A female, age 7 was chosen. This

avoided the extra consideration of a child under 5. Children under the age of 5 are generally considered more vulnerable due to their invisibility in the community. This allowed better opportunity to look at how the other variables would interact.

Based on the literature, and the decisions noted above, the independent variables that were identified for this research were: (a) type of harm; the socio-economic factors of (b) poverty, (c) housing, and (d) culture; (e) the family influences of alcohol use; (f) spousal violence; (g) resources and supports; and (h) the pattern of child welfare involvement in terms of cooperation. This meant there were eight independent variables, which was well within the scope of the factorial survey approach.

The next step was to identify the different levels of each independent variable. The BC Risk Assessment Model identifies a scale of seriousness for each of the risk factors and this scale was utilized in this study. The scale identified in the Risk Assessment Model has five categories (with an additional insufficient information available category). The “0” level of the scale indicates no concerns at all in the dimension being considered; therefore the next four levels of each identified dimension were chosen for this research. For example, the four levels for housing were

- A well kept home in good repair; although it is messy with food left lying around;
- An apartment that has inadequate heating throughout the winter;

- A house which is poorly maintained with numerous broken windows, open electrical outlets and evidence of animal waste inside the house; and
- A small one bedroom apartment; although the parents have received an eviction notice.

There were two exceptions to the development of the independent variables. For the factor of harm, I chose to differentiate the levels by the type of harm, rather than the severity of harm as this was more consistent with the literature. The descriptor for each kind of harm was developed from the BC Risk Assessment Training Manual, Priority #3 category. These harms are considered moderate, that is to say they are damaging but not life-threatening or dangerous situations. The four levels for harm to child were

- Has been attending school with no lunch, without breakfast and often seems tired and lethargic she has few clothes and no winter coat and is often cold (neglect);
- Has been at school with bruises on her cheek and upper arm, she has reported to the school that her father has pushed her against the wall and hit her with his hand (physical harm);
- Has been withdrawing from the other children at school and is very quiet in class, she has disclosed that she is embarrassed because she has nightmares and often wets her bed (emotional harm); and
- Has reported that her father shows her pornographic materials and has exposed his genitals to her (sexual abuse).

The independent variable of culture was an important one in this research, given the overrepresentation of aboriginal children in child welfare. Given, the cultural mix in BC, it was decided to use only two cultural groups: Aboriginal and Caucasian. A full list of the dimensions, levels, and the wording used for each level, is in Appendix A.

The vignette framework was then developed with attention paid to the realism if different levels of different variables were incompatible. Three expert consultants with experience in child protection decision-making reviewed the vignette construction and the list of dimensions and their levels for content validity and clarity. Changes were made to the vignette to ensure that the vignettes had some internal believability. The vignette framework was then finalized, as shown in Table 5.1.

Table 5.1 Vignette Framework

The following situation has been presented at a team meeting: Susan, age 7 is ____*harm*____. Susan lives with her mother and father who ____*income*____. They are living in ____*housing*____. Susan and both her parents are ____*race*____. The parents ____*substance use*____, and Susan reports that ____*spousal violence*____. The prior contact record shows that the family ____*resources and supports*____. The parents have ____*cooperation*____.

Having completed the development of the independent variables, the next task was to develop the dependent variables; these would form the questions that the respondents would be asked to answer.

As the research question was to understand the effect of objective (evidence-based) and subjective (contextual) knowledge, a decision was made to

ask four questions; two were related to the technical procedures of practice and the other two indicated a desire by the respondent to develop a relationship with the client.

Questions 1 and 2 in Table 5.2 are related to objective, or technical information related to the risk assessment tool and service provision.

Table 5.2 Dependent Variables: Questions to be asked

1. On a scale of risk (1 being the lowest risk and 5 being the highest risk) what is your initial impression of the level of risk? (please circle one number)

No Risk 1 2 3 4 5 Extreme Risk

2. Based on the information you have so far, what is likely to be your placement decision throughout the investigation process? (choose one)

_____ Close file, no further service required
_____ Provide a referral to a community service provider
_____ Provide intensive family support services with MCFD case management
_____ Arrange an informal placement with a family support network (e.g. kith and kin in which MCFD does not have temporary custody)
_____ Develop a formal in-care arrangement (e.g. family foster care, or a group home in which MCFD has temporary or full custody)

3. In this situation, how important is it that you visit the family home in determining the degree of risk and placement decision? (please circle one number)

Not very important 1 2 3 4 5 Extremely important

4. How many hours would you plan to spend getting to know the parent(s) over the next four weeks? For example, if you plan to spend 10 hours, please put “10” in box?

_____

Questions 3 and 4 are related to factors that would be important in gaining a contextual understanding of the client's situation. A sample survey instrument is provided in Appendix B.

One of the challenges of the factorial survey method is that each vignette is unique and that each level of each independent variable has to have an equal chance of being included in the vignette. None of the standard survey instruments allowed for this level of randomness or flexibility. Therefore, a contract was developed with the University of Northern British Columbia's (UNBC) Information and Technology Services to develop a computer generated survey tool that would allow for the random assignment of each independent variable; thereby assuring orthogonality.

Once the computer program had been developed, it was tested using three teams from the Ministry of Child and Family Development in the north. The pilot testing was used to both test the mechanics of the computer program and to get feedback from the participants about the design. Debriefing sessions were held with the team leaders and comments were received from the respondents. Some revisions to the computer program and the survey instrument were made. The results from the pilot test were separated and not used in the final research.

5.5 Participants

Ethics approval was granted from Simon Fraser University (see Appendix C), and UNBC (see Appendix D). In addition, because child protection social workers in BC all work for the Ministry of Children and Family Development (MCFD), ethics approval was also received from MCFD (see Appendix E).

MCFD agreed to distribute an e-mail through their distribution list to all social workers in the province. The distribution was through managers to supervisors, so it is unclear how many child protection social workers were reached. However, the e-mail was sent at three different times to try and reach maximum capacity. The text of the e-mail that was sent is provided in Appendix F. If the social worker wanted to respond, he or she simply had to click on the link. They then received an introductory overview (see Appendix G) and an informed consent (see Appendix H) and then the survey (Appendix B). The reason for the request of the survey (rather than just sending it to them) was confidentiality. Although the agreement from the Ministry assured confidentiality of responses, it was decided to incorporate this style so that although MCFD could (theoretically) know who requested a survey, they would not have the capacity to see the responses. This was considered important so that social workers did not feel that their responses could be viewed by their employer for *rightness* or *wrongness*. That was not the focus of this research and it was important to ensure that the research could not be unwittingly used for that purpose. In total, 118 respondents completed at least one vignette.

5.6 Results: Participants

As the vignette is the unit of analysis, the overview of the participants is related to the number of vignettes. A complete profile of the respondents is in Appendix J. With respect to gender, 81% of the vignettes were responded to by females and 18% by males. This gender ratio of social workers is quite consistent with the findings from the CIS (1998) study in which 80% of the respondents

were women. Although data for the province was unavailable, information was located for the northern region, where, the pattern is similar, although there are slightly more women proportionately (86% women and 13% men). With respect to age, 30% of vignettes in the research were responded to by people aged 35 to 44. The CIS (1998) study identified a younger group than this study; it identified that 70% of workers were between the ages of 26 and 44; whereas in this study only 53% were in that age category. This may be attributable to the aging demographic in general. For social workers aged 26 to 54, the distribution in this study was very similar to the MCFD northern region demographics. However, the age distribution between this study and the actual northern workers is different for the younger workers (0% in this study, 2.5% of MCFD northern workers) and the older workers, over 55 (17% in this study, 12% of MCFD northern workers).

All respondents in this study held a minimum degree of a bachelor. Since Gove (1995) the minimum requirement for working in child protection has been either a Bachelor of Social Work (BSW) or Bachelor of Child and Youth Care (BCYC) degree, and almost 70% of respondents in this study had one of those two degrees. In addition, a further 10% had an advanced degree in social work. The other 20% had either a Bachelor degree (13%) other than a BSW or BCYC, or a Masters degree (7%).

In this study, the participants had a great deal of experience; 68% of vignettes were responded to by people with 6 or more years experience in child protection. This compares to the CIS (1998) sample where only one third of the

workers had more than 6 years experience, and 35% had less than 2 years experience. In this study, only 18% had less than 2 years experience. In addition there seemed to be a lot of experience in the community or with clinical social work. One third of participants said they had more than six years in community or clinical work, other than in child protection.

Respondents were asked to select categories that described the specific training they had received and they could check as many categories as were applicable to their training experience. Most participants had training in general child abuse (88%) and risk assessment (94%). More than half of the participants had some specific training in at least one of the areas of child maltreatment: physical abuse (61%), sexual abuse (60%), or neglect (54%). Under one third had any training in the areas required for support services such as: family

Table 5.3 Comparison of Completed Training

Type of Training	Per cent in this research	Per cent in CIS 1998
General Information on Child Abuse	88	88
Risk Assessment	94	92
Child Development	60	69
Sexual Abuse Assessment and Intervention	66	68
Solution Focused Intervention	36	48
Motivational Counselling	10	Not reported
Family Preservation Interventions	29	32
Physical Abuse Assessment and Intervention	61	70
Neglect Assessment	54	53
Cultural Sensitivity Training	72	56
Crisis Intervention	41	61
Domestic Violence Training	35	Not reported

preservation (29%), solution focused interventions (36%) or motivational counseling (10%).

The training rates for this study were compared to the national child welfare worker study by Fallon, MacLaurin, Trocmé, and Felstiner (2003) as a component of the CIS (1998). The results in Table 5.3 show some remarkable similarities despite almost 10 years difference.

The respondents in this study had a variety of roles within child welfare; although the majority of them, 82% were delegated. Almost half (48%) of the respondents worked in a mixed urban/rural service area and 36% worked in a large metropolitan service area. Only 15% provide child welfare services to primarily rural, sparsely populated areas. Traditionally it has been difficult for rural communities to attract child welfare workers. The data from this study was an opportunity to examine whether the respondents' experience and qualifications varied depending on population density. Table 1.4 reveals that the inexperienced workers are predominantly in rural settings.

Table 5.4 Years of Child Protection Experience by Service Area

	Service Areas (%) from Research			
Child Protection Experience	**Metropolitan**	**Urban/ Rural Mix**	**Rural**	**Actual 2009 North Region**
< 1 year	5.05	7.59	12.00	9.00
1 – 2 years	13.45	5.70	22.00	22.00
3 – 4 years	5.04	3.80	6.00	12.00
5 – 6 years	3.36	11.39	12.00	7.00
6 years and over	73.11	70.89	48.00	50.00
Total	100.00	100.00	100.00	100.00

One third (34%) of the workers in the rural settings had 2 or less years experience compared to 18% in the urban setting and 13% in the mixed locations. Not surprisingly, the pattern is reversed when one looks at where the experienced workers are. Over 70% of the workers in urban and mixed settings have more than 6 years experience contrasted with just fewer than 50% in the rural settings. This data is slightly different from the study by Fallon, MacLaurin, Trocmé, and Felstiner (2003) on the CIS (1998) data. They found that the "experience level of child protection staff was relatively evenly distributed across metropolitan urban/rural mix, and rural agencies" (p. 48). Column 4 of Table 5.4 provides the actual numbers for the North region in 2009 and there is a similar distribution of actual experience in the north compared to the distribution of experience in the rural areas in this study. Just as the rural areas have lower experience, they also have more people with the minimum educational requirements.

Table 5.5 Highest completed degree by Service Area

Degree	Service Areas (%)		
	Metropolitan	**Urban/ Rural Mix**	**Rural**
BSW	44.54	60.13	70.00
BCYC	12.61	13.92	12.00
MSW	15.13	9.49	00.00
Other Bachelor	15.97	10.76	18.00
Other Graduate	11.76	5.70	0.00
Total	100.00	100.00	100.00

Table 5.5 indicates that rural areas have trouble attracting workers with advanced degrees as there were no respondents from a rural area with a

graduate degree. Interestingly, the graduates with a BCYC seem to be located evenly across different population areas.

The respondents were also asked about their overall job satisfaction and satisfaction with their supervision. In terms of job satisfaction, the majority of respondents (80%) identified a 3 or a 4 on the 5-point Likert scale. None of the participants identified a 1 *(completely dissatisfied*) while 8% of participants scored a 5 (*extremely satisfied*). The majority scored either a 3 or 4 on the 5-point job-satisfaction scale. Respondents were also asked to identify their satisfaction with their supervision. Almost 30% rated that they were satisfied, with 45% saying it was good, very good, or excellent. However, just over a quarter (26%) rated their supervision as either non-existent, very poor, or poor.

5.7 Conclusion

In this research to explore the complexity of decision making in child welfare a factorial survey methodology is used as it provides an excellent method of studying normative judgments that are associated with multidimensional phenomena. Central to this method is the development of a vignette which reflects a logical situation in everyday practice. In this research eight independent variables, or dimensions, each with a number of levels were used. Once the vignettes were developed and presented to the respondents, each respondent was asked questions about the level of risk, the service provision, and the planned contact with the family. These questions constituted the dependent variables in the study.

The unit of analysis is the vignette. In this study there were 327 usable vignettes and this constitutes the sample size. A brief overview of the participants in this study indicates some similarities with a national study conducted in conjunction with the CIS (1998). The participants were primarily female and had a minimum of a Bachelor degree (usually in social work or child and youth care). In comparison to the CIS study, this group of respondents was slightly older, with the majority of people being over the age of 35. This group also had a very similar training pattern to the national study; the predominant training was on risk assessment and child abuse with minimal training in the areas of family preservation interventions or practices.

Noteworthy in this study is the degree of experience; with 68% of the respondents reporting more than 6 years experience in child protection while 35% had less than 2 years experience in child protection. The category that had the smallest amount of respondents was those working 3 to 4 years, closely followed by working 5 to 6 years. This finding held true with the data from the northern region. The northern data identified that there was a higher percentage of people who had worked 7 – 10 years than there was 5 – 6 years. This is an interesting result, although out of the scope of this research but one might hypothesize that 3 – 6 years is a critical time for attrition. In addition to child protection experience, respondents in this study had a lot of social work experience in either community or clinical settings outside of child protection. One third said they had at least six years experience in this kind of work.

Similarly to the CIS (1998) study, data was collected on location of practice. The findings between the CIS (1998) study and this research was similar: inexperienced workers were primarily in rural settings and the percentage of experienced workers in rural settings was considerably lower than in metropolitan settings. There were no respondents with advanced degrees working in rural settings in this research.

It was also interesting, and somewhat pleasantly surprising that respondents were overall quite satisfied with their jobs and with the level of supervision. Work satisfaction is generally considered to be consistent with better work performance. The next chapter will consider which factors in the vignettes are important for this group of mature, experienced, academically and technically trained respondents when they are making their everyday decisions.

6: RESULTS

6.1 Data Analysis

The factorial survey analysis used the techniques described by Rossi and Anderson (1982) which uses multiple regression as the primary statistical method to measure the relationship between each factor and the decision made. Analysis of variance (ANOVA) was used to establish statistical reliability. Taylor (2006) suggests that by using multiple regression "it is possible to infer a causal explanation (i.e. that the factors actually cause the change in the decision, rather than merely being associated with it by 'accident') because the factors in the vignette are virtually independent" (p. 1196).

The computer software program that was primarily used for the statistical tests was Statistical Analysis Software (SAS). In factorial survey design, the unit of analysis is the vignette, not the respondent as the interest is in the variation across the vignettes (as opposed to conventional survey design in which the researcher is interested in variation across the subjects). The sample size is the number of vignettes assigned to each respondent multiplied by the number of participants. There were 118 people that participated, each responding to up to 3 vignettes. This provided a potential sample size of 354. However, respondents could respond to only one or two of the vignettes and choose not to respond to the second or third. As long as the respondent information was complete and all four questions for the vignette were answered it was included in the final sample set. All the data received was cleaned and checked for completeness; this resulted in a final sample size of 327 usable vignettes.

The random sampling of the levels within the vignettes is the key feature of internal validity and provides the independence, or orthogonality, among the variables across the vignettes. A frequency distribution was computed to identify how often each level of each dimension was used in the vignettes that were used in the sample. Perfect randomness was impossible as some vignettes were not responded to but could not be used again and some vignettes were discarded in the cleaning and checking process. The largest variance of any level within any dimension was .09, or just under 10%. The frequency distribution for each level appearing in the vignettes is in Appendix I.

6.2 Responses and Correlation of Dependent Variables

The initial level of analysis provided the frequency, mean, median, and standard deviation of the responses on each of the dependent variables. The complete analysis is provided in Appendix K. Risk level was scored on a 5-point scale (with 1 being *no risk* and 5 representing *extreme risk*). Nobody identified level 1 (*no risk*). The median response was 3 (which represents risk level 4[1]) (*SD* = 0.77). The dependent variable of service provision had five possible options ranging from the least intrusive, which was to *close the file*, to the most intrusive, which was *to develop a formal in-care arrangement*. Once again, no respondents chose the least intrusive option to close the file; the median was 2, which was to *provide intensive family support services* (*SD* = 0.90). Visit importance was scored on a 5-point scale with 0 being *not very important* and 5

[1] [1] Risk level 1 was dummy coded as 0; Risk level 2 was dummy coded as 1; Risk level 3 was dummy coded as 2; Risk level 4 was coded as 3 and Risk level 5 was coded as 4.

being *extremely important*; once again nobody scored a 0 and the median was 4 (*SD* = 0.78). Contact hours had a respondent generated range of 0 to 30 hours (*M* = 7.25, *SD* = 4.91).

Each of the dependent variables was then examined to see if they were correlated with each other. One could hypothesize that, for example, higher risk levels would be positively correlated with a more intensive service provision and a higher number of contact hours. In all six combinations of the correlations between the four dependent variables there were positive correlations. The highest positive correlation was for the interaction between risk level and service provision (R^2 = 0.45, *r* =.673). This size of correlation coefficient is generally considered to have a strong relationship. This indicates that the assessment of risk level and the provision of services have some characteristics in common. For the other five comparisons the coefficient was in the 0.2 to 0.4 range and therefore considered positive but weak. These correlations are graphed in Appendix L.

A final correlation was computed. Of the eight independent variables in the vignette, six of the dimensions were written so that each level had increasing severity. The six dimensions that had increasingly serious levels were: income[2], housing, substance use, spousal violence, resources and supports, and cooperation. Harm was not included as the levels depicted different kinds of harm, and culture clearly cannot be levelled by severity. Each of these dimensions were dummy coded 0 to 3; with 0 representing the *least serious* and

[2] Income was initially reversed with the most serious being first and the least serious being last; they were therefore reordered to have the same ordering (least to most serious) as the other variables.

3 *the most serious*. As already stated, the independent variables were randomly generated, so theoretically the possible range for the total of the six independent variables when the dummy codes were added together could be 0 to 24. The actual range for the total of the six variables in the vignettes used was from 3 to 16. The mean was 9.08 (*SD* = 2.71). The correlations between the severity of the total number of independent variables and any of the dependent variables were very weak with the range of the coefficient being between *r* =.08 (visit importance) and *r* =.22 (risk level). These results indicate that decisions are not made on an accumulation of risk factors, but rather it is specific factors that have an effect on decision-making.

6.3 Analysis

Two different statistical models were used to analyze the effects of the dimensions and levels within the vignette, and the respondent characteristics on each of the questions asked. The first model examined the effects of the dimensions. The dependent variables of risk and visit importance were scored on an anchored visual analogue scale which was treated as a continuous measurement, therefore, the cumulative probit model was used for the regression analysis on these two dependent variables. The placement decision was analyzed using a cumulative logistical model; and a generalized linear model (GLM) was used on the continuous hours dependent variable. Garson (2008) explains the differing uses of the probit and logistical model:

> Probit models are similar to logistic models but use a log-normal transformation (the probit transformation) of the dependent variable. Logit and logistic regression are appropriate when the categories of the dependent are equal or well dispersed, probit may be

> recommended when the middle categories have greater frequencies than the high and low tail categories. (p.1)

The first model generated (see Table 6.1) used an Analysis of Variance (ANOVA) test to analyze the effect of each dimension within the vignette, as well as the respondent's characteristics on the dependent variables. A chi-square test identified independent variables that had a statistically reliable influence on the decisions. Using the conventional probability level of .05, the dimensions from the vignette of "harm to child", "housing", "substance use", "spousal violence", and "cooperation" all had a statistically reliable effect on the dependent variable of risk. The two factors about the respondent that had a statistically reliable effect on assessment of risk were the "degree" and the "satisfaction with supervision". Factors that were found to be statistically reliable on the dependent variable of service provision were "harm to child" and "housing" from the vignette; and "degree", "child protection experience", and "community experience" from the respondent. Only two variables, "housing" and "substance use" from the vignette had a statistically reliable effect on the decision about visit importance, whereas five factors about the respondent had an effect that was considered statistically reliable on the decision about a home visit ("gender", "age group", "job satisfaction", "degree", and "current social work role"). In terms of the decision about the number of contact hours, the only dimension from the vignette that had a statistically reliable effect was harm to child. However, with the exception of job satisfaction, and satisfaction with supervision, all of the other eight characteristics (gender, age group, degree, child protection experience, community experience, delegation, urban context, and current social work role) about the respondent had

an effect. As can be seen from Table 6.1, “income”, “culture”, and “resources and supports” had no statistically reliable influence on any of the four decisions; therefore, there was no further statistical analysis undertaken. However, this finding will be discussed further in the next chapter.

While the first model compares the impact of each dimension on the decision making, it does not provide a comparison of the effects of the levels within each dimension. In order to understand which level of a dimension had statistical reliability on the decision-making, a second regression model was computed. The second model was initially regressed using the cumulative probit model. However, a difficulty with the probit model is that the interpretation of the coefficients in probit regression is not as straightforward as the interpretation of coefficients in linear regression or logit regression. In the probit model, the increase in probability attributed to a one-unit increase in a given predictor is dependent both on the values of the other predictors and the starting value of the given predictors (UCLA, n.d.), therefore the probit transformation is the inverse of the cumulative standard normal distribution function to the response proportion (SPSS). This effectively reverses the beta coefficient. However, in terms of practicality, the “probit and logistic models yield the same substantive conclusions for the same data the great majority of the time” (Garson, 2008, p. 1). Therefore, an ordinal regression model from SPSS was conducted as a comparison. The results were very similar. As the beta coefficient is more easily interpreted in the ordinal regression model, this became the second model. The probit model regression has been included in Appendix M for the vignette

and Appendix N for the respondent characteristics. The ordinal regression model is represented in Table 6.2 (dimensions from the vignette) and Table 6.3 (characteristics of the respondents). This model identifies which level of the independent variable is statistically reliable ($p < 0.05$) on the decision, as well as the directionality of the effect. The resulting regression coefficient (B) expresses the extent to which decisions are affected by the presence of a particular level that is being rated. Thus, the first regression coefficient in Table 6.2 states that when the harm is neglect, that harm on the average has a score lower by 2.939 than the reference level of sexual abuse and this affect is statistically reliable ($p < .0001$). In short, regardless of which other levels, of other dimensions are included, the harm of neglect is assessed as a lower risk (Rossi & Anderson, (1982). Table 6.2 and 6.3 show only those dimensions that had shown at least one level as statistically reliable ($p < .05$). For each independent variable, the highest category, or the highest value (i.e. level 3) was run as the omitted value.

Table 6.1 Regression of all dimensions on dependent variables

		RiskLevel		Service Provision		Visit Importance		Contact Hrs	
	DF	Chi-Square	P-value	Chi-Square	P-value	Chi-Square	P-value	F Value	P-value
Harm to Child	3	104.9815	<.0001	102.7891	<.0001	4.0804	0.2529	4.63	0.0041
Income	3	0.9637	0.8100	1.0068	0.7996	2.4617	0.4823	0.94	0.4510
Housing	3	7.8432	0.0494	15.3132	0.0016	11.8114	0.0081	2.1	0.9602
Culture	1	0.5535	0.4569	1.2217	0.2690	1.5219	0.2173	0.04	0.9369
Substance Use	3	15.8904	0.0012	5.5665	0.1347	10.2362	0.0167	2	0.5288
Spousal Violence	3	11.6193	0.0088	3.158	0.3679	0.399	0.9405	0.85	0.7605
Res. & Supp.	3	5.2473	0.1546	0.4692	0.9256	4.3708	0.2241	0.37	0.8723
Cooperation	3	13.8582	0.0035	7.5998	0.0550	3.745	0.2903	1.55	0.4455
Gender	1	3.2911	0.0697	0.7416	0.3892	6.5541	0.0105	3.96	0.0280
Age Group	3	2.2761	0.5171	4.8708	0.1815	8.2624	0.0409	9.06	<.0001
Job Satisfaction	3	2.1044	0.5510	3.2113	0.3602	24.2927	<.0001	1.93	0.7967
Degree	4	11.2908	0.0235	17.3125	0.0017	20.6851	0.0004	7.76	<.0001
Ch. Prot. Exp	4	8.9586	0.0621	17.5182	0.0015	4.6124	0.3294	0.73	0.0048
Community Exp.	5	7.255	0.2024	9.9038	0.0780	6.4012	0.2691	3.61	<0.0001
Delegation	1	0.0801	0.7772	0.161	0.6882	1.6141	0.2039	6.59	0.0216
Urban	2	0.8831	0.6430	3.5249	0.1716	1.4005	0.4965	12.64	<.0001
Superv. Satis	6	15.9919	0.0138	10.3014	0.1125	6.1718	0.4042	1.85	0.1199
Current SW Role	1	5.4031	0.7138	7.9069	0.4426	24.7948	0.0017	2.08	0.0383
R-Square		0.4791		0.4907		0.3514		0.41041	
Adusted R-Square		0.5327		0.5339		0.4098			

Table 6.2 Ordinal Regression of statistically reliable levels (p < .05)

		RISK			SERVICE PROVISION			VISIT IMPORTANCE			CONTACT HOURS		
	Level	B Estimate	Std. Error	Sig.	B. Estimate	Std. Error	Sig.	B Estimate	Std Error	Sig.	B. Estimate	Std. Error	Sig.
0: Harm	0	-2.939	0.399	<.0001	-3.723	0.401	<.0001				-1.008	0.3	0.001
	1	-0.062	0.377	0.87	-1.597	0.362	<.0001				-0.15	0.312	0.632
	2	-3.394	0.418	<.0001	-3.595	0.401	<.0001				-0.846	0.304	0.005
2: Housing	0				-0.03	0.346	0.93	0.248	0.38	0.511			
	1				-0.519	0.359	0.148	0.204	0.39	0.598			
	2				0.817	0.337	0.015	1.097	0.4	0.006			
4: Substance Use	0	-1.483	0.357	<.0001	-0.758	0.339	0.025	-0.975	0.38	0.011			
	1	-0.556	0.331	0.093	-0.013	0.319	0.967	-0.698	0.37	0.057			
	2	-0.587	0.354	0.098	-0.173	0.344	0.615	0.248	0.4	0.532			
7: Co-Operation	0	-0.493	0.351	0.161	-0.53	0.346	0.125				-0.469	0.298	0.116
	1	-1.212	0.37	0.0001	-0.884	0.358	0.014				-0.671	0.309	0.03
	2	-0.936	0.358	0.0009	-0.876	0.349	0.012				-0.555	0.299	0.063

Table 6.3 Regression of all statistically reliable levels from respondent characteristics on dependent variables

		RISK			SERVICE PROVISION			VISIT IMPORTANCE			CONTACT HOURS		
	Level	B Estimate	Std. Error	Sig.	B. Estimate	Std. Error	Sig.	B Estimate	Std Error	Sig.	B. Estimate	Std. Error	Sig.
Gender	0							1.137	0.51	0.025	-0.835	0.337	0.013
Age	1							-0.09	0.57	0.875	-0.064	0.467	0.892
	2							-0.182	0.45	0.687	1.152	0.377	0.002
	3							0.965	0.5	0.052	1.352	0.389	0.001
Job Satisfaction	1							-2.974	1.28	0.02			
	2							-4.659	1.26	<.0001			
	3							-3.91	1.24	0.002			
Degree	0	1.002		0.07	2.263	0.57	<.0001	2.327	0.62	<0.001	2.485	0.496	<.0001
	1	1.257		0.07	2.6	0.696	<.0001	3.322	0.8	<0.0001	2.564	0.603	<.0001
	2				1.892	0.748	0.011	1.241	0.78	0.111	1.753	.647	0.007
	3				1.985	0.657	0.003	2.188	0.75	0.004	1.04	0.566	0.066
Child Prot Experience	0				0.452	0.598	0.45				1.054	0.521	0.043
	1				1.564	0.464	0.001				1.175	0.404	0.004
	2				1.199	3.18	0.075				-0.777	0.58	0.181
	3				-0.583	0.513	0.256				0.127	0.446	0.776
Community Experience	0										1.404	0.348	<.0001
	1										-0.236	0.457	0.606
	2										0.93	0.379	0.014
	3										0.081	0.421	0.848
	4										-0.33	0.494	0.504
Urban/Rural	0										-0.278	0.366	0.448
	1										1.134	0.366	0.002
Supervision	0	0.901	1.642	0.583	0.866	1.536	0.573						
	1	-1.542	0.7	0.028	-1.093	0.676	0.106						

	2	-0.389	0.672	0.563	-0.399	0.648	0.538					
	3	-0.406	0.656	0.536	-0.639	0.635	0.314					
	4	-1.286	0.61	0.035	-1.395	0.589	0.018					
	5	0.187	0.658	0.776	-1.065	0.632	0.092					
Current Role	0							-1.324	.602	.028	-1.384	.452	.002
	1							-1.696	.604	.005	-.490	.451	.277
	2							-1.449	.731	.047	.873	.587	.137
	3							.687	.982	.484	.270	.560	.630
	4							-1.901	.586	.001	-.074	.416	.859
	5							-1.510	.577	.009	.072	.431	.868
	6							-2.578	1.619	.111	1.495	1.299	.250
Delegation	0										-1.3	0.446	0.003

6.4 Independent variables in vignette

Using only the dimensions that had at least one level of statistical reliability each vignette was scored for overall severity by adding the dummy codings of each of the included independent variables together. This meant that a vignette that had a higher score had more variables with more severe attributes, than one with a lower score. A hypothesis was that a higher cumulative score would correlate with a higher severity on the decision questions. The decision on risk was correlated with the cumulative total of housing, substance use, spousal violence, and cooperation (r = 0.21); the decision on service provision was correlated with the cumulative total for housing and cooperation (r = .06); and the decision on visit importance was correlated with the cumulative total for housing and substance abuse (r = .10). Once again, the accumulation of factors, even when they had showed statistical reliability correlated only very weakly with the dependent variables.

The ordinal regression identified which independent variables had at least one level that was statistically significant in comparison to the omitted level[3]. In order to understand the relative importance of each of the levels within an independent variable, further statistical tests were conducted. First, an F-test was conducted to ascertain whether the variance was equal or unequal; then the appropriate t-test was done. Only dimensions that had at least one level with $p < .05$ were analyzed further. This section will look at the dimensions and levels

[3] The omitted level, or reference level in each independent variable, or dimension, was the highest level

that showed statistical reliability within the vignette first and then those within the respondent.

The dependent variable of risk had the most independent variables, or dimensions, from the vignette that had at least one statistically reliable level. These were: harm, housing (probit model only), substance use, spousal violence (probit model only), and cooperation. Of these five dimensions, four of them also had a statistically reliable effect on the decision about service provision. These were: harm, housing, substance use, and cooperation. Fewer dimensions from the vignette had any statistically reliable effect on either visit importance or contact hours. Housing and substance use had a statistically reliable effect on visit importance whereas harm and cooperation had a statistically reliable effect on contact hours.

Of the independent variables within the vignette the dimension that had the most consistent effect on the decision-making was harm to child as it had a statistically reliable effect on three of the four questions. The other area of consistency was the three variables that had no statistical effect on any of the decision points; as stated earlier, these were income, culture, and resources and supports. These will be discussed further in the next chapter.

Further analysis was conducted on the harm to child dimension to explore its relevance on each of the decisions. Then any dimension that had at least one level of statistical reliability on a decision was analyzed further. The dimensions that were examined were: the effect of housing on risk, service provision and visit importance; the effect of substance abuse on risk and visit importance; the

effect of spousal violence on risk; and the effect of cooperation on risk and service provision.

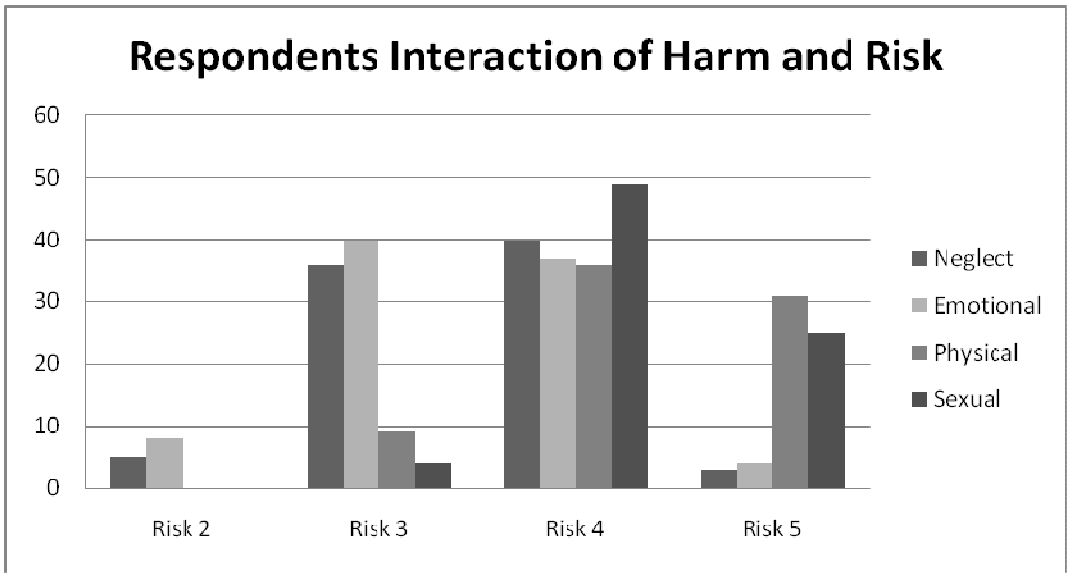
6.4.1 Harm

Harm to child was statistically reliable on 3 of the 4 questions: risk level, service provision, and contact hours. Table 6.2 indicates that when level 0 (neglect) and level 2 (emotional harm) are compared to sexual abuse that the risk is lower and that the difference is statistically reliable. As stated earlier, each of the harms was based on the Risk Assessment Model Priority #3 descriptor which is identified as *damaging but not life-threatening* and would be considered *moderate*. Figures 6.1, 6.2 and 6.3 present the distribution of respondents' answers in graph form. Figure 6.1 graphs the results of harm on the decision of risk.

Comparing the means in Figure 6.1 shows that the respondents assessed differing risk levels depending on the harm. Neglect (M = 2.48, SD = 0.66) and emotional harm (M = 2.41, SD = 0.71) have similar responses. Physical abuse (M = 3.28, SD = 0.66) and sexual abuse (M = 3.26, SD = 0.55) also have similar responses in terms of risk[4]. This response indicates that if the child was experiencing neglect or emotional harm then the social worker is more likely to assess the risk lower, midway between risk level 3 and risk level 4; whereas if the harm is physical or sexual abuse the average response was between risk level 4 and risk level 5.

[4] Note that the means are calculated using the dummy variables so Risk 1 = 0, Risk 2 = 1 etc. Therefore a mean of 2.48 signifies an average response mid way between Risk level 3 and Risk level 4.

Figure 6.1 Interaction of Harm and Risk Level



A two-way ANOVA test comparing *neglect* and *sexual abuse* on the decision of risk showed that the variances were statistically different ($F(83, 77) = 1.46$, $p = 0.04$); therefore, a two-sample t-test was performed for unequal variances. The comparison of the two means was not statistically reliable. No other pairs had statistical reliability on the variances or the mean on the dependent variable of risk.

Harm also had a statistically reliable effect on the dependent variable of service provision and a similar pattern of distribution of responses held true. Neglect ($M = 1.94$, $SD = 0.70$) and emotional abuse ($M = 1.99$, $SD = .72$) were similar, and physical abuse ($M = 2.71$, $SD = .84$) and sexual abuse ($M = 3.10$, $SD = 0.76$)[5] were similar.

[5] For service provision 1 = community referral, 2 = intensive family support; 3 = informal family placement; 4 = formal in-care arrangement

Figure 6.2 Interaction of Harm and Service Provision

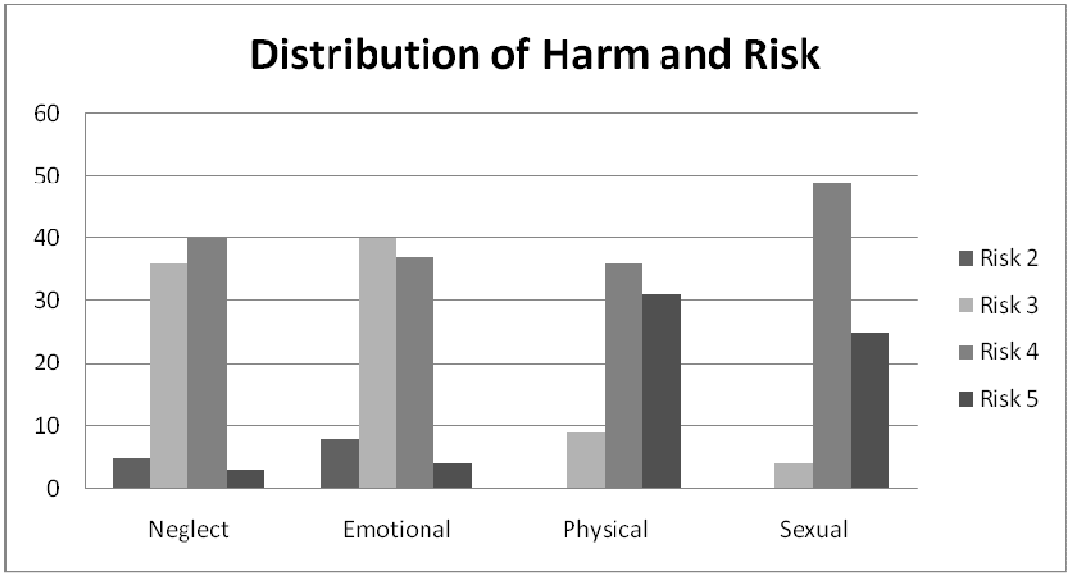


Figure 6.2 shows that when neglect and emotional abuse are present the service provision, or intervention, seems to be less intensive, with a preferred intervention of a community referral or intensive family support. For physical and sexual abuse although intensive family support may be offered, the options of either informal out-of-home placements or formal in-care arrangements become possibilities. Table 6.2 also indicates that the service provision is less intensive for neglect and emotional harm and that those differences are statistically reliable; however, the t-test of the means did not show any statistical reliability.

The third dependent variable that the dimension of harm had a statistical effect on was on contact hours; once again, a similar distribution pattern emerged. The average number of hours projected to be spent with a family was less if neglect (M = 6.41, SD = 4.19) or emotional abuse (M = 6.42, SD = 4.48) was the harm, compared to either physical abuse (M = 8.36, SD = 5.94) or sexual abuse (M = 7.84, SD = 4.76). Two-way ANOVAs were conducted to

compare each possible pair of harms for statistical reliability. The two pairings of emotional abuse-physical abuse ($F(88,75) = 0.56$, $p < 0.01$) and neglect-physical abuse ($F(83,75) = 0.49$, $p < 0.01$) both indicated variances that were statistically different. Therefore t-tests for unequal variances were conducted. The difference in the number of proposed contact hours for emotional abuse (M = 6.42) and physical abuse (M = 8.36) was statistically reliable ($t(138) = -2.33$, p = 0.01) as was the difference between neglect (M = 6.41) and physical abuse (M = 8.36; $t(133) = -2.37$, $p < 0.01$). The two-way ANOVA for comparing the variances for the pairs: emotional abuse-sexual abuse and neglect-sexual abuse were not statistically reliable so a t-test for equal variances was used. The t-tests in both cases showed statistically reliable differences; for emotional abuse-sexual abuse ($t(165) = -1.98$, p .02) and for neglect-sexual abuse ($t(160) = -2.03$, p 0.02). The number of mean hours when emotional abuse was present was 6.42 hours compared to 7.84 for when sexual abuse was present. These findings are consistent with the interpretation of Table 6.2 which indicates that the number of contact hours for neglect and emotional harm when compared to sexual abuse is lower and that the difference is statistically reliable.

In conclusion, the independent variable of harm, which had 4 levels relating to the same risk of severity (*moderate*) of 4 different kinds of harm (neglect, emotional abuse, physical abuse, and sexual abuse) had a statistically reliable effect on the three decisions about risk, service provision, and contact hours. Based on a distribution analysis, it appeared that when neglect or emotional abuse was identified, the respondents attributed a lower level of risk, a

less intense service provision and fewer contact hours when compared to the harm being physical abuse or sexual abuse; and this was consistent with the ordinal regression in Table 6.2. Using an ANOVA test and a t-test on the dependent variable of risk indicated a statistically reliable difference in the variances between neglect and sexual abuse; but none of the other combination of pairs of harm showed any statistically reliable difference on the decision about risk. In the analysis of the effect that the kind of harm had on the decision about visit importance, there were no statistically reliable differences between the different kinds of harm. On the dependent variable of contact hours there were statistically reliable differences among the variances between emotional-physical and neglect-physical; and both these pairings had a statistical difference on the means. The pairings of emotional-sexual and neglect-sexual did not have any statistically reliable differences in their variances, but were statistically different when comparing the means on the t-test. This trend to spend less contact hours with a family where there is emotional abuse or neglect compared to a family where physical abuse or neglect is statistically reliable.

6.4.2 Housing

Housing had four levels with each descriptor being associated with increasing levels of severity according to the BC Risk Assessment Model. The levels for housing were:

- Level 0: a well kept home in good repair; although it is messy with food left lying around (messy).

- Level 1: an apartment that has inadequate heating throughout the winter (inadequate heating).
- Level 2: a house which is poorly maintained with numerous broken windows, open electrical outlets and evidence of animal waste inside the house (poorly maintained with animal waste).
- Level 3: a small one bedroom apartment; although the parents have received an eviction notice (eviction notice).

When the probit model was used, the dimension of housing had a statistically reliable effect on the decisions about risk, service provision, and visit importance; however, the ordinal regression showed statistically reliable effects only on the decisions about service provision and visit importance. When the effect of housing on the decision of risk was considered using a *t-test*: level 2, (poorly maintained with animal waste) (M = 3.01, SD = .67) was statistically different ($t(157) = -2.90$, $p < 0.01$) on the risk level than either level 1 (inadequate heating) (M = 2.67, SD = .80) or level 3 (eviction notice) (M = 2.82, SD = .79) ($t(168) = 1.68$, $p = 0.04$). No other pairing between housing and risk had any statistically reliable result on either the variance or the means. This indicates that the description of a house which is poorly maintained with numerous broken windows, open electrical outlets and evidence of animal waste inside the house is predictive of a higher risk level assessment than the other three descriptors including an eviction notice which is a higher risk indicator in the BC risk assessment training.

Housing also had a statistical effect on the decision about service provision. Once again, level 2 (*poorly maintained with animal waste*) (M = 2.65, SD = .67) had the most intrusive service provision; and this was statistically different from each of the other levels (all t-tests were for equal variances: level 0 and level 2: $t(168)$ = -1.69, p = 0.04; level 1 and level 2: $t(157)$ = -3.75, p <.01; and level 2 and level 3: t (168) = 1.97, p = .02). This is consistent with Table 6.2 which indicates a more intrusive response for level 2 compared to level 3. There was no statistically reliable difference between when the housing was messy (level 0) and receiving an eviction notice (level 3). Having a messy house (level 0) resulted in a more intrusive service provision than a home with inadequate heating (level 1) (F(83,72) = 1.20, p > .05; t-test for equal variances: t(155) = 1.97, p = .02). Receiving an eviction notice (level 3) resulted in a more intrusive response than *having inadequate heating* (level 1), (F(72,83) = .86, p = >.05; *t-test* for equal variances: t(155) = -1.74, p = 0.04). In summary, most paired comparisons had differences that were statistically reliabile (except for having a messy house and receiving an eviction notice). Having a house that was poorly maintained with animal waste received the most intrusive response, followed by having a messy house. Having inadequate heating in winter received the lowest level of intervention. There was no statistically different service provision between having a messy house and receiving an eviction notice (although these are level 0 and level 3 respectively in the training manual).

Housing also had a statistically reliable difference on the importance of a home visit. Once again, having a poorly maintained home with animal waste

(level 2) generated a higher level of response (M = 3.67, SD = .52) than *a messy house* (level 0) (M = 3.41, SD = .77; $t(144) = -2.53$, $p < .01$); a house with inadequate heating (level 1) (M = 3.56, SD = .85; $t(157) = -2.88$, $p < .01$); or *an eviction notice* (level 3) (M = 3.35, SD = .90; $t(168) = 2.82$, $p < 0.01$). These differences were statistically reliable which Table 6.2 also indicates.

In conclusion, housing was an important factor in decision-making. The descriptor of poor maintenance, broken windows, and animal waste was a statistically reliable factor on the decision of risk, service provision, and visit importance. It predicted a higher level of risk, a more intensive service provision, and a higher importance on a home visit. Having a messy house also predicted a higher level of service provision than inadequate heating and was no different than receiving an eviction notice in terms of service provision.

6.4.3 Substance Use

Substance use had four levels with each descriptor being associated with increasing levels of severity according to the BC Risk Assessment Model. The levels for substance use were:

- Level 0: are known to use alcohol but without any problems (no problem use).
- Level 1: have occasional weekend benders which has sometimes led to problems (occasional misuse).
- Level 2: are known to abuse alcohol and marijuana on a regular basis (regular abuse).

- Level 3: are known to have a serious problem with drug abuse (serious problem).

Substance use had a at least one level that had a statistically reliable effect on the decisions about risk, service provision, and visit importance. In terms of the decisions about risk: although there was not much difference in the mean responses of level 1 (*M* = 2.87, *SD* = .78) and level 2 (*M* = 2.82, *SD* = .71), there was a general trend of associating higher risk with increasingly problematic substance use. The importance for a home visit with no problem use (level 0) (*M* = 2.58, *SD* = .85) was less than when there was a serious problem (level 3) (*M* = 3.02, *SD* = .68). The different response between no problem use (level 0) and occasional misuse (level 1) was statistically reliable assuming equal variances (*F(*77,82) = 1.19, *p* > 0.05; *t*(159)= -2.23, *p* = 0.01). No problem use (level 0) was also statistically different than regular abuse (level 2) assuming equal variances (*F*(77,67) = 1.46, *p* > .05; *t*(144) = -1.77, *p* = .03). Not surprisingly, no problem use (level 0) was also statistically different than serious problem (level 3). This t-test was done assuming unequal variances (*F*(77,97) = 1.55, *p* = .01; *t*(146) = -3.6, *p* < .01). As stated earlier there was no statistical difference in the responses between occasional misuse (level 1) and regular abuse (level2); although there was a statistical difference between regular abuse (level 2) and serious problem (level 3) (*F(*67,97) = 1.06, *p* > .05); *t*(164) = -1.7, *p* = 0.03).

Using the ordinal regression analysis (Table 6.2), at least one level of substance use had a statistical effect on the decision about service provision. According to the beta coefficient, no problem use (level 0) resulted in a lower

service provision than serious problem (level 3) and this difference was statistically reliable. The *t-tes*t's confirmed this (F(77,97) = 1.42, p < .05; t(150) = -2.32, p = 0.01). In addition, the *t-test* indicated a statistical difference between no problem use (level 0) and occasional misuse (level 1) (F(77,82) = 1.007, p > .05; t(159) = -1.99, p < .05)

The third decision that substance use had a predictive effect on was the importance of a home visit. The beta coefficient (B) from Table 6.3 indicates that no problem use (level 0) and occasional misuse (level 1) have a statistically different (lower) effect on the importance of a home visit. The t-tests indicated that when regular abuse (level 2) was a factor, it increased the importance of a home visit (M = 3.60, SD = .64) compared to the other levels. There was a statistical difference in the importance of a home visit between no problem use (level 0) and regular abuse (level 2) (F(77,67) = 1.98, p = .002; t(138) = -2.26, p = .01) and between no problem use (level 0) and serious problem (level 3) (F(77,97) = 1.68, p = .007; t(142) = -1.77, p = .03). There was also a statistically reliable difference in the response between occasional misuse (level 1) and regular abuse (level 2) (F(82,67) = 1.55, p = .03; t(149) = -1.8, p = .03). There was no statistically reliable difference between occasional misuse (level 1) and serious problem (level 3) or regular abuse (level 2) and serious problem (level 3).

In conclusion, substance abuse had a predictive effect on risk, service provision, and home visit. The differences in the continuum of substance use, misuse, and abuse had an increasingly heightened risk associated with it as well as a heightened importance on having a home visit.

6.4.4 Spousal Violence

Spousal violence had four levels with each descriptor being associated with increasing levels of severity according to the BC Risk Assessment Model. The levels for spousal violence were:

- Level 0: her parents often have loud arguments (loud arguments).
- Level 1: her father is often yelling, threatening and controlling her mother (yelling, threatening, and controlling).
- Level 2: she has seen her father hit and shove her mother (hitting and shoving).
- Level 3: the police are often at her house due to domestic disputes (police attending).

Spousal violence had a statistically reliable effect on the decision of risk when using the probit model, but not when using the ordinal regression, therefore a t-test was conducted to analyze the means. There was no statistical difference between the response when loud arguments (level 0) or yelling, threatening, and controlling occurred (level 1). Similarly at the other end of the spectrum there was no statistically reliable difference in the assessment of risk between hitting and shoving (level 2) and police attending (level 3). However, there was a statistically reliable difference between the response of loud arguments (level 0) (M = 2.71, SD = .80) and hitting and shoving (level 2) (M = 3.01, SD = .72) (F(90,82) = 1.24, p > .05; t(172) = -2.55, p = .005); and a statistically reliable difference between the response of loud arguments (level 0) and police attending (level 3) (M = 2.92, SD = .76) (F(90,82) = 1.12, p > .05; t(172) = -1.7, p

= .03). There was also a statistically reliable difference between yelling and threatening (level 1) (*M* = 2.7, *SD* = .76)) and hitting and showing (level 2) (*F*(69.82) = 1.12, *p* > .05; *t*(151) = -2.58, *p* = .005); and between yelling and threatening (level 1) and police attending (level 3) (*F*(69,82) = 1.01, *p* = > .05; *t*(151) = -1.83, *p* = .03).

6.4.5 Cooperation

Cooperation had four levels with each descriptor being associated with increasing levels of concern according to the BC Risk Assessment Model. The levels for cooperation were:

- Level 0: had ambivalence about change and often miss appointment but has some follow through to services offered (some follow through)
- Level 1: gone to services offered but only attended sporadically and received little to no benefit (sporadic attendance)
- Level 2: accepted referrals in the past but either don't attend or attend once (non attendance)
- Level 3: refused to accept any services offered (refusal)

Co-operation had a statistically reliable effect on the decisions about risk, service provision, and contact hours. The only pair that had a statistically reliable difference in assessment of risk was when parents had *sporadic attendance* (level 1) (*M* = 2.70, *SD* = .79) and *refusal* (level 3) (*M* = 2.93, *SD* = .73) (*F*(70,82) = 1.17, *p* > .05; *t*(152) = -1.89, *p* = 0.05). This is indicated in Table 6.2. Although the risk associated with refusal was the highest, other than when compared with

the sporadic attendance it did not generate a statistically reliable different effect than the other levels. The beta coefficient in Table 6.3 indicates that the service provision provided when there is no problem use (level 0) is lower when compared to a serious problem (level 3); however the t.test did not indicate any statistically reliable difference. No t-tests showed statistical reliability for any of the pairs between substance use and service provision decision.

The ordinal regression indicated that a statistically reliable different response to the number of contact hours occurred when sporadic attendance (level 1) occurred compared to refusal (level 3). However, the t-tests did not indicate any statistically reliable difference on this pair on any other pair. In conclusion, co-operation has an effect on the decision making of risk, service provision and contact hours. In general, there is a more intensive response with lowering levels of cooperation; however, the differences between the levels are not statistically reliable.

6.5 Analysis of independent variables related to the respondent

Of the ten dimensions collected about the respondent's demographics and their organizational context, only two (degree and supervision satisfaction) had a statistically reliable effect on the decision about risk level. Three dimensions (degree, child protection experience and community experience) had at least one level that had a statistically reliable effect on service provision. However, more dimensions about the respondent had a statistically reliable effect on the decisions about visit importance and contact hours. Five dimensions (gender,

age, job satisfaction, degree, and current social work role) had at least one level that had a signficant effect on visit importance. The number of contact hours decision was effected at statistically reliable rates on eight of the ten dimensions. The only ones that showed no statistically reliable effect were job satisfaction and supervision satisfaction.

Of the independent variables associated with the respondent all dimensions had at least one level that was statistically signifant on at least one dimension. Degree was the only dimension (including in the vignette) that had a statistically reliable effect on all four of the dependent variables (on the probit model) and on three of the four dependent variables (service provision, visit importance and contact hours) using the ordinal regression. Age and gender both had a statistically reliable effect on visit importance and contact hours. Once again, where the multiple regression from Table 6.3 indicated at least one level had a statistically reliable relationship, further analysis was conducted to assess the influence of the levels on the decisions.

6.5.1 Gender

Gender showed statistical reliability on the decision about visit importance and contact hours. Males placed higher importance on a home visit (M = 3.71, SD =.52) than females (M = 3.39, SD = .81) and this was statistically reliable ($F(59,266) = 0.41$, $p > .05$; $t(325) = 2.89$, $p = .002$); and consistent with Table 6.3. However, males planned to spend less time with the family (M = 6.05, SD = 4.10) compared to females (M = 7.47, SD = 5.04) and this was also statistically reliable

($F(59,266) = .66$, $p = .02$; $t(325) = -2.04$, $p = 0.02$) and consistent with the ordinal regression in Table 6.3.

6.5.2 Age Group

The age group also indicated a statistically reliable effect on the visit importance and contact hours. The trend in terms of age and the importance of a home visit was that, in general, as respondents got older the importance was stronger. It was most important to the age group between 45 and 54. There was a slight reduction in importance for respondents over 55 compared to those 45 to 54, but not compared to those 26 to 44 (26-34: $M = 3.37$; 35-44: $M = 3.37$; 45-54: $M = 3.58$; over 55: $M = 3.47$).

A similar trend occurred with the projected number of contact hours. The age range 26 to 34, based on the means, anticipates spending the least amount of time with the family ($M = 5.78$).The age group 35 to 44 plans to spend more time with the family than the age group 26-34, but less than the age group 45 to 54 ($M = 7.99$). The age group, similar with the importance of the home visit that projects spending the most amount of time with the family is the group 45 to 54 ($M = 8.03$); and then there is a decrease in the anticipated time by the oldest age group of 55 and over ($M = 6.33$).

6.5.3 Degree

The degree showed statistical reliablility on all four dependent variables in the probit model and on three of the four decision using the ordinal regression. Therefore a comparison of the means was conducted on all four decisions and is

shown in Table 6.4. The bracket signifies the ordering from lowest to highest mean.

Table 6.4 Degree and Comparison of Means

	Risk	Service Provision	Visit Importance	# of Contact Hrs
Other Grad	2.56 (1)	2 (1)	3.22 (1)	3.87 (1)
MSW	2.69 (2)	2.27 (2)	3.24 (2)	7.48 (3)
BSW	2.85 (4)	2.4 (3)	3.45 (3)	7.49 (4)
Other Bach	2.84 (3)	2.48 (4)	3.62 (5)	6.4 (2)
BCYC	3.04 (5)	2.62 (5)	3.51 (4)	8.44 (5)

For each degree, on each dependent variable the mean was taken of the responses. In every case the respondents with a graduate degree (not including a Masters in Social Work) had the lowest mean. This meant that the average score assigned the lowest level of risk, and the least intrusive service provision. They also provided lower importance to a home visit and projected less hours spent with the family. The respondents with an MSW followed a similar pattern; although the contact hours they were going to provide was almost doubled (based on the mean) compared to the respondents who had another graduate degree.

The respondents who had a BSW fell in the middle of the grouping in terms of their assessment of risk and had the same overall ranking as the other bachelor degree. The Bachelor of Child and Youth Care respondents had a higher mean on each of the dependent variables – usually the highest.

Interestingly, the ‘other’ bachelor degree has a more uneven pattern of responses compared to the other four degree types. If this grouping was taken out there would be absolute consistency in the ordering on all the dependent

variables. The other graduate degree would be lowest on each variable, followed by MSW, and then BSW; the BCYC would have the highest response on each dependent variable.

T-tests were conducted on all pairs of degrees for each of the dependent variables. On the decision of risk, the difference in responses between the BSW and the BCYC was statistically reliable ($F(42,182) = .67$, $p > .05$; $t(74) = -1.67$, $p = .04$). Similarly the differences between the MSW and the BCYC were considered statistically reliable ($F(32,42) = 1.39$, $p = .15$; $t(74) = -2.13$, $p = 0.01$). None of the other pairs had any statistical difference on the response of risk.

On the decision about service provision the BCYC was statistically different than the other graduate degree ($F(22,42) = 1.02$, $p > .05$; $t(64) = -3.07$, $p = .001$) and the MSW ($F(32,42) = 1.53$, $p > .05$; $t(74) = -1.75$, $p = 0.04$) but not from the BSW. No other pairs had a statistically reliable difference.

On the analysis of the dependent variable of visit importance, there were statistically reliable differences in the variances of response between the other graduate and BCYC ($F(22,42) = 1.83$, $p = .04$), between the MSW and the BCYC ($F(32,42) = 1.73$, $p = .04$), and the MSW and BSW ($F(182,32) = .60$, $p = .02$). However, none of these, or any other pair showed any statistical difference on the *t-test* to compare the means.

Although, the multiple regression in Table 6.1 indicated at least one level about the degree had a statistical effect on the decision about contact hours; and the ordinal regression in Table 6.3 shows a statistically reliable difference between those having a BSW and a BCYC (with the BCYC providing more

contact hours), the ANOVA and t-test comparing pairs did not show any statistically reliable differences.

As the BCYC had a predictive effect on all decisions, a further analysis was conducted on the profile of the respondents who had a BCYC compared to the total sample population. There were statistically reliable differences between the BCYC and the total population of respondents in terms of gender: BCYC population had more females ($F(42,326) = 0.44$, $p < .01$; $t(70) = 2.53$, $p = .006$); were less satisfied with their job ($F(42,326) = .53$, $p = .007$, $t(65) = -2.12$, $p = .01$); has less child protection experience ($F(42,326) = 1.58$, $p = .01$, $t(49) = -3.26$, $p = .001$) and were more frequently delegated ($F(42,326) = 0.44$, $p < .01$, $t(70) = 2.53$, $p = .006$). This demographic finding will be explored further later.

6.5.4 Child Protection Experience

For the total population of the sample, the amount of child protection experience had a statistically reliable effect on the service provision, and contact hours but not on the other dependent variables. The group that was most likely to provide a more intrusive service provision was respondents who had 3 to 4 years experience ($M = 3.06$). This group's experience was statistically different compared to people who had under 1 years experience ($M = 2.37$) ($F(23,13) = 1.01$, $p > .05$; $t(37) = -2.17$, $p = .01$); or 5 to 6 years experience ($M = 2.14$) ($F(14,27)$, $p > .05$; $t(41) = 3.35$; $p = .0008$); or more than 6 years experience ($M = 2.35$) ($F(14,223) = 1.17$, $p > .05$; $t(237) = 3.00$, $p = .0001$). This same group, those with 3 to 4 years experience, were also most likely to spend the most amount of time with the family ($M = 7.89$); however this was not statistically

different on the paired *t-tests*. No other pairing comparison showed any statistically reliable differences.

6.5.5 Community Experience

Community experience had a statistically reliable effect on the decision about the number of contact hours; however, there was no clear pattern about the relationship between these two variables. The group that had the lowest amount of contact (M = 5.57) was those with less than one year experience (level 1), and this was a statistically reliable difference compared to those with no experience (level 0) (M = 8.11) ($F(70,32) = 6.10$, $p > .05$; $t(102) = 2.16$, $p < .05$). The group which recommended the highest number of contact hours was those with 1 to 2 years experience (level 2) (M = 8.32); and this was statistically different than those with less than one year experience (level 1) ($F(32,49) = .28$, $p < .05$; $t(78) = -3.30$, $p < .001$); as well as those with 5 to 6 years experience (M = 6.13) and more than 6 years (M=6.92). Although there is no clear pattern, respondents with 3 or more years experience in the community anticipated having less contact hours with the client than those with 1 or 2 years of community experience.

6.5.6 Job Satisfaction

Job Satisfaction had a statistically reliable effect on the decision about visit importance, although not on the decisions about risk and service provision. Job satisfaction was scored on a scale of 1 to 5 with 1 being *extremely unsatisfied* and 5 being *extremely satisfied*. Nobody identified extremely unsatisfied. The people who placed the highest importance on a home visit were people who

identified they were *the least satisfied* (level 1) (*M* = 3.74) and *the most satisfied* (level 4) (*M* = 3.96) and this difference was statistically reliable (*F*(38,26) = 6.70, *p* > .05; *t*(64) = -2.17, *p* = 0.16). The people at level 3 (*M* = 3.45) (identified 4 out of 5 on the satisfaction scale) responded differently from those who were at level 1 (*F*(38,145) = .39, *p* < .01; *t*(95) = 2.82, *p* = .002); Level 2 (*F*(114,115) = 1.17, *p* = 0.18; *t*(259) = -2.04, *p* = .02); and level 4 (*F*(145,26) = 16.78, *p* >.05; *t*(171) = 3.34, *p* = .0005) and those differences were statistically reliable. This seems to indicate that if you are moderate in your job satisfaction you are less likely to place importance on a home visit compared to higher or lower levels of satisfaction.

6.5.7 Supervision Satisfaction

Respondents were asked to scale their satisfaction with supervision on a seven point fixed scale from non-existent to excellent. Supervision satisfaction had a statistically reliable effect on risk and service provision. The difference between those who described it *as very poor* (*M* = 2.6) and those who described it as poor (*M* = 2.98) was statistically reliable (*F*(32,50) = 1.15, *p* > .05; *t*(82) = -2.21, *p* = .01), with the people who described their supervision satisfaction as very poor identifying a lower level of risk on the vignette. The groups who described it *as very poor* also had a different assignment of risk compared to those who described it *as very good* (*M* = 3) and those who described it as excellent (*M* = 3.09). Both of these differences were statistically reliable (very poor/very good: *F(*32,55) = 1.31, *p* = > .05; *t*(87)= -2.47, *p* = .007 and very poor/excellent: *F(*32,20) = 1.05, *p* = >.05; *t*(52) = -2.24, *p* = .01). The pattern

emerged that the less satisfied the respondent was with their supervision, the lower risk they attributed to the vignette. Using the ordinal regression in Table 6.3, the B = -1.395 for level 4 (good) was statistically different when compared to excellent (level 6) supervision, indicating a lower level of service intervention when supervision was good compared to excellent. The t-test verified this statistical reliability ($F(69,20) = .85$, $p > .05$; $t(89) = 1.64$; $p = .05$). None of the other pairs had any statistically reliable differences.

6.5.8 Urban/Rural

The urban/rural context of the social worker had an effect on the decision about contact hours. For social workers in a mixed environment, they planned to spend more time with the clients than in the rural setting ($B = 1.134$; $p < .05$) ($F(157,49) = 1.76$, $p < .05$; $t(108) = 2.44$, $p < .05$). There were no statistically reliable differences between the urban and mixed contexts, or the urban and rural.

6.5.9 Current Role

The role of the social worker had a statistically reliable effect on the visit importance and the amount of contact hours, but notably not on the risk decision or the service provision decision. Family Service workers and Team Leaders placed less importance on a home visit than Resource workers, Guardianship workers or other. Child protection workers working in intake had a statistically reliable rate of lower contact hours than the other roles.

6.5.10 Delegation

The ordinal regression in Table 6.3 indicated that social workers who were not delegated would spend less time with a family compared to those who were (*B* = -1.32, *p* = 0.003); however the *t-test* did not indicate any statistically reliable effect.

6.6 Conclusion

Of the 327 usable vignettes, the median response was to assess the vignette at Risk Level 4, to provide intensive family supports, to place extreme importance on providing a home visit, and to spend an average of 7.25 hours with the family. The dependent variables had a positive correlation to each other; that is, a higher score on one dependent variable was associated with a stronger response in another dependent variable. The strongest positive relationship was between the risk decision and the service provision. When the independent variables within the vignettes were added together for severity, there was only a very weak positive correlation between increasing severity of factors in the vignette with increasing risk and intrusiveness on the decision-making.

This research was aimed at exploring which factors within the vignette or about the respondents had an effect on the different decisions. The factor of harm had a statistically reliable effect on three of the four questions: risk, service provision, and contact hours. Although there seemed to be a lower rating of risk, less intensive services, and lower contact hours associated with emotional harm and neglect compared to physical abuse and sexual abuse, there was not a statistically reliable difference when doing a pairs comparison. The only pairing

that provided a statistical difference was on the decision about contact hours: fewer contact hours would be spent with a family where there is emotional abuse or neglect compared to a family where physical abuse or neglect occurs.

Housing was an important factor in decision-making. The descriptor of poor maintenance, broken windows, and animal waste was a statistically reliable factor on the decision of risk, service provision, and visit importance. It predicted a higher level of risk, a more intensive service provision, and a higher importance on a home visit. Having a messy house predicted a higher level of service provision compared to a home with inadequate winter heating.

Substance abuse had a statistically reliable predictive effect on risk, service provision, and home visit and the differences in the continuum of substance use, misuse, and abuse had an increasingly heightened risk associated with it as well as a heightened importance on having a home visit. The most statistically reliable level in the assessment of risk and the most intensive service provision was when the parents were known to have a serious problem with drug abuse, and the most statistically reliable level on the decision about a home visit was when parents were known to abuse alcohol and marijuana on a regular basis. Spousal violence had a predictive effect on risk level when using the probit model, but not service provision or visit importance. There was not much differentiation between loud arguments, and yelling, threatening and controlling; similarly there was not much differentiation between hitting and shoving and police attending. However, there was a statistically reliable increased assessment of risk between the activities of arguing, yelling,

and threatening, and hitting and shoving, and police attending. Both hitting and shoving, and police attending resulted in a mean risk response at about a risk 4 level.

The degree of parental cooperation had an association, although not statistically reliable, with risk, service provision, and contact hours. In general, there is a more intensive response with lowering levels of cooperation; however, the differences between the levels are not statistically reliable.

Gender and age provided some interesting insights on the decisions about visit importance and contact hours. Males placed higher importance on a home visit, although they planned to spend less time with the family compared to females. The age group that had the most statistically reliable predictive effect on the decision of visit importance and contact hours was the age group of 45 to 54. This group placed the highest amount of importance on a home visit and projected the highest number of contact hours. The differences between the age groups of 26 to 34 and the over 55 were not statistically different. Essentially home visits had relatively the same importance for every age group other than those 45-54 where it became more important. The age group recommending the least amount of contact hours was the youngest people and it then increased for every age group, with the highest amount of contact associated with those 45-54 and then it dropped off again. Neither gender nor age had any statistically reliable association related to decisions about risk or service provision.

The degree held by the respondents made a statistically reliable difference on the decisions about risk and service provision. There were some variance

effects on the importance of a home visit but this was not statistically reliable on the t-test. The respondents who held a BCYC assessed the situations as higher risk and requiring more intensive service provision. In a further testing to understand this phenomenon, a review of this group's demographics was conducted. The respondents with the BCYC were different in terms of their demographics from the total population on several dimensions. The differences that had statistical reliability were that there were more females, with less child protection experience, more likely to be delegated, and having less job satisfaction among the BCYC respondents. In terms of the overall population sample, respondents with 3 to 4 years of experience provided the most intrusive service provision. This was one of the differences between the BCYC population and the other degrees; however, the mean of experience for the BYCY was 1.62.

Experience in child protection had a statistically reliable effect on the decisions about service provision and contact hours. Those with 3 to 4 years experiences were most likely to provide the most intrusive service provision; although this group planned to spend the least amount of time with the client. Community experience had a statistically reliable effect on the decision about the amount of contact hours. Although there is no clear pattern, respondents with 3 or more years experience in the community anticipated having less contact hours with the client than those with two or less years of community experience. Job satisfaction had a statistically reliable effect on the visit importance, although not on the decisions about risk and service provision. Job satisfaction was scored on a scale of 1 to 5 with one being extremely unsatisfied and 5 being extremely

satisfied. None of the respondents scored extremely unsatisfied. The people who placed the highest importance on a home visit were people who scored a 5 on the scale of 1 to 5, followed closely by people who scored a 2. The people who were moderately satisfied (scored a 3) placed the least amount of importance on a home visit. Respondents were also asked to scale their satisfaction with supervision. This was scored on a 7-point fixed-scale from non-existent to excellent. Supervision satisfaction had a statistically reliable effect on the decisions of risk and service provision. The pattern emerged that lower risk was associated with less job satisfaction; however, there was no clear pattern about the relationships between job satisfaction and service provision. Social workers in a mixed urban/rural environment were more likely to spend more time with a family and social workers who were delegated were more likely to spend more time with a family.

7: DISCUSSION

This research was focused on understanding the complexity of everyday child protection decisions. The particular interest was how practice wisdom, or the integration of theoretical, or procedural, knowledge and experiential knowledge is used in decision-making. The results indicate that the decisions that are asked of social workers are influenced by factors from multiple sources. While this research does not provide any clear causal relationships between the decisions and the source of knowledge, it provides some indicators that the kind of knowledge used may be dependent on the kind of decision that has to be made. Social workers are more likely to utilize technocratic, evidence-based knowledge from the case situation when making decisions about risk level or service provision; whereas, factors about the social worker and his or her organizational environment are more influential in their desire to develop subjective, or contextual, knowledge. This is an important finding in terms of considering educational and practice implications, particularly in relation to how practice wisdom is developed. This will be explored further at the end of this chapter.

An unexpected finding was that income and culture were not statistically reliable factors on any of the decisions. This is surprising given the overrepresentation of aboriginal children and poor children in child protection caseloads. A possible explanation is that child welfare, which considers the broad needs of children, has been narrowed to the risk associated with individual children's safety. However, other explanations are also possible.

Child welfare is a broad concept that has a universal connotation that relates to ensuring that all children have access to material and social conditions that provide opportunity to maximize their potential and optimize their well-being (Craddock, 2004). Issues such as education, health care, nutrition, and adequate housing are all aspects of child welfare that are entrenched in overarching policies such as the U.N. Convention on the Rights of the Child. Ideally, the provision of care for children is considered a private, family matter in which individual families make decisions based on their values, beliefs, and resources. However, in Canada, and indeed in all western countries, as universality of all social programs has undergone restructuring, the discourse about child welfare has become dominated by a focus on individual children in individual situations. In particular, child protection focuses on a particular population of vulnerable children whose safety is at risk. Contrasted with normal families who provide safety for their children, families who cannot are socially constructed as being abnormal and warranting outside interventions (D'Cruz, 2004). Thus, when a vulnerable child is deemed to warrant protection, the private issue of parenting reverts to a public responsibility. However, when the private troubles become public, the social construct is shifted away from the notion of child welfare and the social conditions that are necessary for optimum functioning to an individual personal problem. The broader structural child welfare concerns that it is the state's responsibility to ensure adequate education, nutrition, and housing essentially becomes invisible. The discourse is no longer about whether the provision of these core conditions are accessible to the

parents, but that the parents are responsible for ensuring their children have them. When children are not safe, from this neoliberal perspective, it is because of a failing by the parent. Individual parents become responsible for their own inadequacy to protect their child from vulnerability regardless of any impediments the parents themselves may have in attaining them. Technocratic tools, such as the risk assessment tool, in their construction, further entrench the invisibility of the structural issues, such as poverty, inability to maintain stable housing, or belonging to a marginalized group. This research has highlighted that process in decision-making. Despite child protection's overwhelming involvement with children living in poverty and who are aboriginal, these structural issues, were not considered influential factors in any decisions the social workers made in this study.

The focus on individual responsibility and individual weakness became further apparent when considering the factor of *resources and strengths*. Despite the social work rhetoric that is focused on strengths based practices, the factor of resources and strengths was not statistically reliable on any decision made. This may be, in part, due to the limitation of the BC Risk Assessment Tool in ranking or tabulating the positive factors in the client's situation. An alternative explanation is that the prevailing focus of neoliberalism on individual weakness and fault finding in the parents serves to ensure that resources and supports are ignored as a factor in decision-making.

The invisibility of the social conditions that families live in, and how the risk assessment tool functions to obscure these conditions, becomes further apparent

when looking at the differing decision responses to the kind of harm. The risk assessment tool was developed in BC as a direct response to the death of 5-year-old Matthew Vaudreuil. Its aim was to increase the accuracy and decision-making of predicting harmful events to reduce, or perhaps even eliminate, further child harm and deaths. Essentially, the thinking goes, children will be safer if there is a more accurate identification of future harm. Harm was treated a little differently in this research than the other factors. Rather than looking at the increasing severity of a particular harm, the response to different kinds of harm was evaluated for its effect on decision-making. This research identified that the kind of harm has a differential response in decision making on every question asked. On every decision, neglect and emotional harm were responded to at a lower level than either physical or sexual abuse. This may not be totally surprising. Neglect and emotional harm are qualitatively different from physical or sexual abuse. Neglect is usually (aside from the less usual situations of abandonment) a chronic condition that relates to the omission of acts (not providing adequate care) as opposed to the commission of harm that is associated with physical or sexual abuse. However, neglect is most often associated with poverty and the related problems of poverty such as poor housing; and is the most common reason for child protection services to investigate a family's life. It is also the most common form of substantiated maltreatment. The high level of substantiation is not surprising given the language of risk assessment. Are there likely to be future recurrences of the harm of neglect in a family living in poverty? Unequivocally, the answer is yes.

The risk assessment language and reliance on individualism negates the larger social conditions the family is experiencing and narrows the investigation to the individual family. This perspective may be helpful in terms of physical or sexual abuse, in which harm can be perpetrated by an individual person. However, neglect is a case of children being in need, which is more likely to be related to the broader child welfare construct of adequacy of social conditions. The child becomes in need of protection when the individual parent is found at fault at not being able to ameliorate the impacting social conditions. In this way, the need becomes a personal problem of failure to meet needs, and the underlying social conditions become invisible. The inability of the system to ameliorate the structural conditions associated with neglect such as poverty has led to the *neglect of neglect* and highlights the narrowing of child welfare to child protection.

As discussed earlier in Chapter 2, poverty is strongly correlated with increased abuse and neglect and that children who live in poverty are overrepresented in the child welfare system. However, this research, similarly to others (Moraes, Durrant, Brownridge & Reid, 2006; Pfohl, 2008), found that the income was not a factor in child protection decision-making. Much of the literature on income and child protection suggests that it is the evidence of poverty, such as unsafe housing that is related to child protection investigations and substantiation. This research would support that notion as housing, particularly unsafe housing, was a statistically reliable factor on three out of four of the decisions. Interestingly, in this research having a house that is in poor repair with evidence of animal waste is considered a higher risk than receiving an

eviction notice or having inadequate heating in the winter. One explanation could be that both of these latter issues generally relate to poverty, whereas maintaining the house in proper repair and keeping it clean are generally considered to be within the purview of the individual person. However, because the larger issues of poverty have to be constructed as individual failings in the discourse of child maltreatment and neglect, the factors of interest become the ones that individuals can be held accountable for. This would explain why, in this research, having a home in good repair but with food lying around warrants a more intrusive service intervention than having inadequate heating or an eviction notice (although the latter finding wasn't statistically reliable). In order to maintain the invisibility of the structural poverty, the lack of attention to keeping a clean house becomes the individual personal failing. This may be, in part, due to the lack of options a social worker has to ameliorate these larger social conditions.

Anti-oppressive social work explains personal troubles through a power analysis that marginalizes particular populations from the dominant groups. In Canada, the focus is on aboriginal people, in other countries, such as the U.S. the discussion is usually around African-American populations. The overrepresentation of aboriginal children in the Canadian child welfare system is well documented and was discussed in Chapter 3. Similarly, to the issue of poverty, the literature indicates that the overrepresentation of aboriginal children in child welfare is less influenced by ethno-racial status than by the socioeconomic disadvantage that aboriginal people experience. This research

indicates that aboriginal status was not a factor on any decision made. This finding appears to suggest, that the emphasis on anti-racist practice, which supports the delivery of equal and non-discriminatory services, has been successful. However, from a structural perspective, should people who are marginalized from the dominant social conditions be treated the same? Is it fair, or right, to treat everyone equally, when the historical and social conditions of some people have been so unequal? Once again, similar to the structural issue of poverty, a tool like the risk assessment tool oversimplifies the issue with the result that the context of aboriginal people in Canada is stripped from the family situation.

Factors about the individual parents that were made visible in this research and effected the decisions about risk and service provisions, are those that are often seen as within the purview of the individual to change. The specific dimensions and levels within the vignette that showed statistical reliability on the decisions about risk and service provision were: Housing (a well kept home in good repair although it is messy with food left lying around; and a house which is poorly maintained with numerous broken windows, open electrical outlets and evidence of animal waste inside the house); Substance use (are known to have a serious problem with drug abuse); Spousal Violence (she has seen her father hit and shove her mother and the police are often at her house due to domestic disputes); and Cooperation (refused to accept any services offered). A limitation of this research is that there is no way of knowing whether these factors would have been explored more within a broader psycho-social context in actual

practice; however, what is clear from this research is that these factors had statistically reliable influence on decision-making whereas the dimension of income, culture, and the resources and supports were ignored. The presence or absence of community and family connections was not a factor that had any statistical reliability on any decision. Interestingly, the most positive level of cooperation had ambivalence about change, missed appointment but had some follow through was deemed as higher risk than gone to services offered, attended sporadically, and received little to no benefit. It seems that although there is rhetoric around strengths based investigations, the strengths are in the background compared to the personal problems that become the focus of decisions about child risk.

Just as the social context of people's lives and their strengths are made invisible in the technical instrumentality of identifying risk and service provision, so too is the social worker's own personhood (Mandell, 2008). For decisions about risk and service provision, very few factors about the social worker themselves had any effect on the decision. Supervision satisfaction did have an effect on the decision about risk, although there was not a clear pattern of this effect. Child protection experience had an effect on service provision with people who had 3 to 4 years experience providing more intrusive services than people with two or less years or people with five or more years. It seems from this research that the goal of the risk assessment tool to reduce subjectivity and to provide objectivity to decision-making about how to provide services has been met. In this research, observable *evidence* that can be documented and

presented to courts was paid attention to. The characteristics of the social worker or the organizational context they worked in had only a minor effect on the decisions about risk or service provision. A notable exception to this was the degree held by the social worker.

The degree held by the social worker had a statistically reliable effect on the decisions about risk, service provision, and visit importance. When the probit model was used the degree showed a statistically reliable effect on all the decisions; whereas the linear regression only showed a statistically reliable effect on the decision of visit importance. However, t-tests indicated differences between the degrees on every decision. The t-test analysis identified that those with a BCYC identified higher risk levels and more intrusive service provision at a statistically reliable rate. Although the t-test identified that the mean importance of a home visit was higher for the BCYC than a BSW, this difference was not statistically reliable. A graduate degree, in a discipline other than social work also had a statistically reliable effect on decision-making about service provision and visit importance. It is unclear how to interpret this finding; however, it warrants some additional exploration. A review of the demographics of the BCYC population compared to the total sample in this research did indicate that the BCYC population was more predominantly female, had lower job satisfaction, had less child protection experience, and were more likely to be delegated. These statistically reliable differences may partially contribute to the different decisions made. Another hypothesis about the difference might be the differing philosophical perspectives on social context. The BCYC tends to focus on the

individual whereas social work education tends to focus on the individual within a larger social context. However, both degrees have similar training in the child welfare speciality.

Ultimately social work, and child welfare, as a professional field is about creating a safer place for children, ideally in the private sphere of their family. A core challenge in child protection work is that once the private life of a family is made visible through the public state apparatus, the requirement of documenting and making a case transforms the complexity of that person's life experience into a public clinical or judicial file. This process is alienating, and often results in the recipient of services distrusting the social worker who is there to assist them. The analysis of power differentials in child protection social work cannot be ignored and is inevitable in the work. However, the power is "meant to facilitate the empowerment of others and to avoid perpetuating service users' experience of social marginalization" (Mandell, 2008, p. 238). Success in child welfare occurs within a positive helping process in which the social worker and parent(s) can collaborate on goals that meet both their private family wants and the state's need to assure safety for the children. While it is beyond the social work practitioner's capacity to ameliorate all the social conditions (this is a social policy responsibility), it is possible for social workers to set the stage for positive change in individuals. Home visits and contact hours are two activities that have the potential for a positive relationship to develop. While it was beyond the scope of the research to qualitatively examine the nature of relationship formed, this research was able to identify what factors, about the social workers themselves,

or the case situation, impacted on the decisions about home visits and contact hours.

Factors from the vignette that had a statistically reliable effect on the decision about the importance of a home visit were: a house which is poorly maintained, broken windows and evidence of animal waste; and parents were known to abuse alcohol and marijuana on a regular basis. These two levels were the only levels that led to an increased importance in providing a home visit. The only factor from the vignette that had a statistically reliable effect on contact hours was the harm to child. However, many factors about the social worker, in addition to their degree, had a statistically reliable effect on their decision to have a home visit and the amount of contact hours. Gender, age group, and current social work role each had an effect on both decisions. In addition, job satisfaction had an effect on the decision of visit importance, and community experience, delegation, and urban/rural setting had at least one level that had a statistically reliable effect on the number of contact hours. This contrasts starkly with the finding that aside from degree only one characteristic about the social worker had an impact on either the decision about risk or about service provision. This indicates that decisions aimed at gaining a contextual understanding of the client's world, are impacted not by the technical practice of risk assessment or by the case situation itself but by the social worker's own characteristics and experiences.

As MCFD moves towards promoting more collaborative and partnership practices with clients, the understanding that social workers are using their

experiential knowledge in addition to their technical knowledge to make decisions will become important. The next chapter will look at the implications of the findings of this research.

8: CONCLUSION AND IMPLICATIONS

Central to modernity are notions of what counts as knowledge (Jeffery, 2009). Child welfare has become dominated by procedures and managerialism and objective knowledge has been constructed as trustworthy knowledge. However, minimal attention is focused on how knowledge is used in everyday practice in which decision-making and action is inescapable. Arguably, the most complex and highly visible decisions occur in social work in the area of child protection. When a child's safety is being investigated social workers are required to utilize all the knowledge at their disposal; they are expected to develop *practice wisdom.* This research aimed to unravel some of the complexity of decision-making in child protection in everyday practice. Specifically the research explored the factors social workers pay attention to when making decisions and whether these factors come from, or can be attributed to, empirical, research-based knowledge or to other sources of knowledge internal to the social worker. This research also explored the importance social workers placed on attaining contextual understanding of the client's situation and how this importance was impacted by evidence-based knowledge or characteristics about the social worker and/or his or her organization. Given that decision-making in child protection is complex there was no attempt to evaluate the outcome of the decision-making; rather the

research attempted to tease out which pieces of information social workers pay attention to as they are making their decisions.

This research applied a multilevel regression to factorial survey data collected from a sample of 137 vignettes. The research indicates that the social construction of child maltreatment and risk appears to be more influenced by descriptors of the case, rather than characteristics of the social worker or the organization in which they work. Conversely, the desire to develop a contextual understanding of the client is less influenced by the case and highly related to factors about the social worker themselves and/or their organizational context. This indicates that social workers are integrating both procedural, theoretical knowledge and personal, experiential knowledge. This is a feature of practice wisdom and this research raises the hypothesis that differing kinds of knowledge may be used depending on the decision to be made. This research seems to indicate that technical decisions are made on evidence-based knowledge whereas decisions aimed at developing a client relationship and contextual understanding are made using more of the social workers' experiential knowledge. In addition, all decisions are heavily influenced by the social workers' university preparation.

Six major findings were revealed: the structural socio-economic conditions of income and culture in a client's life were made invisible in the decision making process; the resources and strengths a client had were not considered in any decisions; neglect and emotional harm received a lower risk rating and less intrusive interventions than physical or sexual abuse; the assessment of risk

using the risk assessment tool was mostly effected by objective evidence in the case situation; the degree held by the social worker had a statistically reliable effect on the decisions made; and the desire to develop a relationship and understanding of the client themselves was effected more by the characteristics of the social worker than the case. This research provides some areas that have implications for child welfare policy, research, education, and practice.

8.1 Implications for Child Welfare Policy

The practice of child protection has had an increasingly narrow, individualistic focus and the technocratic process of assessing risk has led to an invisibility of the socio-economic context of families' lives. Poverty is a common thread among families identified by child protective services. While not all children raised in poverty suffer from mistreatment or neglect, many families living in poverty find it virtually impossible to provide sufficient care and protection for their children (Russell, Harris, & Gockel, 2008). Structural social work theory considers the external forces that are instrumental in creating poverty; however, child protection interventions are targeted toward the individual with the expectation that they are to make the best of a difficult situation. Russell, Harris, and Gockel argue that poverty "has been defined as an individual problem with the blame on individual behaviour, rather than one perpetuated by socio-economic arrangements that promote inequality and social isolation" (p. 83). Parenting in poverty has always been difficult; however, recent social policy has made this increasingly impossible for many families (Russell, Harris, & Gockel, 2008). In this research, poverty was made virtually invisible compared to factors

that could be considered an individual issue. The problem of poverty in child protection is that intervention is aimed at the individual, often in the form of improved parenting, rather than the root cause of their problem, which is poverty. Although poverty is currently outside of the child protection mandate; there have been repeated calls in Canada to adopt policies similar to those in Europe that provide universal family benefits to reduce child poverty and to optimize child development (Russell, Harris, & Gockel, 2008).

The propensity to negate structural issues such as poverty has a compounding effect when looking at factors effecting the overrepresentation of aboriginal children in child protection. The historical and socio-economic factors that have impacted aboriginal people in Canada, although well known and understood, are forced to the background when an aboriginal family is being investigated for child protection concerns. In this research, race was not a factor that had a statistically reliable effect on decision-making. Although this might indicate that practice is non-discriminatory, the question remains about whether non-discriminatory services should be provided equally when the aboriginal population has been treated, to date, so unequally. Child welfare policy is struggling with this issue and to date, has responded by a system response of service reorganization through the development of delegated agencies. However, analyzing this response using Habermas' framework suggests that this is an unlikely resolution; the more likely resolution is to connect with vulnerable aboriginal people in their *lifeworld* rather than through imposition of different *systems*. This requires the development of processes for communicative action

in which understanding and agreement is the process of success, rather than technical accountability.

8.2 Implications for Research

A number of possibilities for further research are generated from this study. One of the objectives of this study was to assess the usefulness of the factorial survey method in social work. While the complexity of the development of the survey tool, and some of the data analysis is a deterrent to its use, this method seems to have some distinct possibilities for understanding complex phenomenon such as decision-making and it could be used further in any number of ways.

An area that emerged as requiring more research is the validity and reliability of the risk assessment tool. The literature argues many of its limitations; one of which is that it is not a standard tool. Although most western jurisdictions use some form of risk assessment, there is no gold standard or uniform standard for the most appropriate model (Ryan, Wiles, Cash, & Siebert, 2005). This research identifies that social workers are paying attention to it in making decisions about risk; however, they are only paying attention to the dimensions that are linked to individual failings. Neither the broader socio-economic context of the client, or the strengths or resources of the client are being captured in the risk assessment tool. This is a weakness of the tool itself as it transforms social and structural problems such as scarcity of income, or safe, affordable housing into individual problems. As it is near impossible to insert the social context onto risk assessment forms, the context disappears and

the worker focuses on individual failures of individual parents (Strega, 2009). There also seems to be some evidence that the risk assessment tool has less utility for neglect and emotional harm compared to physical and sexual abuse which is a concern when neglect is the most frequent harm that comes to the attention of child protection. Further research into the ability of the risk assessment tool to predict future risk, the dimensions that are predictive, and its utility in the harms of neglect and emotional harm seems to be warranted.

Another area for ongoing research is to understand the change process better in child protection. Much has been written about engaging clients and developing trust in clinical and therapeutic populations. Less has been researched about the role of resistant clients; although Prochaska and DiClemente' s (as cited in Prochaska & Norcross, 2002) work on motivational counselling and Insoo Kim Berg's (1994) work on solution focused family services hold promise. Beutler, Moleiro, and Talebi (2002) found that clients who are highly resistant are more vulnerable to interventions that are authoritative and directive; however, these types of interventions are more likely to interfere with progress, increase the likelihood of dropout, and reduce effectiveness of treatment. Berg and Kelly (2000) argue that imposed mandates rarely work compared to developing mutually agreed upon goals in which families build their own solutions. Ordering families to create necessary change through adherence to rules and policies creates a relationship of distrust in which the client perceives the social worker not as a helper but someone to document deficits and perhaps

take their children. Research on how to reduce stimulating the client's level of resistance and to increase the level of collaboration is warranted.

The role of relationship development seems to be critical to client change in child protection, but this requires more than technical instrumentality, social workers require the use of self in order to exercise professional judgment. In our contemporary age of modernity professional judgment has been relegated to a secondary form of knowledge which is largely perceived as being untrustworthy. However, this research indicates that social workers are using self particularly in terms of the desire to develop a relationship and better understanding of the client's situation. Much more needs to be understood about the effectiveness of use of self in terms of client change, particularly in mandated situations such as child protection.

8.3 Implications for Education

This research indicated that formal university education had a statistical effect on decision-making. Although the reason for the differing effect of different degrees is unclear, further research is warranted to illuminate what the differences in philosophy and practice are. All professions have a set of values and ideologies; and in the human services, to be "authentically 'professional' means to be not only competent, but self aware, sensitive, and have a strong sense of ethical and moral correctness. Social work education, therefore, must inculcate a combination of personal skills, knowledge, and values, and encourage students to constantly reflect on these core principles of their profession" (Buckley, 2000, p 253). As students progress through their academic

careers, they are encouraged to critically reflect on their experiences and practices; however, one of the difficulties for new child protection workers is the degree to which the work has become increasingly proceduralised (Buckley, 2000). As the child protection discourse has become increasingly concerned with risk management, the role of clinical judgment, which requires reflexivity, is diminished. However, as it becomes clearer that the risk assessment tool has value when used as a framework (not a procedural tool) it places increased importance on the role of social work education to emphasize critical thinking as a component of professional practice in child protection (Buckley, 2000). Furthermore, this research indicates that social work decisions about client contact are made differently based on the characteristics of the social worker themselves. This would indicate that ongoing support in the workplace to have opportunities for critical reflection is warranted.

To practice child protection requires a very broad range of knowledge and skills. According to the participant profiles, a very high percentage of respondents received training in risk assessment, general child abuse, sexual abuse, and physical abuse. Fewer respondents received training in neglect assessment and only about a third received training in domestic violence. The question about substance abuse training was not asked, but motivational counseling (one of the interventions utilized for resistant substance abuse clients) was only received by ten percent of the respondents. One third had received training in solution-focused interventions. Given that neglect is the harm most seen by child protection workers and that both substance abuse and domestic

violence are both highly prevalent in child protection situations and influential in the decision-making, further training in these areas seems to be warranted.

Underpinning modalities such as motivational counselling and solution focused counseling is a strength-based focus. However, the role of resources and supports in the families' lives were ignored in the decision-making in this research. As child welfare moves to a more collaborative and less adversarial model with processes such as family mediation and family group conferencing, training in strengths-based interventions, and communication will need to be included in child welfare training. The focus in strength-based communication is on the process of mutual understanding, rather than goal adherence. Both motivational interviewing and solution focused counselling are therapeutic approaches that are utilized in collaborative clinical practice. Madsen (2009) describes this proactive focus in family centered services as focusing on *what is and could be* rather than *simply what isn't and should be*. Process oriented communication, or collaborative inquiry provides a way to elicit client meaning rather than an assigning of professional meaning. More education and training within universities and the workplace that focuses on strengths, facilitation, motivation, and relationship building as a process of change is likely required.

8.4 Implications for Practice

The most recent MCFD (n.d.) document entitled "Strong, Safe and Supported" seems to promote "healthy developmental outcomes for children and youth" (p.4) and collaborative practice focusing on prevention, early intervention, support, and culturally appropriate practices. However, as already noted, to shift

away from the focus on risk to a more empowering, strength-based model is a fundamental shift in philosophy and practice. Along with the need for different training, Olson (2009) notes, that family mediation and family group conferencing also require resources and time.

The refocus in child welfare away from investigative work to family support services has been occurring in the UK for some time. The studies that have explored the new initiatives have found that in less coercive responses, "social workers were able to maximize the potential for partnership with parents, while maintaining awareness of the need to manage risk" (Platt, 2008, p. 302). The development of a therapeutic relationship is valued by parents as it provides opportunities to ventilate feelings and anxieties as well as to clarify child protection concerns. Bennett and Sadrehashemi (2008) in their review of BC's child welfare system also described the benefits of a good relationship in the child welfare system: "when mothers talked about good experiences they had with social workers, they invariably mentioned the social worker's ability to listen without judging them or using the information they provided against them" (p. 60). Unfortunately, most parents described relationships characterized by a power imbalance, a lack of support, and unrealistic expectations. In this research, social workers placed importance on home visits and client contact; however, in practice the importance of developing and sustaining an effective relationship in child protection tends to be de-emphasized in favour of the technical procedures and specific intervention guidelines associated with instrumental rationality (Lambert & Barley, 2002). This seems to become visible in this research as it is

characteristics about the social worker that have an effect on the decisions to do home visits and have client contact. Relationship building with clients should be considered an integral part of the job and as important as training on the procedural tools such as risk assessment models. While schools of social work provide foundational relationship building skills in their curriculum, it is more challenging to build a positive alliance with child protection clients, therefore it is important that more advanced in-house instruction and training should be provided in order to make certain that these skills remain viable and integrated into practice (Drake, 1996).

The emphasis on spending time on building relationships has shown to be successful in community child protection experience. At the Strong, Safe, and Supported conference held in Prince George in March 2009, the work at Moricetown, a Wet'suwet'en village 31 kilometers west of Smithers, was highlighted. Social workers spoke of the changes in practice when relationships were built, and the focus shifted from telling people they were bad parents to working on a goal to be better parents. According to the Moricetown family support worker when a process of engagement replaced a rigid adherence to policy, the removal rate of children was reduced to three children in four years (Williams, 2009). Essentially the residents and social workers described a broader social construction of welfare, focusing on issues of need, rather that the narrow child protective lens of risk. The process of this transformation was described by the involved social worker as:

> Someone deciding to initiate a difficult conversation – to reach out beyond the comfort zone – to become vulnerable and open

> enough, or courageous enough to have just one conversation. From that conversation a small opening was created, just big enough to have another conversation, and then another. In the early days, that's all this was – each conversation was difficult enough that the certainty of the next conversation was never taken for granted. What made them so difficult was the emotional intensity attached to them – intense pain, anger and frustration from the Aboriginal perspective – a culmination of unimaginable and often untold grief, loss and injustice, and intense fear from my perspective – fear of anger for sure, but more fundamentally fear of doing any more harm. Where we are today is essentially a string of conversations that have come together to become this vibrant child welfare committee (personal communication Woodman, 2009).

Habermas would describe this process of conversations as *communicative reason* wherein "contact between individuals is characterized not simply by one party communicating the rules to another, but by an ability to communicate, to understand and be understood and, in the process, to construct meanings around actions and their interpretation" (Spratt & Houston, 1999, p. 320). At the centre of this type of communication pattern is what Giddens (1999) calls "radical engagement" and Ferguson (2004) would call "radical reflexivity or critical reflection" (p. 220). The practice in Moricetown indicates the benefits of collaboration and support over procedure and standardized routine.

In order to practice beyond the narrow focused rationality of risk assessment, workers require different forms of communication and negotiation. The conversations, are, as Woodman (personal communication, 2009) identified, difficult for workers who are fearful of causing more harm for the clients; but are also fearful of the risk of making a bad decision. In order to practice in this reflexive way, workers need to be encouraged by their managers to reflect on the vagaries and complexities of the case; to go from the surface presentation into

the depth and complexity of the situation. This kind of reflective practice "involves talking and sharing on both rational and affective levels and is a key ingredient of communicative rationality as opposed to the de-personalized, instrumentally-rational approaches so predominant in child protection social work (Ruch, 2002). However, for reflective practice to occur, social workers in both their education and practice need to ensure that there is a safe, contained space that allows them to acknowledge the self. They require formal and informal opportunities to exchange ideas (thoughts) and experiences (feelings), and permission to share their vulnerability in order to nurture internal and external integration and integrity (Ruch 2002). While social work education employs a self-reflective component to the formal education, this opportunity is largely lost as social workers enter the practice of child protection.

Key issues in child protection practice are the emotional burn-out and retention difficulties. For practice wisdom to occur, it is important to maintain experience. In this study, the percentage of workers with 3 to 4 years experience was notably lower than those with less than 2 or more than 6. However, job satisfaction was quite high with the majority of respondents identifying at least a 3 on a 5-point scale of satisfaction. Stalker, Mandell, Frensch, Harvey, and Wright, (2007) found that "a sense of mission or strong commitment to working in child welfare is an important factor in job satisfaction" (p. 184). Furthermore they concluded that "child welfare workers can be, and often are, emotionally exhausted and yet are still satisfied with their jobs" (p. 188). How child welfare workers maintain job satisfaction while feeling emotionally stretched is not well

understood; however, the literature seems to suggest that truly believing they are helping vulnerable children and making a positive difference in their lives is a key feature. This, in combination with social supports from co-workers and supervisors, and having a range of personal coping strategies is critical to worker satisfaction (Stalker et al, 2007). Providing reflective practice and opportunities for dialogue about the benefits of child protection may be an important aspect of staff retention. Not having enough time with clients to explore their needs, inability to provide resources and supports, and onerous paperwork requirements were themes identified in a recent study in BC on reasons social workers leave child protection (Pivot, 2009). Providing supportive team leaders and avenues for debriefing offset much of the emotional stress of the job.

8.5 Practice Wisdom

One of the objectives of this research was to try and explicate practice wisdom in child protection a little further. Social work knowledge is often described as a series of dichotomies: evidence-based practice versus intuitive practice; positivist knowledge versus tacit knowledge; and social care versus social control. In a risk adverse society, child protection decisions are often publicly scrutinized, which has heightened the desire for objective decision making, based on positivist knowledge. This has led to an increased reliance on tools such as the risk assessment model. One consequence of the dominance of risk assessment being the predominant form of knowledge in child welfare has been that child protection has become a very narrow focus based on risk. This has led to a heightened focus on the surface issues of individual weaknesses

and a pushing to the background of any contextual social conditions that are impacting on the family's ability to care safely for the child.

A consequence of modernity and the risk adverse society has been an increasing reliance on technical rationality. The utilization of empirical knowledge contained in tools such as the risk assessment, has disregarded how social workers are using practice wisdom or tacit knowledge when making decisions. Parada, Barnoff, and Coleman (2007) in their ethnographic study on social work decision-making in Ontario found that there was an interaction between the structured system of standardized procedures and the use of intuition that was likely grounded in the social workers' internalized knowledge. Cash (2001) concluded that risk assessment decisions "should optimally be made through a combination of both empirical evidence (science) and practice wisdom (art), as one without the other is incomplete" (p. 825). Blom, Nygren, Nyman, and Scheid (2007) also found that child protection workers used multiple forms of knowledge in which facts or evidence was only one. This research also found that social workers are using what Ruch (2002) would refer to as practice wisdom: "knowledge derived from integrating over time orthodox theoretical understanding with personal experiences" (p. 203). Practice wisdom suggests that that when social workers are practicing in complex circumstances, practitioners use a combination of developed rules or techniques (objective knowledge) which is then interpreted through a subjective knowledge base that includes their own personal and professional experiences in order to develop an appropriate plan. This research has provided some interesting exploratory data, which while not

definitive, or causal, indicates pretty clearly that indeed social workers are using both objective and subjective data when making decisions. This research shows that social workers are not disregarding the evidence and research base of the risk assessment tool, but are using that empirical knowledge in conjunction with knowledge from other, experiential, sources.

Despite pressures to adopt a technical-rational approach to decision-making, this research indicates that social workers are holding on to the humanistic and artistic components of social work practice. They are using self and their experiential knowledge to make decisions about developing client relationships while paying attention to empirical research linked to evidence within the case situation to make decisions about risk and safety. “The debate about whether or not the practice of social work is a scientific or artistic endeavour, and the divide between research and practice, is longstanding.” (Bates, 2006, p. 106). This research is unlikely to end that. However, this research indicates that child protection social work is not either/or, and not simply a synthesis. This research indicates that child protection decisions are made differently depending on the type of decision to be made. Knowledge from different sources is used in different ways for different kinds of decisions. Rejecting either evidence-based knowledge as too theoretical and not practice based, or experiential knowledge as too idiosyncratic and judgmental disregards the complexity of the social care model necessary within the social control mandate of child protection. It would seem that praxis occurs in social work practice as empirical knowledge and experiential knowledge inform each other as

decisions are made and revisited. Social work, and child protection, is ultimately about the interaction of human relationships, not the completion of technical tools. Perhaps, as Gillen (2008) states “if social work was about spending 80% of the time with families and 20% on administration then we might put quality back into child protection” (p3).

Appendices

Appendix A: Description of Vignette Dimensions, Levels, and Level Wording

Slot No.	Lvl No.	Dimension and Level	Level Wording
		Harm to Child	
0	0	Neglect	has been attending school with no lunch, without breakfast and often seems tired and lethargic; she has few clothes and no winter coat and is often cold
0	1	Physical Harm	has been seen at school with bruises on her cheek and upper arm, she has reported to the school that her father has pushed her against the wall and hit her with his hand
0	2	Emotional Harm	has been withdrawing from the other children at school and is very quiet in class, she has disclosed that she is embarrassed because she has nightmares and often wets her bed
0	3	Sexual abuse	has reported that her father shows her pornographic materials and has exposed his genitals to her
		Income	
1	0	No known income	have no known source of income
1	1	Income Assistance	are on income assistance
1	2	1 minimum job	are relying on one minimum wage job
1	3	2 jobs	both have jobs
		Housing	
2	0	Good repair but messy	a well kept home in good repair; although it is messy with food left lying around
2	1	Inadequate heating in winter	an apartment that has inadequate heating throughout the winter
2	2	Poorly maintained	a house which is poorly maintained with numerous broken windows, open electrical outlets and evidence of animal waste inside the house
2	3	Eviction notice	a small one bedroom apartment; although the parents have received an eviction notice
		Culture	
3	0	Caucasian	Caucasian
3	1	Aboriginal	Aboriginal
		Substance Use	
4	0	No problem use	are known to use alcohol but without any problems
4	1	Occasional misuse	have occasional weekend benders which has sometimes led to problems
4	2	Regular abuse	are known to abuse alcohol and marijuana on a regular basis
4	3	Serious problem	are known to have a serious problem with drug abuse

		Spousal Violence	
5	0	Loud arguments	her parents often have loud arguments
5	1	Yelling, threatening and controlling	her father is often yelling, threatening and controlling her mother
5	2	Hitting and shoving	she has seen her father hit and shove her mother
5	3	Police attending	the police are often at her house due to domestic disputes
		Resources and Supports	
6	0	Good connections	has some connections to a church community and good connections with family close by
6	1	Supportive family	has a supportive family, but they do not live close by
6	2	Little support	has little consistent, or reliable, support from friends or family members
6	3	Ongoing conflict	has ongoing conflict with extended family and are alienated from friends and neighbours
		Cooperation	
7	0	Some follow through	had ambivalence about change and often miss appointments but has some follow through to services offered
7	1	Sporadic attendance	gone to services offered but only attended sporadically and received little to no benefit
7	2	Non attendance	accepted referrals in the past but either don't attend or attend once
7	3	Refusal	refused to accept any services offered

Appendix B: Sample Survey Instrument

The following situation has been presented at a team meeting: Susan, age 7 has been attending school with no lunch, without breakfast and often seems tired and lethargic; she has few clothes and no winter coat and is often cold. Susan lives with her mother and father who are relying on one minimum wage job. They are living in a house which is poorly maintained with numerous broken windows, open electrical outlets and evidence of animal waste inside the house. Susan and both her parents are Aboriginal. The parents are known to have a serious problem with drug abuse, and Susan reports that she has seen her father hit and shove her mother. The prior contact record shows that the family has little consistent, or reliable, support from friends or family members. The parents have had ambivalence about change and often miss appointments but has some follow through to services offered.

1. On a scale of risk (1 being the lowest risk and 5 being the highest risk) what is your initial impression of the level of risk? (please circle one number)

No Risk 1 2 3 4 5 Extreme Risk

2. Based on the information you have so far, what is likely to be your placement decision throughout the investigation process? (choose one)

_____ Close file, no further service required
_____ Provide a referral to a community service provider
_____ Provide intensive family support services with MCFD case management
_____ Arrange an informal placement with a family support network (e.g. kith and kin in which MCFD does not have temporary custody)
_____ Develop a formal in-care arrangement (e.g. family foster care, or a group home in which MCFD has temporary or full custody)

3. In this situation, how important is it that you visit the family home in determining the degree of risk and placement decision? (please circle one number)

Not very important 1 2 3 4 5 Extremely important

4. How many hours would you plan to spend getting to know the parent(s) over the next four weeks? For example, if you plan to spend 10 hours, please put “10” in box?

_____

Respondent Characteristics

1. Gender: Male Female

2. Age:

_____ 25 years of age or less
_____ 26 – 34
_____ 35-44
_____ 45-54
_____ 55 or over

3. In general, how satisfied are you with your job in child protection?

Extremely unsatisfied 1 2 3 4 5 Extremely Satisfied

4. What is the highest degree that you hold?

_____ BSW
_____ Bachelor in Child and Youth Care
_____ MSW
_____ Other Bachelor's Degree
_____ Certificate or Diploma
_____ Partial Degree
_____ Other Graduate Degree

5. How many years experience do you have working in child protection (any role)?

_____ Under 1 year
_____ 1 – 2 years
_____ 3 – 4 years
_____ 5 – 6 years
_____ More than 6 years

6. How many years experience do you have in community or clinical social work, other than child protection work?

_____ None
_____ Under 1 year
_____ 1 – 2 years
_____ 3 – 4 years
_____ 5 – 6 years
_____ More than 6 years

7. In which of the following areas have you received training since being with the Ministry? (check as many as apply)

_____ General Information on Child Abuse
_____ Risk Assessment
_____ Child Development
_____ Sexual Abuse Assessment and Intervention
_____ Motivational Counselling
_____ Solution Focused Intervention
_____ Family Preservation Interventions
_____ Physical Abuse Assessment and Intervention
_____ Neglect Assessment
_____ Cultural Sensitivity Training
_____ Crisis Intervention
_____ Domestic Violence

8. Do you have currently have delegation to do child protection?

_____ Yes
_____ No

9. What is your current child welfare role?

_____ Child Protection – Intake team
_____ Child Protection – Family Service team
_____ Resource Worker
_____ Guardianship Worker
_____ Team Leader
_____ Combined responsibilities which include investigations
_____ Combined responsibility which do not include investigations
_____ Other: _____

10. Do you work in a predominantly urban or rural environment?

_____ My caseload predominantly serves a large metropolitan service area (densely populated urban setting)
_____ My caseload served a mixed urban/rural service area
_____ My caseload served a primarily rural service area (sparsely populated)

11. In your opinion, how would you rate the supervision you receive?

_____ Non-existent
_____ Very Poor
_____ Poor
_____ Satisfactory
_____ Good
_____ Very Good
_____ Excellent

Appendix C: SFU Ethics Approval

SFU

OFFICE OF
RESEARCH ETHICS

September 25, 2007

street address
Simon Fraser University
Multi-Tenant Facility
Room 230, 8900 Nelson Way
Burnaby, B.C. Canada
V5A 4W9

mailing address
8888 University Drive
Multi-Tenant Facility
Burnaby, B.C. Canada
V4A 1S6

Jackie Stokes
Graduate Student
Faculty of Education
Simon Fraser University

Dear Jackie:

Re: Practice Wisdom in Child Protection Decision Making -
Appl. #: 38514

I am pleased to inform you that the above referenced Request for Ethical Approval of Research has been approved on behalf of the Research Ethics Board. This approval is in effect until the end date September 25, 2010, or only during the period in which you are a registered SFU student.

The Office of Research Ethics must be notified of any changes in the approved protocol. Request for amendments to the protocol may be requested by email to dore@sfu.ca. In all correspondence relating to this application, please reference the application number shown on this letter and all email.

Your application has been categorized as "minimal risk" and approved by the Director, Office of Research Ethics, on behalf of the Research Ethics Board in accordance with University policy R20.01, http://www.sfu.ca/policies/research/r20-01.htm. The Board reviews and may amend decisions or subsequent amendments made independently by the Director, Chair or Deputy Chair at its regular monthly meetings.

.../2

SFU

OFFICE OF
RESEARCH ETHICS

Page 2

"Minimal risk" occurs when potential participants can reasonably be expected to regard the probability and magnitude of possible harms incurred by participating in the research to be no greater than those encountered by the participant in those aspects of his or her everyday life that relate to the research.

Please note that it is the responsibility of the researcher, or the responsibility of the Student Supervisor if the researcher is a graduate student or undergraduate student, to maintain written or other forms of documented consent for a period of 1 year after the research has been completed.

If there is an adverse event, the principal investigator must notify the Office of Research Ethics within five (5) days. An Adverse Events form is available electronically by contacting dore@sfu.ca.

Please note that all correspondence with regards to this application will be sent to your SFU email address.

Best wishes for success in this research.

Sincerely,

Dr. Hal Weinberg, Director
Office of Research Ethics

c: Dr. Adam Horvath, Supervisor
Dr. Gen Schmidt, Mr. Peter Cunningham
- Co-Investigators

/jmy

Appendix D: UNBC Ethics Approval

UNIVERSITY OF NORTHERN BRITISH COLUMBIA

RESEARCH ETHICS BOARD

MEMORANDUM

To: Jackie Stokes

From: Greg Halseth, Acting Chair
Research Ethics Board

Date: September 18, 2007

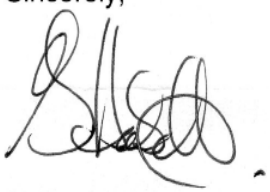
Re: **E2007.0913.099**
Practice Wisdom in Child Protection Decision Making

Thank you for submitting the above-noted research proposal to the Research Ethics Board (REB). Your proposal has been approved. We will require a copy of the SFU ethics approval to complete the file.

We are pleased to issue approval for the above named study for a period of 12 months from the date of this letter. Continuation beyond that date will require further review and renewal of REB approval. Any changes or amendments to the protocol or consent form must be approved by the Research Ethics Board.

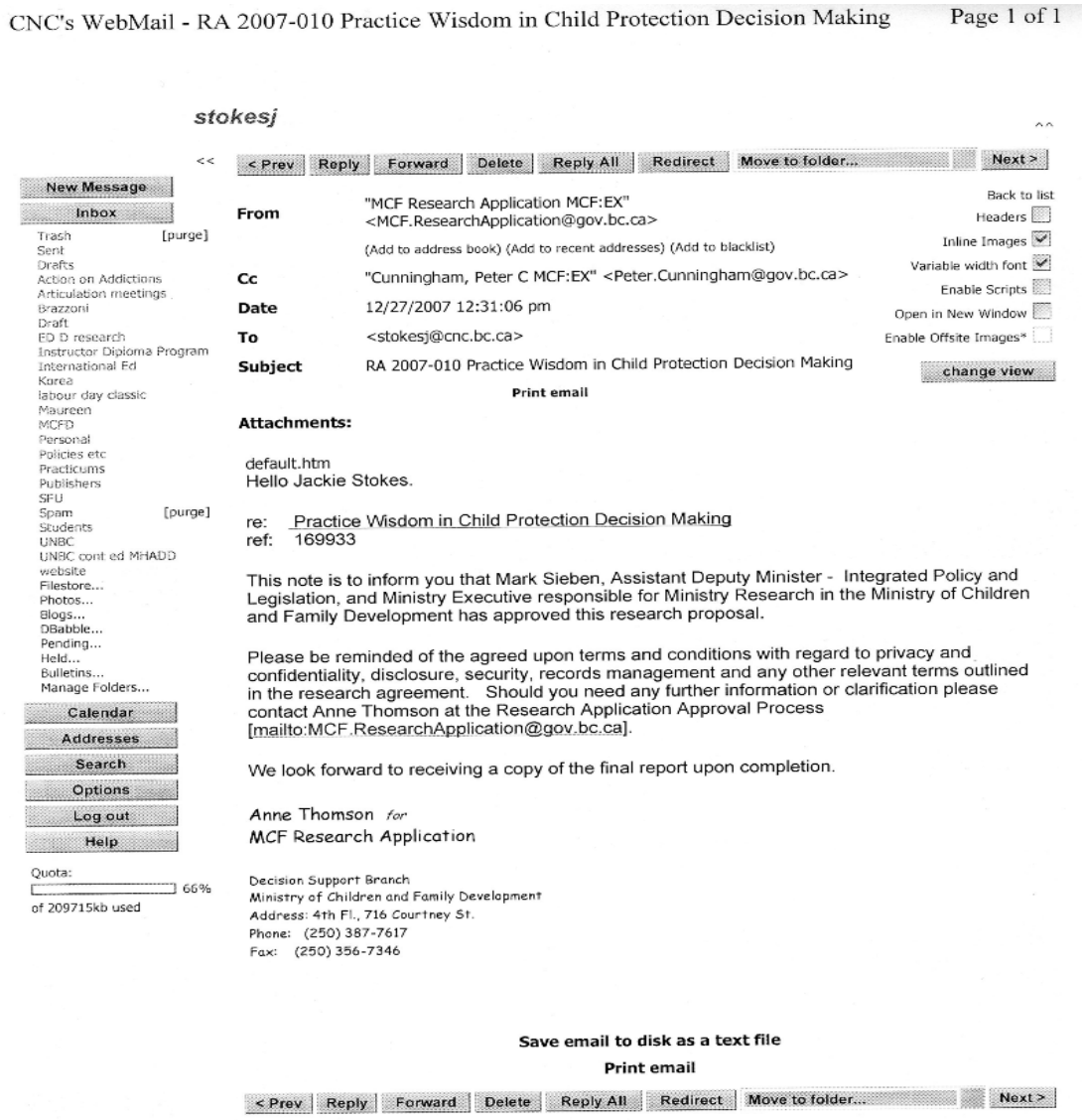
Good luck with your research.

Sincerely,



Greg Halseth

Appendix E: MCFD Ethics Approval



CNC's WebMail - RA 2007-010 Practice Wisdom in Child Protection Decision Making Page 1 of 1

stokesj

New Message
Inbox
Trash [purge]
Sent
Drafts
Action on Addictions
Articulation meetings
Brazzoni
Draft
ED D research
Instructor Diploma Program
International Ed
Korea
labour day classic
Maureen
MCFD
Personal
Policies etc
Practicums
Publishers
SFU
Spam [purge]
Students
UNBC
UNBC cont ed MHADD website
Filestore...
Photos...
Blogs...
DBabble...
Pending...
Held...
Bulletins...
Manage Folders...
Calendar
Addresses
Search
Options
Log out
Help
Quota: 66% of 209715kb used

< Prev | Reply | Forward | Delete | Reply All | Redirect | Move to folder... | Next >

From "MCF Research Application MCF:EX" <MCF.ResearchApplication@gov.bc.ca>
(Add to address book) (Add to recent addresses) (Add to blacklist)
Cc "Cunningham, Peter C MCF:EX" <Peter.Cunningham@gov.bc.ca>
Date 12/27/2007 12:31:06 pm
To <stokesj@cnc.bc.ca>
Subject RA 2007-010 Practice Wisdom in Child Protection Decision Making

Print email

Back to list
Headers
Inline Images
Variable width font
Enable Scripts
Open in New Window
Enable Offsite Images*
change view

Attachments:

default.htm
Hello Jackie Stokes.

re: Practice Wisdom in Child Protection Decision Making
ref: 169933

This note is to inform you that Mark Sieben, Assistant Deputy Minister - Integrated Policy and Legislation, and Ministry Executive responsible for Ministry Research in the Ministry of Children and Family Development has approved this research proposal.

Please be reminded of the agreed upon terms and conditions with regard to privacy and confidentiality, disclosure, security, records management and any other relevant terms outlined in the research agreement. Should you need any further information or clarification please contact Anne Thomson at the Research Application Approval Process [mailto:MCF.ResearchApplication@gov.bc.ca].

We look forward to receiving a copy of the final report upon completion.

Anne Thomson *for*
MCF Research Application

Decision Support Branch
Ministry of Children and Family Development
Address: 4th Fl., 716 Courtney St.
Phone: (250) 387-7617
Fax: (250) 356-7346

Save email to disk as a text file
Print email

< Prev | Reply | Forward | Delete | Reply All | Redirect | Move to folder... | Next >

https://mail.cnc.bc.ca/scripts/webmail.exe?cmd=item-10085&require_lock=true&java_emai... 1/2/2008

Appendix F. Text for initial e-mail sent to all social workers in MCFD

Subject Line: Practice Wisdom in Child Protection Research - Assistance Requested

Practice Wisdom in child protection is an interesting and yet elusive concept. Social workers are asked to make complex decisions using multiple kinds of knowledge. I am currently conducting research on the factors that contribute to child protection decision making as one component of a Doctorate in Educational Leadership at SFU.

Ethics approval has been received from MCFD, SFU & UNBC. The research is asking social workers from around the province to respond to 3 case studies, which depict situations that are similar to ones you see in daily practice. You will be asked 4 questions about each case study. The case studies are all fictitious, unique and randomly generated. You will also be asked some general questions about your experience and training. The entire survey should take between 15 and 20 minutes.

Your help would be greatly appreciated. If you are interested, please click on this link {0} and the survey will be sent to your e.mail address immediately.

You may only respond once to the survey. The information you provide on the survey will be completely separated from any identifying information and will be maintained confidentially through the UNBC Information and Technology Department. The Ministry of Children and Family Development has no access to the survey instrument or response.

Any questions about the accessing the survey tool, or the research may be submitted to stokesj@cnc.bc.ca; any concerns or complaints about the research ethics may be directed to Hal_Weinberg@sfu.ca in the SFU Office of Research ethics.

I thank you for your time and participation
Jackie Stokes, MSW

Appendix G: Front page of Research Survey

Subject Line: Practice Wisdom in Child Protection – Research Survey

Welcome to the research about Practice Wisdom in Child Protection. The survey should take about 15 – 20 minutes to complete.

When you click on this link {0} you will be asked to read and review the informed consent which should answer any questions you may have about the research process. If you have other questions, you may contact me directly at stokesj@cnc.bc.ca

If you agree to the informed consent, you will be asked to answer a few questions about your experience and background and then you will be presented with 3 short vignettes. There are 4 questions related to each vignette.

As part of the pilot test, if you could e.mail me (at stokesj@cnc.bc.ca) any comments about how you found the survey to complete, including any problems, I would very much appreciate it.

Thank you very much for participating in this research.

Jackie Stokes, MSW

Appendix H: Informed Consent

Research title: Practice Wisdom in Child Protection Decision Making
Name and contact if participants have questions to:
Primary Researcher: Jackie Stokes
stokesj@cnc.bc.ca or
Phone contact: (250) 562-2131 (local 5312)

Name and contact if participants have concerns or complaints:
Dr. Hal Weinberg, Director
Office of Research Ethics, SFU
Hal_weinberg@sfu.ca

This research is to develop an understanding of how decisions are made in child protection. It will investigate which factors in a case decision have significant influences on decisions about the level or risk and the type of intervention that is undertaken. You will be provided with 3 case study vignettes and asked to answer 4 questions about them.

This research has been approved by the Ministry of Children and Family Development (MCFD) and is being distributed through the internal e.mail system by the Computer department of the University of Northern British Columbia (UNBC) and the research department of Simon Fraser University (SFU). This research is a partial requirement of the Doctorate in Educational Leadership degree at SFU.

The data of this study will maintain confidentiality of your name and the contributions you have made to the extent allowed by the law. The research request and response is confidential from MCFD. All responses will be returned to UNBC and the e.mail address will be severed from your response. Your name will not be included in the report of this study.

If you wish to withdraw from the survey as you are completing this survey please press "Leave Survey"

SFU, UNBC and those conducting this research study subscribe to the ethical conduct of research and to the protection at all times of the interests, comfort, and safety of participants. This information is given to you for your own protection and to ensure your full understanding of the procedures, risks, and benefits described below:

Risks to the participant, third parties or society:
The server from UNBC for the on-line response is encrypted and secure. Confidentiality of the responses to the fictitious vignettes will be assured

through the severing of the email address from the response. The Information Technology department of MCFD could, if they chose, through their regular surveillance systems be aware of any social worker's request for a survey from the government e.mail address. However, MCFD will not able to access any of the information contained in the response to the survey.

Benefits of study to the development of new knowledge:
This study will explore how knowledge about risk factors and interventions in child protection interacts with organizational and personal characteristics of individual social workers. The implications could be utilized for training, supervision or mentoring strategies

Procedures:
Each respondent is asked to respond by answering the same 4 questions to 3 unique situations. The responses will be analyzed using ANOVA (analysis of variance) or multiple regression analysis to see which independent variables (embedded in the vignettes) are significant on the decision making.

The data that you contribute will be used to form the completion of the Ed. D. Dissertation and may be used in future studies, future publications, or future conferences.

A completed copy of the dissertation will be available at SFU library or through a request to Jackie Stokes at jstokes@sfu.ca .

Your agreement to this informed consent will signify that you have reviewed this document which describes the procedures, possible risks, and benefits of this research study, that you have received an adequate opportunity to consider the information in this document, and that you voluntarily agree to participate in the study.

I Agree, Continue to Survey | I Disagree, Leave Survey

Appendix I: Frequency of each level in used vignettes. N:327

	Frequency	Percent
Harm		
Neglect	84	26%
Physical	76	23%
Emotional	89	27%
Sexual	78	24%
Income		
No known	72	22%
Income Assistance	95	29%
1 min wage	84	26%
2 jobs	76	23%
Housing		
Messy	84	26%
Bad heat	73	22%
Poor	86	26%
Eviction	84	26%
Culture		
Caucasian	168	51%
Aboriginal	159	49%
Substance Use		
No problem	78	24%
Some misuse	83	25%
Abuse	68	21%
Serious	98	30%
Spousal Violence		
Arguments	91	28%
Yelling, threats	70	21%
Hitting, shoving	83	25%
Police called	83	25%
Resources & Supports		
Good	84	26%
Some support	83	25%
Little support	84	26%
Conflict	76	23%
Cooperation		
Some	80	24%
Sporadic	71	22%
Non attendance	93	28%
Refusal	83	25%

Appendix J : Profile of Respondents

Profile of Respondents: N=327

Gender	**Frequency**	**%**
Male	60	18
Female	267	82
	327	100
Age	**Frequency**	**%**
<25 years	0	0
26-34	74	23
35-44	101	31
45-54	95	29
55 >	57	17
Degree	**Frequency**	**%**
BSW	183	56
Bach Child & Youth	43	13
MSW	33	10
Other Bach	45	14
Cert/Dip	0	0
Partial Degree	0	0
Other Graduate	23	7
	327	100
Yrs Experience in Child Protection	**Frequency**	**%**
Under 1 yr	24	7
1 - 2 yr	36	11
3-4 yrs	15	5
5-6 yrs	28	9
more than 6 yrs	224	69
	327	100
Community & Clinical Experience	**Frequency**	**%**
None	71	22
Under 1 yr	33	10
1-2 yrs	50	15
3-4 yrs	42	13
5-6 yrs	22	7
More than 6 yrs	109	33
	327	100
Delegation	**Frequency**	**%**
No	60	18
Yes	267	82
	327	100

Current Child Welfare Role	**Frequency**	**%**
CP - Intake	48	15
CP - Family Service	50	15
Resource	30	9
Guardianship	27	8
Team Leader	62	19
Comb incl. investigation	55	17
Comb not incl. investigat.	3	1
Other	52	16
	327	100

Service Area	**Frequency**	**%**
Urban	119	36
Mixed	158	48
Rural	50	15
	327	100

Supervision Satisfaction	**Frequency**	**%**
Non-existent	3	1
Very Poor	33	10
Poor	51	16
Satisfactory	93	28
Good	70	21
Very Good	56	17
Excellent	21	6
	327	100

Job Satisfaction	Frequency	%
Extremely Unsatisfactory	0	0
2	39	12
3	115	35
4	146	45
Extreme Satisfactory	27	8
	327	100

Appendix K: Frequency of responses in dependent variables

Risk Level		**Frequency**	**%**		
Risk 1	0	0	0.00%		
Risk 2	1	13	3.98%	Median	3.00
Risk 3	2	89	27.22%	Mean	2.84
Risk 4	3	162	49.54%	Std Dev	0.77
Risk 5	4	63	19.27%		
		327	100.00%		

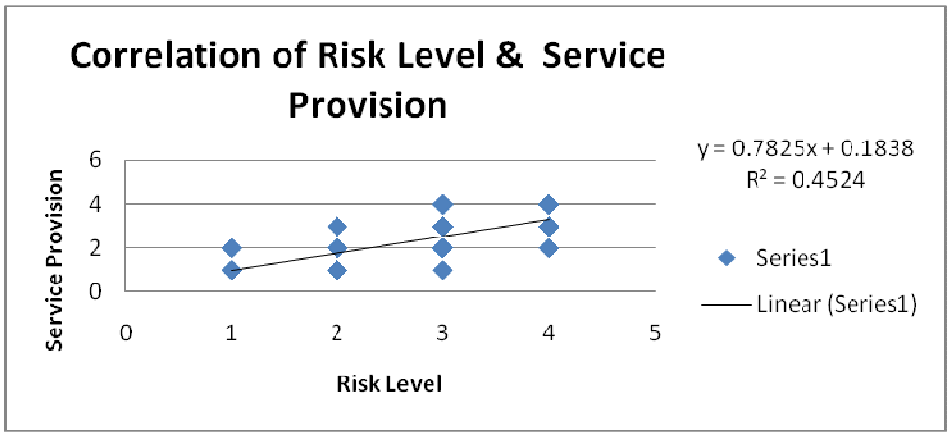
Service Provision		**Frequency**	**%**		
Close file	0	0	0.00%		
Referral to Community	1	45	13.76%	Median	2.00
Intensive Family Support	2	152	46.48%	Mean	2.41
Informal Placement	3	82	25.08%	Std Dev	0.90
Formal in-care arrangement	4	48	14.68%		
		327	100.00%		

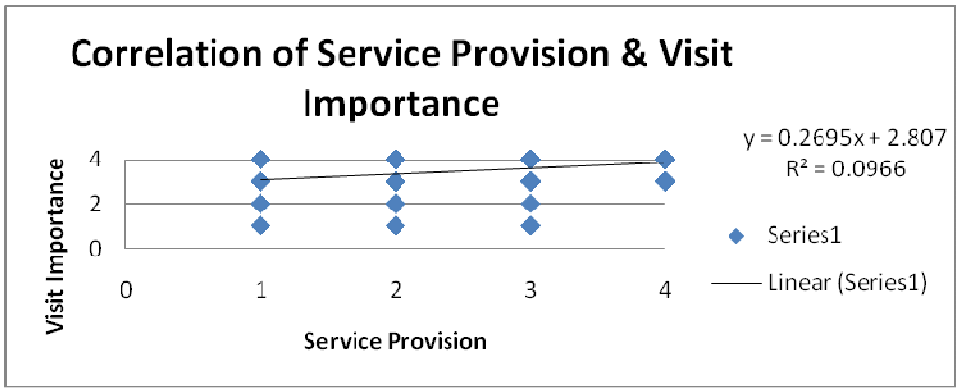
Visit Importance		**Frequency**	**%**		
Not very important	0	0	0.00%		
2	1	12	3.67%	Median	4.00
3	2	23	7.03%	Mean	3.46
4	3	96	29.36%	Std Dev	0.78
Extremely Important	4	196	59.94%		
		327	100.00%		

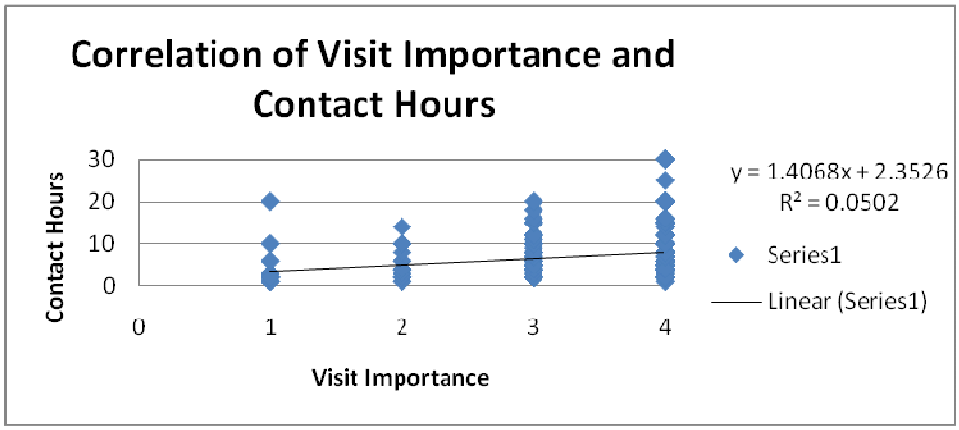
Planned Hours of Contact	**Frequency**	**%**		
0	0	0.00%		
1	5	1.50%	Median	6.00
2	32	9.58%	Mean	7.21
3	21	6.29%	Std Dev	4.91
4	51	15.27%		
5	42	12.57%		
6	44	13.17%		
7	7	2.10%		
8	37	11.08%		
9	1	0.30%		
10	33	9.88%		
11	2	0.60%		
12	15	4.49%		
13	0	0.00%		
14	3	0.90%		
15	16	4.79%		
16	3	0.90%		
17	0	0.00%		
18	1	0.30%		
19	0	0.00%		
20	10	2.99%		

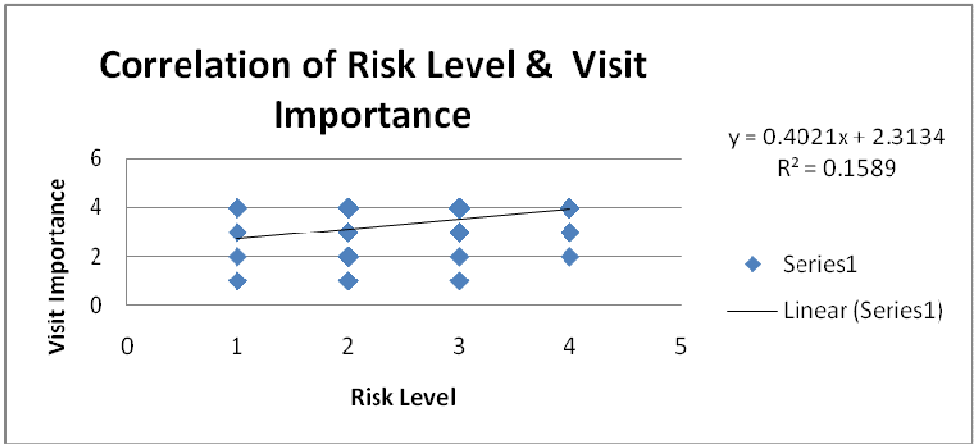
25	1	0.30%
30	3	0.90%
	327	

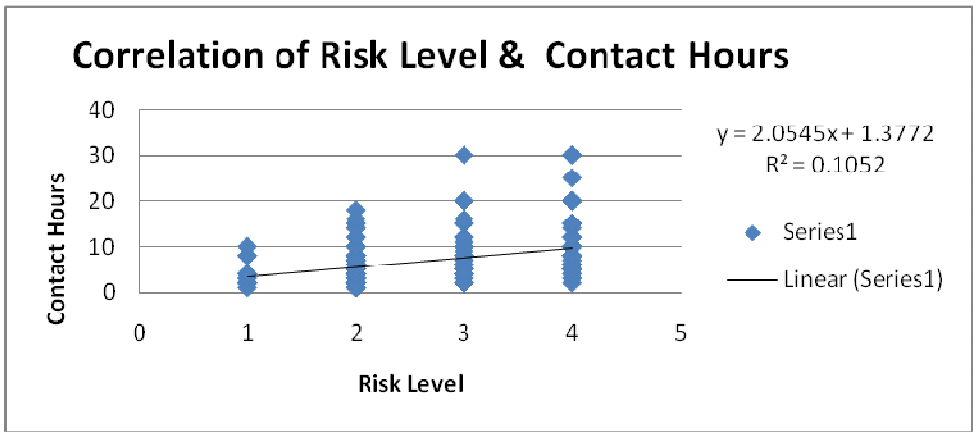
Appendix L: Correlation graphs of dependent variables








Correlation of Risk Level & Visit Importance
y = 0.4021x + 2.3134
R² = 0.1589
Visit Importance
Risk Level
Series1
Linear (Series1)
0
2
4
6
0
1
2
3
4
5


Correlation of Risk Level & Contact Hours
y = 2.0545x + 1.3772
R² = 0.1052
Contact Hours
Risk Level
Series1
Linear (Series1)
0
10
20
30
40
0
1
2
3
4
5

		RISK			SERVICE PROVISION			VISIT IMPORTANCE		
	Level	Estimate	Std Error	Pr > ChiSq	Estimate	Std Error	Pr > ChiSq	Estimate	Std Error	Pr > ChiSq
0: Harm	1	-1.6511	0.2245	<.0001	-2.1004	0.3769	<.0001			
	2	0.2179	0.1913	<.2547	-0.1116	0.3397	0.7424			
	3	-1.6548	0.2187	<.0001	-3.6941	0.402	<0.0001			
2: Housing	1	.1159	0.2073	0.576	0.458	0.3578	0.2005	-0.0395	0.2234	0.8597
	2	-0.4171	0.1945	0.032	-0.8845	0.3329	0.0079	-0.59	0.2209	0.0076
	3	-0.159	0.2023	0.4317	-0.0427	0.3459	0.9017	0.1516	0.2162	0.4832
4: Substance Use	1	-0.4929	0.2088	0.0183				-0.1254	0.2243	0.5759
	2	-0.4629	0.2182	0.0339				-0.6655	0.243	0.0062
	3	-0.7978	0.2002	<0.0001				-0.4895	0.2182	0.0249
5:Spousal Violence	1	0.1569	0.2021	0.4375						
	2	-0.517	0.1988	0.0093						
	3	-0.1131	0.1953	0.5626						
7: Cooperation	1	-0.4077	0.2112	0.0535						
	2	0.1416	0.2078	0.4954						
	3	-0.7163	0.2112	0.0007						

Appendix M: Cumulative probit regression of significant dimensions from vignette

		RISK			SERVICE PROVISION			VISIT IMPORTANCE		
	Level	Estimate	Std Error	Pr > ChiSq	Estimate	Std Error	Pr > ChiSq	Estimate	Std Error	Pr > ChiSq
0: Harm	1	-1.6511	0.2245	<.0001	-2.1004	0.3769	<.0001			
	2	0.2179	0.1913	<.2547	-0.1116	0.3397	0.7424			
	3	-1.6548	0.2187	<.0001	-3.6941	0.402	<0.0001			
2: Housing	1	.1159	0.2073	0.576	0.458	0.3578	0.2005	-0.0395	0.2234	0.8597
	2	-0.4171	0.1945	0.032	-0.8845	0.3329	0.0079	-0.59	0.2209	0.0076
	3	-0.159	0.2023	0.4317	-0.0427	0.3459	0.9017	0.1516	0.2162	0.4832
4: Substance Use	1	-0.4929	0.2088	0.0183				-0.1254	0.2243	0.5759
	2	-0.4629	0.2182	0.0339				-0.6655	0.243	0.0062
	3	-0.7978	0.2002	<0.0001				-0.4895	0.2182	0.0249
5:Spousal Violence	1	0.1569	0.2021	0.4375						
	2	-0.517	0.1988	0.0093						
	3	-0.1131	0.1953	0.5626						
7: Cooperation	1	-0.4077	0.2112	0.0535						
	2	0.1416	0.2078	0.4954						
	3	-0.7163	0.2112	0.0007						

Appendix N: Cumulative probit regression of all significant dimensions from respondent characteristics

		RISK			SERVICE PROVISION			VISIT IMPORTANCE		
Gender	1							0.7359	0.2874	0.0105
Age Group	2							0.1023	0.2492	0.6815
	3							-0.568	0.2878	0.0484
	4							-0.0641	0.3314	0.8467
Job Satisfaction	2							1.138	0.3296	0.0006
	3							0.5966	0.3131	0.0567
	4							-1.3357	0.6178	0.0306
Degree	1	-0.5191	0.2228	0.0198	-0.8905	0.3787	0.0187	-0.9193	0.2555	0.0003
	2	0.3349	0.2542	0.1876	-0.1248	0.4390	0.7762	0.3702	0.2683	0.1676
	3	0.3294	0.2061	0.1101	-0.2267	0.3502	0.5174	-0.1967	0.6544	0.4185
	6	0.1841	0.2590	0.4773	1.7732	0.4658	0.0001	1.0228	0.2898	0.0004
Child Protection Exp	0				1.1218	0.6602	0.0893			
	2				0.4498	0.7665	0.5573			
	3				2.2554	0.6535	0.0006			
	4				1.6909	0.4806	0.0004			
Supervision Satisfaction	0	-1.3304	0.9567	0.1643						
	2	-0.6131	0.3294	0.0627						
	3	-0.5691	0.3013	0.0589						
	4	-0.1217	0.3001	0.6876						
	5	-0.9627	0.3449	0.0053						
	6	-0.922	0.3966	0.0201						

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