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Risk Assessment and Intervention Decisions in Child Protection

by

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Abstract

The main purpose of this study was to gain more understanding of the association between intervention decisions in child protection and factors associated with risk to a child of abuse or neglect. To analyze types of interventions the concept of a continuum of intervention based on intrusiveness was used. Distinctions were made between interventions involving placement of a child and interventions involving provision of service to a family. The concept of a continuum proved useful in the analysis as did service and placement distinctions. To analyze associations between risk assessment factors and intervention, specific factors associated with risk assessment were cross-tabulated with specific interventions in 242 cases.

This study found that in terms of service interventions there was a heavy reliance on formal but voluntary services. There were also many cases where families received no further service despite identification of child protection concerns. These findings are supported by previous research and theory which offer possible explanations, however there is little empirical data to contribute to our understanding of them. In terms of placement interventions the study found 59% of children remained in the home. Where placement outside the home occured there was high utilization of friends and relatives as placements for children.

The study found the most consistent associations

between risk factors and placement interventions suggesting that risk assessment factors do play a role in the decision of whether or not a child is placed outside the home. There were some associations between risk factors and service interventions but these were not as consistent. The most significant associations between risk assessment and both service and placement interventions were found in workers' perceptions of certain caretaker characteristics. As well, certain characteristics of the parent-child relationship and severity or chronicity of the abuse or neglect were also often relevant to service and placement outcomes. Previous research supports the significance of each of these factors. Surprisingly, this study found low association between degree of risk based on environmental factors such as stress on the caretaker and social support for the caretaker despite literature supporting their relevance to decision making. Overall the findings of the study reinforced the interactiveness of these factors and the need for greater understanding of this interaction.

This study suffered from the lack of clarity and consistency in worker's assessments and it is hoped that Alberta's new case management model which requires workers to link specific factors to specific concerns will assist in a better understanding of the relevance of various factors in decision making in child protection.

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This thesis is dedicated to the Buffam family, Alfie, Lore, Becky and Jacob who through their friendship gave so much to my children and I during our time in Calgary, and to the guys on fifteenth avenue, Al (with special thanks for your St. Christopher), Brent, Dave, and Greg.

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Introduction

The purpose of this thesis is to describe different interventions used by child welfare workers where they have identified child protection concerns and to attempt to pinpoint factors which may play a significant role in determining which types of interventions are used under which types of circumstances. Thus the research question has a dual focus: What types of interventions are used by child protection workers and in what situations are they used?

An assumption of this study is that a broad range of interventions are utilized in the resolution of child welfare concerns, from the most informal to the most formal, the voluntary to the involuntary. An understanding of this range of interventions will lead to a better understanding of the interaction between families, communities, and child protection agencies and the ways in which they work together to assure the safety and well-being of children. Data for the study has been drawn from a child welfare office in Northern Alberta.

Chapter I examines the historical and current roles of the family, the community, and the state in child care and includes a philosophical overview of Alberta's Child Welfare Act with particular reference to the roles of the above three. Chapter II examines the child protection process as it is represented in the literature. Special emphasis is on the decision making process at the intake/investigation

stage with particular note of the process used in the office in which the data was gathered. Chapter III outlines the methodology used for the study including data collection, measurement, and analysis. In Chapter IV the data obtained from the study is presented and analyzed. Chapter V contains a summary and discussion of the findings of the study with implications for both practice and further theoretical development.

Chapter I

Child Welfare; Family, Community or State Responsibility?

The History and Current Context of the Child Welfare System

Historical development.

Child Welfare as a specialized field of social work practice is essentially a 20th century phenomenon. Prior to this even the concept of child welfare was extremely limited. Children were not recognized as persons in their own right and thus were not entitled to any legal protection. Stories of the ancient civilizations include child sacrifice, and the selling of children into slavery. There is evidence that abandonment, infanticide, and child prostitution were widespread and commonly accepted practices until relatively recently (Kadushin & Martin, 1988, pp. 35-41).

Concern for the welfare and protection of children evolved gradually, in close conjunction with numerous social and economic factors. Perhaps the most significant were improved standards of living as a result of technological advances, and reductions in both infant birth and death rates. It is worth noting that these factors are intricately linked to one another. Improved standard of living results in lower infant mortality which then results in greater emphasis on family planning. Reductions in birth and death rates in turn affected the value that was placed on children

within society. As children became more important and as society became more affluent there was greater differentiation between the role of children and the role of adults and increased attention to the needs of children.

The first services to children focused on children who were orphaned or abandoned. These services quickly expanded to include children of "paupers" whose families were too poor to provide the basic necessities of life to the child (McGowan & Meezan, 1983, p. 47). Services were either provided by publicly funded state or county organizations or by private charitable and voluntary organizations. Generally they involved the taking over of the parental role of planning for the care and provision of the child. Orphans were placed in workhouses or orphanages, or were indentured to community members. Families were either placed in the workhouse and usually separated from each other, or were indentured (usually separately) to more well off community members. Occasionally families were maintained in their own homes on "outdoor relief", a type of charity given to the family. (See Rooke & Schnell, 1983, for an examination of the institutions established in English Canada to care for poor, orphaned or abandoned children.)

It is important to note that these services did not necessarily reflect a change in the legal rights afforded children in society. Thus, as Kadushin and Martin (1988, p. 51) note, until recently the child was generally regarded as

a chattel whose parents (or persons acting in lieu of parents) had full rights and control with few, if any, obligations. The situation in North America was such that in 1874 when a woman visiting in a New York neighbourhood witnessed a severely abused child she could find no legal or social organization with the authority to address the situation. She finally turned to the Society for the Prevention of Cruelty to Animals who brought the case before the court and successfully petitioned for the removal of the child from the home. Subsequent legislation was enacted to address the right of children to a basic standard of care and protection.

Despite the development of legislation requiring certain standards of care and protection for children it is important to note that parental rights continued to be given much more priority than the rights of children and as Kadushin and Martin (1988) note:

> Whereas over historical time the balance has moved in the direction of increasing children's rights and diminishing parental rights, the rights of parents are still currently given priority. Unless there is some compelling reason for interference, the state accords the parents the primary control of the parent child relationship. (p. 52)

It is also important to note that the prevailing ideology in child welfare services during this time took a blame and punishment approach towards those parents who did

not meet basic standards of care and protection. Punishment included fines and occasionally jail sentences but most often took the form of depriving the parents of the rights to their children. This was seen as appropriate not only as a punishment but also as a means of preventing the children from picking up the same bad habits and poor moral character of their parents. Insight into causes and contributing factors in child abuse and neglect was minimal thus services to assist or educate parents were minimal. This ideology and approach lasted well into the 20th century and can be seen even today in our child welfare services.

Current contextual considerations.

Child protection services are currently operating in a complex and controversial state of affairs. First of all there has been considerable change in society's tolerance of violence towards and/or neglect of children. This change is reflected in our legal and judicial systems in terms of legislation mandating reporting of all suspected cases of child abuse or neglect and greater use of legal consequences for parents who fail to meet the prescribed standards of care. At the same time however there has not been a corresponding awareness or change in the attitudes or the behaviour of many parents towards children. Individuals whose parents 15 - 20 years ago administered what was then seen as acceptable care or necessary 'discipline' are now facing criminal charges, fines and even jail terms for the

same actions. As community standards and attitudes concerning parental care of children change the result is increasing numbers of reports of child abuse and neglect. One U.S. study states that child protection reports have increased by over 60% since 1980 and number over 2 million annually (Kamerman & Kahn, 1990).

As well, in contradiction to a 1987 study which suggested that the proportion of substantiated to unsubstantiated cases had decreased from 65% to 35% (Besharov, 1987), Kamerman and Kahn's more recent study suggests that substantiated cases are increasing and make up 40 - 60% of all reports. At the same time the types of family problems being identified are more complex and multifaceted and include financial stress, single parent or blended family issues, substance addictions, sexual abuse, severe emotional injuries, and so forth (Kadushin & Martin, 1988; Kamerman & Kahn, 1990). All this is occurring at a time of reduced government funding and increasing financial pressure (Kamerman & Kahn, 1990) which in turn places greater pressure on the agencies to make the best possible use of scarce resources. This is reinforced by community expectations of effective intervention in cases where children are deemed to be in need of service but no intrusion into families where these issues are deemed not to be present. In effect the message is: 'Let no case of actual or potential harm to a child slip through the cracks but

waste no resources and create no disruption to families where allegations are unfounded or not serious enough to warrant action' (Besharov, 1987; Kamerman & Kahn, 1990; Miller & Whittaker, 1988). Where concerns for the well-being of a child are identified, there are new philosophies regarding their causes and contributing factors and this has affected the kinds of interventions which are advocated.

Current Perspectives In Child Welfare

Systems theory in child welfare.

Over the past ten years there has been a shift in the human services from narrow, individualistic focuses to more broad, systemic ways of focusing. This has resulted in more attention to the individual within his or her environment, on understanding the individual's environment, the interactions which occur within it, and the effects of those interactions. One of the most widely referenced theories exemplifying this shift comes from the field of developmental psychology. The author, Urie Bronfenbrenner, began with a critique of conventional theory in this field. This critique soon developed into a comprehensive theory. It is set out in a book titled The Ecology of Human Development: Experiments by Nature and Design (1979). In it, Bronfenbrenner focuses on the interaction between individuals and their environment as well as the interactions between different systems and levels of the

environment, as key factors in the human development process. Bronfenbrenner suggests an ecological framework consisting of a "macrosystem" - the broad ideological and institutional structure of a society - within which human organisms function in a variety of settings or "microsystems." The relationship between the individual's microsystems are called "mesosystems," while the social conditions and situations which impact on the microsystems of the individual even though individuals may not be directly involved in them are called "exosystems". Individuals both affect and are affected by these systems. Bronfenbrenner notes that within this framework there exist many risks to the development and functioning of the individual. Risks may exist in a microsystem itself, or in a mesosystem (relationship) between two or more microsystems. Risks also exist in the relationship or interaction between exosystems and microsystems. Risk is also present at the macrosystem level in that ideologies or institutions within society may be detrimental to the individual.

Systemic theories such as the one presented above have broad implications for both theory and practice in the field of child welfare. They challenge those in the field to consider all these factors when examining issues of child welfare. One result of this has been greater theoretical and practical attention to factors within families' environments which inhibit adequate care and protection of children. For

example, instead of narrowly focusing on inappropriate parental behaviour such as leaving a child alone for a number of hours, practitioners are encouraged to examine the microsystems, ie. the parent's hours of work; mesosystems, ie. conflict between role of parent and role of employee; exosystems, ie. day care policies or availability; and macrosystem, ie. market economy, which affect the interaction between the parent and child. Similarly there is greater attention to the interplay of interactions between individuals and their environments. For example, a hyperactive or handicapped child may cause increased stress within their microsystem, ie. home or school, resulting in negative response to the child from this system which may in turn compound the child's negative or stressful behaviour. The shift to a more systemic focus on issues in child welfare has resulted in more attention being given to the systems which affect the welfare of the child and a struggle to define the specific roles of these systems in ensuring and protecting the well-being of children.

The role of the family.

While there may be debate over the advantages or disadvantages, there can be little disagreement that in the macrosystem of almost every society in the world the family is still the dominant institution for child care and protection. Garbarino (1982) states "families are the thread that holds the human race together" (p. 62). "The family

also serves a vital social function" (p.63). The section above discussed changes which have occurred over time in the ideology of the macrosystem regarding the expectations of parents and the rights afforded children within families. Kadushin and Martin (1988) discuss the current ideology regarding the roles of both parents and children within the family. Generally, parents are expected to ensure the adequate physical, intellectual, social, emotional, and spiritual development of the child. They do this either by directly providing the needed care and resources or by negotiating on behalf of the child for someone else to provide. While in times past families often consisted of a large network of parents, children, grandchildren, brothers, sisters, cousins, aunts, uncles, nieces, and nephews, all occupying a common area, there has been a gradual movement away from this tribal or clan system to the "nuclear" family system consisting of only parents and children.

The role of the community.

The community in which the family lives also plays an important role in ensuring the care and protection of children. As stated above, historically communities consisted of a group of closely related individuals. In many of these communities child care responsibilities were closely shared and boundaries between parental and community roles were blurred. As society became more industrialized

communities based on kinship ties began to disappear and society became much more fragmented. The dissolution of the feudal system plunged Europeans into economic crisis and in the struggle for day to day survival the burden of child care shifted more and more to the parents. However the increased affluence and greater stability of the early 20th century has seen a resurgence in community sharing in the care and protection of children.

The literature defines an important role for communities in the care and well-being of children; particularly where there is recognition of the interplay of individual and environment a strong community is seen to be vital (Bronfenbrenner, 1979; Garbarino, 1982; Germain, 1979; Whittaker & Garbarino, 1983). Communities are seen to be a source of vital "social support" which aid families in their role of nurturance and socialization of children and which provide individual family members with opportunities for interaction and self definition on a broader scale. The nature of a child or family's interaction with their community affects the functioning of that child or family. In addition the community is the setting for the majority of the child's mesosystems. The relationships between home and school, peers and social opportunities, work and play all occur largely within the framework of community. The community also acts as a buffer and an advocate for the child and family in the larger exo and macro systems.

The role of the state.

While there is considerable debate regarding the degree and extent to which the state should take an active role in child care and well-being it is generally agreed that any government has an inherent role to play. From English common law comes the concept of "parens patriae" which gives the state ultimate authority to ensure the well-being of all its dependant citizens. The way in which most states choose to do this is first of all to create legislation defining the terms under which the state will exercise its role and the ways in which it will do this. The state then delegates its authority to certain agencies or organizations to carry out this function. In addition to the formal child protection services, other examples of the way in which parens patriae is exercised in Canada include legislation and services providing for the education of children and legislation and services in the area of public health. These laws and institutions are part of the exo and macro systems of Canadian society.

The Child Welfare Act of Alberta

In 1985 the Province of Alberta proclaimed a new Child Welfare Act. Underlying this new Act were certain principles and values believed to be intrinsic to the larger Alberta society. The professed values and principles of Alberta's Child Welfare system can be found in the Child Welfare Act

under section 2 "matters to be considered." They are further discussed and expanded on in the Child Welfare Handbook and Policy Manual. In examining these values and principles there is evidence of a fairly traditional philosophy. First and foremost is a belief in the importance of the family, both for children and for the sake of society as a whole.

> the family is the basic unit of society and its well-being should be supported and preserved; (Child Welfare Act of Alberta section 2(a) p. 6)
>
> The family, in all its forms, is the basic setting where children receive nurture and care. Whatever their developmental stage, children best realize their potential within a family. (Child Welfare Handbook, p.02-1)

Along with this conservative faith in the family as a cornerstone of our society is the historical legacy of the importance of family privacy and autonomy.

> the family has the right to the least invasion of its privacy and interference with its freedom that is compatible with its own interest, the interest of the individual family members and society; (Child Welfare Act, section 2(c), p.6)

A second major underlying principle of the act is that of the importance of the community in contributing to the healthy development of children. The Child Welfare Handbook describes almost a partnership between families and their communities.

> Families and communities have the primary responsibility for supporting children. The system that they offer should provide all that children need for survival, security, and development. (p.02-1)

> When the community highly respects the family, this esteem contributes to the well-being of children. (p.02-1)

> The relationship between families and the community is mutual. The family affects the quality of community life; the community fufills for the family its physical, social, psychological, and spiritual needs. When the community approaches this relationship positively and creatively, it has a significant impact on the ability of the family to function well to the benefit of children. (p.02-1)

The above statements closely reflect the systemic perspective presented earlier in this paper. However legislation and policy in Alberta go further by linking the principle of least intrusion to the role of the community in child welfare. Where concerns around parental care of children are identified the use of informal community networks and resources are seen to be a less intrusive intervention into family life.

> The Act directs that when it is necessary to intervene in a family to protect a child, one must choose the least intrusive means. Consider the range of options; from a referral to an agency to a permanent guardianship order. Which will adequately protect the child and address the problem with the least amount of interference in the life of the family?
> (Child Welfare Handbook, p. 02-1)

On a continuum, community resources are clearly seen as the least intrusive to families where children's needs are not or are at risk of not being met. The Act demonstrates this belief in a further sub-section of "matters to be considered:"

> if it is not inconsistent with the protection of a child who may be in need of protective services, the child's family should be referred to community resources for services that would support and preserve the family and prevent the need for any other intervention under this Act; (section 2(g) p.7)

A University of Calgary study compared this use of community resources to a type of diversion (Pritchard, 1986). Community resources are seen as less of an infringement on families' privacy and freedom than the formal Child Welfare system and thus wherever appropriate families are to be diverted in this direction in order to best support and enhance them. The question then arises: Does the literature support this view of a continuum of family services with formal state intervention as the most intrusive (and thus least desirable) for families while community resources present a less intrusive (and thus more desirable) option?

The Child Welfare Services Continuum

A review of current literature does indeed suggest the concept of a continuum (Hoch & Hemens, 1987; Pritchard, 1986). In fact there are two measures within the literature related to degree of intrusiveness. The first measure is the voluntary versus non-voluntary aspect of services to children and families. Beginning at the extreme left of the continuum with the least intrusive services to families is the recurring concept in current theory and research in child welfare of social support. The concept of social support was empirically developed and defined primarily in the socio-medical and socio-psychiatric fields (Rook & Dooley, 1985). While definitional imprecision of the concept remains an issue (Specht, 1986; Schilling, 1987), one of the most accepted definitions of social support is that developed by Gottlieb (1983):

> Social support consists of: ... verbal and/or nonverbal information or advice, tangible aid, or action that is proffered by social intimates or inferred by their presence and has beneficial emotional or behavioral effects on the recipient. (p. 28)

Within this concept there is an important distinction to be made between that which occurs naturally and/or informally within an individual's social environment and that which is formal and/or artificial. It is generally recognized that there is a continuum of natural to

artificial and informal to formal in social support. Informal, natural social support occurs within the context of an individual's or family's day to day social interaction and can include assistance or advice from relatives, friends, or neighbours; or somewhat more formal but still loosely structured and naturally occurring neighbourhood or community associations, church groups or self-help groups (Hoch & Hemmens, 1987; Miller & Whittaker, 1988; Tracy & Whittaker, 1987; Whittaker, 1983; Whittaker & Garbarino, 1983). More formalized support services which still utilize naturally occurring networks and voluntarism include such organizations as community schools, block parents and neighbourhood watch associations. Still farther along on the continuum of support service are the artificially created but voluntary self-help groups such as Alcoholics Anonymous. Partnerships or blending of formal and informal support systems represent the next point on the continuum of support services. Examples can be seen in voluntary self-help groups which are artificially created and rely on a certain amount of professional assistance or leadership, or in formally administered but voluntarily staffed organizations such as crisis phone lines and neighbourhood drop in centres. The next point on this continuum is represented by the network of formally structured and staffed community organizations which offer a range of professional support services to families on a voluntary basis. While these services are

still voluntary and maintain the intactness of the family they nonetheless represent a greater degree of intrusion into family autonomy as they replace natural providers with artificial. Such services include counselling centres, health units, professional homemakers, day care services, and income assistance.

The next point on the continuum is the area of non-voluntary services. An example of this is a supervision order on a child. The child is maintained in his or her own home but the parents have no choice in the provision of this service.

The concept of in-home versus out of home service is another measure of degree of intrusiveness (Kadushin & Martin, 1988). In-home service includes any service which allows a family to remain intact while out of home service would be any service which removes one or more family members from the home. Out of home services begin at the point of substitute care by friends, relatives, or neighbours. The next point on the continuum is formalized out of home care which can occur within informal community settings such as foster homes or can occur within more formal community settings such as group homes. Highly formalized institutional settings such as hospitals or young offenders centres which may or may not be within the family's local community represent the final point on the continuum.

There is overwhelming consensus in the literature that

informal, voluntary and in-home are all more desirable than formal, involuntary, and out-of-home. Literature favouring the use of informal social support systems cites studies showing the greater coping abilities of persons with strong natural support networks (Specht,1986; Tracy, 1990; Tracy & Whittaker,1987). Those who advocate greater blending of formal and informal helping systems cite reduced reliance on expensive formal helping systems and more favourable outcomes (Garbarino, 1982; Gottlieb, 1983; Miller & Whittaker, 1988; Rothery & Cameron, 1985; Whittaker, 1986; Whittaker & Garbarino, 1983). Advocates of in-home care argue on the basis of the rights of parents and the well-being of children for families to receive services which are as minimally intrusive as possible (Garbarino, 1982; Kadushin & Martin, 1988). But perhaps the most prevalent reason for the interest in and promotion of social support is that it is seen to have an intrinsic role in social work theory and practice.

> Perhaps more than any other contemporary development within the helping professions, the rapidly expanding literature on the beneficial aspects of social support affirms the soundness of social work's historic concern for the fit between the individual and the social environment. Social workers should take pride in their orientation towards social helping as they witness other professions recognizing the potential of social supports. (Schilling, 1987, pp. 19-20)

However critics of social support theories and models of practice, although cognizant of the advantages of such

approaches, are also wishing to point out potential drawbacks and limitations. Specht (1986) states:

> Current social work literature on social networks and social support tends to encourage, unrealistically, the belief that the social environments of clients contain huge untapped resources that can and should be harnessed to meet social needs and relieve social and emotional distress. (p. 218)

This statement challenges a number of implicit assumptions of theories of social support. The first assumption is that the environments of clients contain sources of social support which are not being fully utilized. A number of studies have challenged this assumption by showing that lack of social support may be an effect rather than a cause of social or emotional distress. This may be due to several reasons. First of all, individuals or families experiencing social or emotional problems may lack the inner resources needed to utilize social support systems. Or, informal helping persons or systems may feel overwhelmed by the demands of the individual or the family and may withdraw their support (Halpern, 1990; Rook & Dooley, 1985; Specht, 1986).

The second assumption is the helpfulness of social support in addressing social or emotional problems. Within this assumption are several others. First, that social support is intended to be helpful. In both formal and informal support this may not always be the case. Helping

individuals or systems may have a variety of motives for providing support which are more focused on their own needs (Hoch & Hemens, 1987; Rook & Dooley, 1985; Schilling,1987). Furthermore, even the support that is given with the purest and best of intentions may not necessarily be helpful (Rook & Dooley, 1985; Schilling, 1987). As well, net cost may outweigh any net benefit of social support to an individual or family. In both informal and formal helping systems costs of support may include conformity to certain rules or expectations, reciprocity of support, inability to become independent or utilize other sources of support or restriction of participation or success in other social settings (Halpern, 1990; Rook & Dooley, 1985; Schilling, 1987).

The third assumption is that the helping which occurs in natural, informal settings can and should be replicated through artificial means. Certain research would suggest that more often than not this cannot and should not be done (Hoch & Hemmens, 1987; Rook & Dooley, 1985). The effect of attempting it can undermine the natural systems particularly when natural helping systems are being manipulated to achieve the goals of the formal helping systems (Hoch & Hemmens, 1987).

A fourth assumption concerns the cost effectiveness of social support. The assumption is that social support is a more cost effective intervention than any other. If we

translate this to the field of child welfare we would be suggesting that the less intrusive the intervention the more cost efficient it is. The validity of this depends on how and what costs are measured. Even the most naturally occurring informal helping entails costs (Rook & Dooley, 1985).

The final, and perhaps most critical, challenge concerns the assumption that the use of social supports are more helpful to children than more intrusive measures. The literature recognizes the wide range of child protection issues facing workers in the field today including poverty, isolation, mental illness or incapacity, physical, emotional and sexual abuse (Kadushin & Martin, 1988; Kamerman & Kahn, 1990). Interventions utilized to deal with these issues are expected to be effective and efficient, protecting the safety and rights of children, while also upholding parental rights and responsibilities and making the most of society's scarce resources. Correspondingly, the decisions that child protection workers and agencies are making regarding appropriate interventions to deal with this range of issues are coming under increasingly intense scrutiny. The focus of much of this scrutiny is at the intake/investigation level of child protective services.

Chapter II

Preliminary Intervention in Child Welfare: Process and Outcome

Intake and screening.

As stated in the previous chapter most governments which exercise their right of parens patriae do so through legislation which states under what circumstances the state can intervene on behalf of a child and what form this intervention will take. The legislation itself is one of the most controversial areas in child protection because, as Kadushin and Martin (1988) note, "The judicial power of the community to intervene on behalf of the child against the parent has rarely been challenged; only its extent has been questioned" (p. 219). This controversy over the grounds on which the state should be allowed to intrude into family life is debated in the literature as well (Besharov, 1985; Feshbach & Feshbach, 1978). The debate over child protection versus family intrusion can be seen in two lawsuits filed in Massachusetts in 1978; one claimed the state had been too aggressive in investigating child abuse while the other claimed the state had failed to adequately protect children in their homes (Fandetti & Ohsberg, 1987).

The majority of the concern around adequate protection versus unnecessary intrusion centres on the investigation of reports of child abuse or neglect. Almost all child welfare

legislation includes a requirement of reporting suspected cases of abuse or neglect along with negative consequences for not reporting. The requirement to report may be directed at specific professionals, such as doctors or teachers, or may apply to the general public. This requirement, added to increased public awareness and concern for child protection, has led to substantial increases in the numbers of child protection reports. In the United States in 1976 just over 400,000 reports were received. In 1980 this figure had increased by 91% to 788,844 (Coulborn Faller, 1985), and by 1983 there were over 1,000,000 reports across the country (Fandetti & Ohsberg, 1983). Besharov (1987) contends that over 60% of all reports received by protection agencies are unfounded upon investigation. He notes that in addition to the traumatic effects on family members such investigations cost the public considerable money in terms of worker and agency time and take away from the ability of protection workers to adequately deal with those cases where valid concerns do exist.

In an effort to direct agency resources to where they are most needed, many child protection agencies have developed formal or informal screening policies and procedures to better "weed out" these unfounded reports at the earliest possible time (Barone, Adams, & Tooman, 1981; Downing, Wells, & Fluke, 1990; Hutchison, 1989). The new emphasis on screening child protection reports has impacted

the way that many protection agencies organize and administer their service. Most offices currently assign specific personnel to the intake/screening function and most calls are screened to some degree (Downing et al, 1990; Fandetti & Ohsberg, 1987). Typical screening policies or procedures focus on the source of the report, the age of the child, and the nature and seriousness of the allegation (Barone et al, 1981; Downing et al, 1990; Hutchison, 1989). Other factors have also been found to be significant in the screening process. These include the race of the child or family (Hutchison, 1989), the alleged perpetrators access to the child (Barone et al, 1981; Downing et al, 1990), previously unsubstantiated allegations against the family (Downing et al, 1990), concerns that did not fit the mandate of child protection (Downing et al, 1990), and insufficient information (Downing et al ,1990).

There are three potential outcomes of the screening process. One is that no further services will be needed/provided. The second is that the caller will be referred to another service. The third possibility is that the report will be accepted into the system. In 1979 a Bronx child protection office created an experimental screening unit to assist in assessing the validity of specific "questionable" protection reports. Of the total number of reports received by the agency 747 of these were referred to the screening unit. Six hundred fifty three or 87% of these

were closed. Of the 653, 32% were referred to community resources (Barone et al, 1981). Hutchison (1989) found that of the total number of reports received by a CPS agency 37.7% were screened out.

While the importance of screening is generally well recognized (Barone et al, 1981; Besharov, 1987; Fandetti & Ohsberg, 1987), there are also concerns over potential or actual misuse of the screening function (Downing et al, 1990; Kamerman & Kahn, 1990). In defining standards for intake policies the Child Welfare League of America (1984) states, "Intake policies should be designed to meet needs, not to exclude from service" (p.60). However there is concern that this is precisely what many child protection screening policies are being used for. With an overwhelming number of referrals a major problem has become one of defining the mandate and scope of child welfare services in a time of fiscal restraint yet increasing family stress and social problems. One response is to increase gatekeeping.

> And in some communities where the public agency is overwhelmed with abuse/neglect investigations, the solution has been to make the criteria for accepting cases more rigorous. (Kamerman & Kahn,1990, p.9)

Investigation and assessment of child protection concerns.

If a report meets the screening criteria investigation into the allegation(s) begins. As in the case of intake and

screening, the importance of separating this function from on going case work has only recently been recognized (Drews, 1980) and is not yet widely implemented in child protection agencies (Fandetti & Ohsberg, 1987). The separation of investigation from ongoing case management allows specialization of knowledge and skills and tasks which improves the ability of the worker to perform their function (Drews, 1980). Kadushin and Martin (1988) define the investigation of a child protection report as a "preliminary social study for the purpose of report verification" (p. 252). They note that the tasks associated with the gathering of evidence concerning the allegation(s) are also an assessment of the existence and degree of risk to the child as well as the beginning of a working relationship with the family.

In examining the decisions which must be made at this stage two separate decisions become evident (DiLeonardi, 1980; Kadushin & Martin, 1988). The first decision concerns the assessment of risk to the child. Wald and Woolverton (1990) note that risk assessment has become more important as child protection agencies have moved from away from a blanket type of approach to child abuse and neglect to one which examines factors of individual cases and is concerned with maintaining and supporting the family as much as possible. Risk assessment has gradually moved from very informal methods towards more structured formats. However

there still remains a lack of clarity and consistency in factors used to assess risk and much debate regarding their relative importance (Craft & Clarkson, 1985; Gleeson, 1987; Rosen, 1981; Wald & Woolverton, 1990; Wolock, 1982). However certain literature does identify some consistency in the factors most commonly used by workers to assess risk.

A 1989 study by Jeanne Giovannoni in which decisions by workers of whether to substantiate a report of child abuse or neglect were analyzed found the severity of the abuse defined by injury as well as chronicity and the presence of more than one kind of abuse to be the most significant factors in decision making. A 1981 study by Helen Rosen used six "cues" or possible indicators of child abuse and studied the effect of these cues separately as well as in various combinations. She found that, used alone, five of the six were statistically significant in workers decisions to assess risk. Of these five the most significant factor was injury to the child, followed by a history of injury, followed by emotional disturbance in the parent, followed by environmental stress. The least significant was unusual behaviour of the child and of no significance was a vague explanation. When used in various combinations the research found that certain combinations of cues did contribute to greater assessment of abuse than did others. This study suggested that alone or in combinations certain factors did indeed affect workers assessment of risk to a child. The

findings of this study are similar to two studies conducted by Barbara Meddin (1985). These studies suggested four categories of criteria which workers use to assess risk: 1.Criteria related to the child 2.criteria related to the caretaker 3.criteria related to the perpetrator and 4.criteria related to the incident(s) of abuse or neglect. Again the findings of this study suggest that these factors are interactional.

It is important to note that these studies have focused on the behaviour and perceptions of the workers in identifying critical factors. Miller, Williams, English, and Olmstead (1987) and Wald and Woolverton (1990) recognize that workers' perceptions and actions are useful sources of data in understanding current practice, however are not necessarily valid criteria for guiding good practice. A 1982 study by Isabel Wolock suggested that worker assessments of risk are affected by the environment they work within and the types of cases they work with. Specifically, she found that workers from offices in less socially and economically advantaged areas whose caseloads were seen to be more serious perceived less risk than did workers with less serious cases working in more advantaged localities. This study suggests that workers' assessments are affected by their frame of reference. Workers in the same office may establish a group frame of reference.

In efforts to introduce more consistent and appropriate

decision making into the investigation process agencies have introduced tools and techniques generally known as risk assessment. The use of structured risk assessment tools or techniques as criteria for guiding practice is perhaps the fastest growing current trend in child protection (Downing et al, 1990; Wald & Woolverton, 1990). There are several hypotheses being put forward to explain this. Some focus on better child protection, some on less unwarranted intrusion into families, while others see it as the way to maximize efficient use of scarce resources and some suggest all of the above (Gleeson, 1987; Stein & Rzepnicki,1983; Wald & Woolverton,1990). Whatever the reason risk assessment tools and strategies are becoming more widely used by child protection agencies all over the continent (Downing et al, 1990). Wald and Woolverton (1990) note that many kinds of activities are being lumped under the heading of risk assessment; they assert that the proper meaning of risk assessment is "a process for assessing the likelihood that a given person (usually a parent) will harm a child in the future" (p.486).

In 1987 the American Public Welfare Association published a comprehensive review of risk assessment literature as part of its Child Protective Services risk assessment. The monograph reviewed over 200 sources from the literature to describe risk assessment criteria being used or advocated for use. The findings of this review were that

criteria could be divided into five main categories with relevant sub-categories within each. The five main categories were 1. Child Characteristics, 2. Severity/ Chronicity of Child Abuse Neglect 3. Caretaker Characteristics, 4. Parent Child Relationship and 5. Environmental Factors. The sub-categories within each are variables which can affect assessment of risk in different cases. For example, within the main category of child characteristics, the variable of age is seen to be a significant factor - the younger the child the greater the risk.

The recent widespread adoption of risk assessment in child welfare has prompted some caution in its use. Michael Wald and Maria Woolverton (1990) have published an excellent summary of the methodological as well as administrative concerns in the use of risk assessment in child protection. First of all they note that factors in risk assessment are based on studies of judgements of experienced workers and studies found to be associated with people who abuse their children. The concern regarding the use of worker judgement to define practice has been noted above. However a less recognized issue is that such studies tend to focus on initial abuse factors while risk assessment is most concerned with prediction of re-abuse. If the factors concerning initial abuse are indeed valid then they will already be present to some degree in every case. The

question is, which of them are useful in predicting re-abuse? Wald and Woolverton note that one of the main issues in risk assessment is predicting the severity of potential further abuse. They state that this is a major limitation in risk assessment as:"There is virtually no clinical or empirical basis for identifying those factors that are likely to be associated with severity" (p.494). They also note the importance of the interaction of various factors in determining risk but point out that there is no research on which combinations of factors create or contribute to higher risk. Another limitation is the differences noted in characteristics of physically abusive parents as opposed to sexually abusive parents as opposed to neglectful parents as opposed to multi-problem parents (Kadushin & Martin, 1988; Wasserman & Rosenfeld, 1986). Wald and Woolverton stipulate the same criteria should not be used to judge different situations yet virtually no differences are noted in risk assessment criteria or techniques. A further limitation is noted in the vagueness of terms contained in many risk assessments, for example, 'child evidences an anxious or disturbed attachment to the parent.' Such terms are extremely subjective and thus result in the very inconsistency that the process was trying to correct.

In addition to the above methodological issues in risk assessment, there are concerns regarding the administrative uses of risk assessment. Wald and Woolverton (1990) discuss

concerns that risk assessment is being used for inappropriate reasons including compensating for unskilled workers and allocating scarce resources among competing needs. Thus the scarcer resources become the higher the identified risk must be before agencies will respond. "In effect, the doorway into the agency is made narrower and the cases that are accepted restricted to still higher risk cases, in order to make the caseload more manageable" (Kamerman & Kahn;1990 p.9). This use of risk assessment to determine eligibility for service means that in contrast to the assertions that the majority of child protection investigations are deemed unfounded (Besharov,1987) recent studies (Downing et al, 1990; Giovannoni, 1989; Hutchison, 1989; Kamerman & Kahn, 1990) suggest that "unfounded, the conclusion of most investigations, often does not mean needs no help or service" (Kamerman & Kahn, 1990, p. 8).

In examining the use of risk assessment, Downing et al (1990) note that formal risk assessment instruments are being used at intake for purposes of screening reports and determining response time, at investigation to assess ongoing risk, and at other decision points in the case including case closure. Wald and Woolverton (1990) identify what they feel are the appropriate and inappropriate uses of risk assessment instruments. They assert that one inappropriate use of risk assessment is whether to investigate or screen out a child protection report as well

as how quickly to respond to the report. The authors state that screening decisions should be based on legislation and policy concerning the mandate of the agency. Decisions affecting allocation of resources are political and responsibility for them should rest at the appropriate political level rather than being passed off as a "scientific decision." A second decision which should not be made through risk assessment concerns the need for emergency placement. The third decision not appropriate for risk assessment is whether to substantiate or not substantiate the allegations of abuse or neglect. Wald and Woolverton note that substantiation is based upon whether or not a particular action or event occurred while risk assessment attempts to predict its reoccurrence. As well substantiation concerns service needs while risk assessment concerns behavioral probability. The fourth decision seen as not appropriate for risk assessment is the decision to reunite a family. The authors argue that factors critical in assessing risk to the child prior to removal from the home may be very different from the factors most relevant in determining the child's safety if returned to the home after a period of removal. They stress the need for further research in the above areas.

Wald and Woolverton (1990) identify two appropriate uses of risk assessment: decisions concerning whether child protection services should be provided, or the case closed

or diverted to another agency; and, where child protection is seen to be necessary, decisions concerning the most appropriate agency response, for example, in-home supervision versus out-of-home placement. Thus the most useful function of structured risk assessment - a primary focal point in investigation - is to aid in another primary focal point - the most appropriate level of service to a family based on the legislative mandate of the agency. This reinforces the statement that:

> Finally, and perhaps most importantly, risk assessment always should be tied to case planning. The risk of a child being injured by a parent who has already injured the child (or who has engaged in dangerous behaviour) depends heavily upon the kind of intervention that takes place following the determination that the child is at risk. Appropriate interventions will lessen the risk in some cases; inappropriate interventions will increase the risk. (Wald and Woolverton,1990)

Intervention decisions.

The above statement recognizes that the decision to intervene is made first and foremost to protect the child. However intervention decisions must also consider a variety of other factors related to both the well-being of the child and of the child's family. Rothery and Cameron (1985) identify a need for child protection workers to more clearly distinguish in both assessment and intervention between needs and strategies for family support versus needs and strategies for family change. They see each approach

different in terms of focus, method and outcome. A family change focus would see the child protection concern stemming from problematic individual or family beliefs, behaviours or relationships. Intervention strategies would be intended to be short term and would utilize counselling, teaching and treatment intended to change ways of thinking, behaving, and interacting with others, primarily within the family. A family support focus would see the protection concern stemming from problems between the family and its socio-economic environment. Intervention strategies would be intended to be on-going and would draw heavily on community resources.

There is a recognition of the equal legitimacy and importance of each approach as well as their complementarity in many situations. Along the continuum of child welfare interventions there are examples of both of these approaches. While family support may be more often equated with informal and voluntary services and family change with more formal and involuntary services, the opposite combinations are also possible.

The above discussion implies a strategic element in child protection intervention decisions which encompasses more than just the degree of risk to the child. It suggests that intervention must be based upon assessment of the specific nature of the problem, its etiology and the most effective method of alleviation. This view is reinforced by

Kadushin and Martin (1988). They examine various interventions from in-home support services to court ordered removal of children, note the potential benefits and pitfalls of each, and describe appropriate situations for their utilization. For example, they discuss the positive aspects of involuntary, ie. court ordered, intervention in mobilizing and motivating parents (pp. 277-279).

In examining the literature related to intervention by child protection workers there is a discrepancy between recognition of the range of interventions possible and evaluations of their use. While much of the literature recognizes that workers have a wide range of intervention options from no further intervention to permanent removal of the child from the home (Giovannoni, 1989; Hoch & Hemens, 1987; Kadushin & Martin, 1988; Stein & Rzepnicki, 1983; Wald & Woolverton, 1990; Whittaker & Garbarino, 1983), the majority of empirical research focuses on a very narrow range of interventions. One study examines the decision to open versus not to open (Giovannoni, 1989). Several studies look at the range of formal services provided within an agency (DiLeonardi, 1980; Rosen, 1981). There are increasing numbers of studies describing various family support services, their use and effectiveness (Halpern, 1990; Miller & Whittaker, 1988; Rothery & Cameron, 1985; Tracy & Whittaker,1987; Walton, 1986), and there is extensive literature concerning placement of children versus non-

placement. However there seems to be little empirical research concerning the range of interventions used in child protection. Also lacking is an understanding of the link between the varied and complex concerns child protection workers deal with and the solutions they utilize to resolve them. As stated in the introduction, the purpose of this paper is to examine interventions used in the child protection process. This is done using empirical data taken from a Child Welfare office in Northern Alberta.

The preliminary intervention process in Alberta.

As noted in Chapter I, the responsibility and authority to intervene in family life is set out in the Child Welfare Act of Alberta. The authority to carry out the Act is delegated by the Province to a Director of Child Welfare . In Alberta, the duties of the director are carried out through the provincial Department of Family and Social Services. Section 1(2) of the Child Welfare Act defines nine conditions under which the state has the authority and responsibility to intervene on behalf of a child. They are as follows:

> (a) the child has been abandoned or lost;
>
> (b) the guardian of the child is dead and the child has no other guardian;
>
> (c) the guardian of the child is unable or unwilling to provide the child with the necessities of life, including failing to obtain for the child or to permit the child to receive essential medical,

surgical or other remedial treatment that has been recommended by a physician;

(d) the child has been or there is substantial risk that the child will be physically injured or sexually abused by the guardian of the child;

(e) the guardian of the child is unable or unwilling to protect the child from physical injury or sexual abuse;

(f) the child has been emotionally injured by the guardian of the child;

(g) the guardian of the child is unable or unwilling to protect the child from emotional injury;

(h) the guardian of the child has subjected the child to or is unable or unwilling to protect the child from cruel and unusual treatment or punishment;

(i) the condition or behaviour of the child prevents the guardian of the child from providing the child with adequate care appropriate to meet the child's needs.

(p.5)

As in any child protection system awareness of any of the above situations depends largely upon reports from the community. Section 3 of the Child Welfare Act contains the requirement that: "Any person who has reasonable and probable grounds to believe and believes that a child is in need of protective services shall forthwith report the matter to a director" (p. 9). Also included in this section is the potential consequence of failing to report - a fine of up to $2,000.00 or six months imprisonment.

Section 5 of the Act requires that all protection reports be investigated unless:

(a) the report or allegation was made maliciously,

(b) the report or allegation was made without reasonable and probable grounds for the belief,

(c) the report, allegation or evidence is unfounded, or

(d) it would be consistent with the protection of the child to refer a member of the family or the family to community resources for services.

The above offers some broad screening criteria which are then further defined in the policy manual and in the district offices. The policy manual directs that each report is to be examined to determine whether or not to investigate. Examination activities include a check of departmental records and contact with public agencies such as schools or health units.

If, after being screened, a report is deemed to indicate one or more of the nine conditions and a referral to a community resource is not considered appropriate, investigation activity commences. The Child Welfare Policy Manual directs that maximum response times for investigation must be from one hour for emergency situations to no more than three days. The manual further outlines the types of activities to be carried out including interviewing the child, interviewing the parents, having the child examined by a doctor, speaking with neighbours, friends, other family members or professionals recently or currently involved with the family. Additional activities may be required for specific kinds of investigations; i.e. investigating allegations of sexual abuse.

If, upon initial contact some immediate intervention is required, the Child Welfare Act has provisions for several different types:

1. Conveyance of the child to a guardian or caretaker (Section 5(3)).

2. Appointment of an emergency caregiver to provide for the child for no longer than two days (Section 6).

3. Legal apprehension of a child placing the child under the guardianship of the director. This may be done through a judge's order or, in emergency situations, through consultation and approval by a Child Welfare Supervisor.

Details of investigation activities, the information gathered from them, and any immediate interventions are recorded on an intake/investigation form. An investigation is completed once a final assessment has been done and, in consultation with a supervisor, an outcome has been decided upon. A summary of the assessment is entered on CWIS as well as a description of the action taken and the investigation is then closed.

In cases where ongoing involvement by the department is deemed appropriate, a file can be opened either by agreement or by court order. Agreements can take the form of either support agreements, custody agreements, or permanent guardianship agreements. Under a support agreement, services provided to the family are aimed at supporting them to reside together while alleviating the protection concerns. With a custody agreement, care of one or more of

the children is given to the director while services are provided to alleviate the protection concern(s) and return the child home. A permanent guardianship agreement is a formal agreement permanently transferring all guardianship rights and responsibilities to the director. In all cases, the agreement is entirely voluntary and can be cancelled. Support agreements and custody agreement can be cancelled at any time while permanent guardianship agreements can only be cancelled within ten (10) days of initial signing.

There are three different types of court orders under the Child Welfare Act. Supervision Orders are designed to provide service and/or monitoring to a family in order to alleviate child protection concerns while the child(ren) remains in the home. Temporary Guardianship Orders transfer guardianship of the child to the director for a specified period of time. Children are normally placed outside the home for part or all of this period of time. Permanent Guardianship Orders transfer guardianship of a child to the director permanently or until such time as the director petitions the court to transfer guardianship to another party; i.e. adoptive parent. All court orders are involuntary and can only be cancelled or revoked by the court.

In placing a child under the custody or guardianship of the director, a Child Welfare worker has options ranging from foster home to group homes to institutional settings.

Foster homes may be either approved foster homes or provisional foster homes. Provisional homes are those which are approved only for a specific child and are typically friends, neighbours or extended family of the child who have agreed to care for the child and who will receive a specific renumeration from the department for doing so. Approved foster homes are those which are available for any child but are limited to a specific maximum number of children.

In summary, the context within which the child welfare system currently operates is becoming increasingly complex. This literature review has identified two major concepts connected to child welfare theory and practice. They are risk assessment and intervention and they are becoming, in theory at least, increasingly related. The purpose of this study is to examine different interventions used in child protection and explore the practice relationship between assessment of risk and intervention. The question asked in this study is:

What interventions are used in child protection and what is their relationship to assessment of risk?

Chapter III

Methodology of the Study

Defining the Variables

The variables chosen for study fall into two categories: Risk Assessment Factors.

With respect to this category, twenty-five specific risk factors were defined for analysis. Twenty-four of these were taken from the Washington State Risk Factor Matrix (see Miller et al, 1987, Appendix A). This is an instrument used by Child Protective Services in Washington State. It contains thirty-two different criteria grouped under seven different headings, which are used to assess cases and evaluate the existing degree of risk. A review of the literature indicated the face validity and relevance of the items contained in the matrix. These items are found to be of significance in both prediction and decision making in cases of child abuse and neglect (Miller, et al. 1987). However of the thirty-two items contained in the Washington State Risk Factor Matrix only twenty-four were used in this study. These twenty-four items were selected on the basis of a pre-study of 50 cases within the sample chosen for the study. The remaining eight items were excluded as little information pertaining to them was found in the pre-study. Two other items were modified slightly for this same reason. In addition, based on this same pre-study, one additional

characteristic was added concerning the risk to the child as a result of his or her own behaviour. Thus, the following twenty-five items, grouped into six main categories were used to analyze the characteristics of the case:

1. Child Characteristics: Child's age; child's physical/mental development

2. Characteristics of the Protection Concern: extent of physical injury or harm; extent of emotional harm; adequacy of medical care; provision for basic needs; child's condition/behaviour placing him/herself at risk; adequacy of supervision; physical hazards in the home; sexual contact; chronicity of child abuse/neglect

3. Caretaker Characteristics: age of parent/caretaker; caretaker mental or emotional impairment; caretaker substance abuse; caretaker's history of abuse or neglect as a child; caretaker's parenting skills and knowledge; recognition of the problem by caretaker; caretaker's protection of the child; caretaker's cooperation with case planning and service

4. Parent/Child Relationship: caretaker's response to child's behaviour or misconduct; child - caretaker attachment and bonding; child's role in family

5. Environmental Factors: stress on the caretaker; social support for the caretaker

6. Perpetrator Access: perpetrator access to/responsibility for care of child.

These variables are operationally defined below.

Type of intervention.

The pre-study of fifty cases confirmed the two-dimensional aspect of intervention discussed in Chapter I, with one dimension relating to the type of service provided to the family and another relating to the type of placement provided for the child. Both of these dimensions are analyzed in this study using a continuum of lesser to greater intrusiveness. The first dimension; type of service provided to the family is defined on a continuum of degree of formality and voluntariness as follows:

informal voluntary — formal voluntary — involuntary

The second dimension; type of placement provided for the child, is defined on a continuum of in home to out of home with out of home proceeding from informal arrangements with friends or relatives to formal arrangements through the child welfare system:

in home — out of home (friends, relatives) — (child welfare)

Each of the intervention variables are operationally defined below.

Data Collection

Methodology.

The basic method of data collection used in this study is secondary analysis of existing data. This methodology was chosen as it allows access to a great deal of existing data which would otherwise take months to collect. Hoshino and Lynch (1981) note that secondary analysis is a common research method in social work. They credit its popularity to the development of management information systems (MIS) in social service agencies, as well as advances in computer technology which allow easy access to the MIS.

> The computerized MIS is rapidly becoming a reality in public and private social service agencies... These MISs have created an enormous volume of detailed and readily accessible data that allows a range of research activity which until recently has been beyond the capacity, if not the interest, of social workers and administrators. (p.335)

In this study data was accessed through both computer and paper management information systems. An intake and investigation log book used to record all investigations provided the initial information through which the sample was drawn. The computerized Child Welfare Information System (CWIS) was used to define the sample for the study. Finally, the office intake and investigation file will provide the basis for the measurement of the variables.

The sampling frame.

The sample for the study was drawn from preliminary interventions which took place over a twelve month period in the Family and Social Services Grande Prairie District Office. Grande Prairie is a city of approximately 27,000 located in northwestern Alberta. It is one of only two cities north of Edmonton. Geographically the District Office covers the fifth largest district office area in the province with numerous towns, villages, and hamlets. These centres, plus their surrounding rural populations, give it the largest population base of any northern Alberta district office.

Those preliminary interventions in which a child protection concern or concerns were identified in the Brief Assessment of Circumstances portion of the Intake/Investigation and recorded on CWIS constitute the sample for the study. This method of "availability sampling" was chosen partly due to the difficulty in defining the population for this study. The number of child welfare referrals across Alberta in any given month would be over a thousand. Child Welfare referrals date back many years and will no doubt continue many years into the future thus the only feasible way to limit the population is in terms of a specific time period and/or a specific location in which child protection referrals were received; ie.all referrals received from 1985 - 1990, or all referrals

received in the Edmonton region. A second issue in sampling was obtaining a sample large enough that it was representative of the extreme diversity in child protection cases while at the same time did not require an overly complicated or time consuming process. Finally, it was felt that the main focus of this study is on current procedures and trends in child protection and is not attempting to draw firm conclusions, rather to provoke further questions and inquiry. Thus the inclusion of all cases over a twelve month period of time in a specific locality will allow a thorough description of the relationship of the variables in the study for that population. The size of the sample and its recency will allow speculation in a larger context concerning trends related to the variables.

Measurement of the variables.

Measurement of those variables relating to risk assessment factors in each case was based on the Washington State Risk Factor Matrix. Values for each item in the matrix range from zero to three and are intended as ordinal measures of the severity of the risk perceived to be present in each case with (0) representing no risk , (1) representing low risk, (2) moderate risk, and (3) high risk. These values were assigned according to certain pre-defined criteria. Upon pre-testing this instrument on 50 files it was found that greater operational definition of many of the items was needed to improve its reliability. This was done

through the pre-test itself. Files were reviewed and greater operationalization of the values was done by sorting and coding both quantitative and qualitative indicators identified in the files. With respect to risk based on extent of physical injury or harm to the child, the file review identified specific information regarding various incidents of physical violence, whether or not observable injury occurred as a result of the incident, and whether or not the injury required medical treatment. These indicators were then grouped together by their similarity. For example, an injury inflicted by pulling hair and evidenced by soreness of the scalp and an injury inflicted by hitting with a "paddle" and evidenced by a sore hand were grouped together as both involved superficial injury only. An injury inflicted by pulling hair and evidenced by a bald patch on the scalp was grouped with an injury inflicted by the use of a hand and evidenced by bruises on the face since both showed significant physical injury but neither required medical intervention. An injury inflicted by a cigarette lighter and evidenced by a burn to the foot requiring medical treatment but no hospitalization, was grouped with an injury inflicted by several blows to the skull and face evidenced by internal bleeding requiring hospitalization for a blood transfusion, since both showed physical injury to the extent of requiring medical treatment. These groups were then divided into the low, medium, and high risk categories.

The table below indicates the 25 items used in the study and the measurement criteria for each item. Those items more specifically defined through the pre-test are noted.

Risk Factor Matrix

	No risk(0)	Low (1)	Mod (2)	High (3)
1. **Child Characteristics**				
Age	18+	12-17	6-11	0-5
a Physical/ Mental Develop- ment	No physical, mental disability or delay	Mild disability or delay	Moderate disability or delay	Profound dis- ability or delay
2. **Characteristics of the Protection Concern**				
b Extent of physical injury or harm	No injury, no medical treatment required	Super- ficial injury, no medical attention required	Signif- icant injurt, unlikely to require medical treatment	Major injury or effect on develop- ment requiring treatment
c Extent of emotional harm	No emotion al harm or behavioral disturb- ance related to CA/N	Minor distress or impair- ment in role function- ing	Behavioral problems that impair social relation- ships/role function	Extensive emotional or behavior impair- ment related to CA/N
Adequacy of medica l care	Adequate routine and crisis care provided	Failure to provide routine medical, dental, or prenatal care	Failure to provide necessary medical care for illness or injury	Failure to provide treatment for critical condition
d Provision for basic needs	Food, clothing, shelter, hygiene adequate	Failure to provide basic need placing child at risk of minor distress	Failure to meet basic needs places child at risk of cummula- tive harm	Failure to provide basic needs, child at imminent risk

	No Risk(0)	Low (1)	Mod (2)	High (3)
e Child's condition behavior placing self at risk	Condition behavior appro-priate	Condition behavior places child at risk of minor harm	Condition behavior places child at risk of cummula-tive harm	Condition behavior places child at risk of imminent harm
f Adequacy of super-vision	Super-vision meets normal appropriat e standard	Lack of super-vision places child at minor risk	Lack of super-vision cummulativ risk to child	Lack of super-vision Imminent risk to child
Physical Hazards in the home	No observable physical hazards	Hazards in home place child at minor risk	Hazards in home place child at moderate risk	Hazards in home serious risk to child
Sexual contact	No sexual contact	Suggestive remarks, flirtation No clear sexual overtures or contact	Adult has made sexual overtures, nongenital fondling/ grooming	Adult has engaged child in sexual contact - masturb-ation,pen etration, oral sex
Chron-icity of child abuse/ neglect	Child has not been abused or neglected	Isolated incidents of CA/N (1-2x per year or less)	Intermitt-ent occur-ances of CA/N (1-2x per month or less)	Repeated, ongoing pattern of CA/N
3. **Caretaker Characteristics**				
Age of parent/ caretaker	Parent over age 21	Teen parent of any age living with parent(s) or mature person(s)	Young person(age 18-21) lives alone or with same age partner	Teen parent (12-17) living alone or with same age partner

	No Risk(0)	Low (1)	Mod (2)	High (3)
g Mental or emotional impair-ment	No mental or emotion al impair-ment	Mental or emotional impairment mildly interferes with parenting capacity	Mental or emotional impairment significan tly inter-feres with capacity to parent	Due to mental/ emotional impairmen parenting capacity severely inadequat
Substance abuse	No past or present substance abuse	History of substance abuse, no current problem	Reduced effective-ness due to abuse addiction	Substan-tial in-capacity due to substance abuse
History of abuse or neglect as a child	Not abused or neglected as a child	Isolated incidents of abuse or neglect as a child	History of intermitt-ent abuse or neglect as a child	History of chronic or severe abuse/ neglect
h Parenting skills and knowledge	No notable limitation in skills/ knowledge	Some un-realistic expecta-tions or gaps in knowledge	Significan gaps in knowledge or skills interfere with effective parenting	Gross deficits in parenting skills or knowledge
Recog-nition of problem	Openly acknowledg es problem willing to accept respons-ibility	Recognizes problems existence and will-ing to take some respons-ibility	Super-ficial understand ing of problem Failure to accept respons-ibility	No under-standing complete denial of problem, refusal to accept respons-ibility
i Protec-tion of child	Caretaker willing and able to protect using good judgement	Caretaker willing but occasional inability to protect	Caretaker vacillates or incon-sistent about protecting	Caretaker refuses or is unable to protect child

	No Risk(0)	Low (1)	Mod (2)	High (3)
Coopera-tion with case planning	Actively involved in case planning and service	Does not take initiative in obtain-ing needed services	Minimally involved in service passive resistant, no follow through	Actively resists any contact or follow through
4. **Parent/Child Relationship**				
j Response to child behavior or mis-conduct	Does not overreact to child's behavior, child responds to limit setting	Occasional inappropri ate re-sponse to child's behavior	Responds to child's behavior with frustra-tion, help lessness, child's behavior escalates	Caretaker consis-tently responds abusively to child
k Attach-ment and bonding	Secure parent/ child attachment	Mild discrepen-cies evident in parent/ child attachment	Child evidences anxious/ disturbed attachment to parent	Complete lack of bonding between child and parent
l Child's role in family	Roles, res-ponsibili-ties in family are appropriat	Child given in-appropriat role, no apparent detriment-al effects	Child's role in family having detriment-al effects	Child's role severely limits, prevents normal develop-ment
5. **Environmental Factors**				
m Stress on caretaker	No sig-nificant current life stresses	Mild stresses currently affecting caretaker	Caretaker having moderate stresses	Caretaker having multiple, severe stress

	No Risk(0)	Low (1)	Mod (2)	High (3)
n Social support for caretaker	Frequent support from friends or relatives good use community resources	Occasional support from friends, relatives, some use community resources	Little support from friends, relatives, little use community resouces	Isolated-supports not available or not used
Perpetra-tor access to (abuse) Respons-ibility for (neglect) care of child	Has no access respons-ible caretaker available	Supervised access or shared respons-ibility for care of child	Limited unsuper-vised access or primary respons-ibility	Immediate unlimited access or full res-ponsibil-ity for care of child

a
Child's physical/mental development: Low includes those children who function in regular school settings and classrooms and who require minimal additional supervision or assistance. Moderate includes those children who cannot function in regular school settings or classrooms or who require considerable additional supervision or assistance. High includes those children who areunable to complete basic tasks ie. dressing, bathing, who are unable to communicate or who require constant supervision.

b
Extent of physical injury or harm: Low includes cases of hitting, hair pulling, choking or other acts of physical violence where no injury was sustained. Moderate includes cases where physical injury was sustained but the injury did not require medical treatment. High includes cases where an injury to the child occurred which required medical treatment. High also includes cases of threats to the child using a weapon such as a knife or a gun.

c
Extent of emotional harm: Low includes increased aggression by the child, greater withdrawal, depression or anxiety on the part of the child however still the ability to function within the family and community setting ie.school. Moderate

includes behaviours which inhibit the child's role functioning including physical fighting causing injury to self or others, running away, frequent law breaking activities resulting in criminal charges,depression or anxiety, suicide ideation, failing grades due to emotional distress. High includes suicide attempts, inability to function in school or community, emotional distress requires institutionalization.

d

Provision for basic needs: Low includes cases where food, shelter and/or clothing are being provided for the child but are inappropriate or inadequate to fully meet the child's needs. Moderate includes cases where food, shelter and/or clothing are occasionally not provided or are presently inadequate or inappropriate in such a way that there will be long term detrimental effects on the child's health or development ie. malnutrition. High includes cases where no food, shelter or clothing are available to the child either because the guardian is refusing to provide or is unable to provide and this absence signifies immediate risk of harm to the child.

e

Child's condition/behaviour placing him/herself at risk: Low includes acting out behaviour such as truancy, stealing, vandalism, minor fighting, occasional substance abuse. Moderate includes behaviours such as running away, self-mutilation, prostitution, sexual promiscuity, chronic substance abuse, serious and gang fighting and other behaviours which result, over time, in greater degrees of harm to the physical and emotional well-being of the child. High includes suicide attempts, refusal to obtain medical treatment for serious medical condition ie. sexually transmitted disease, substance abuse which is life endangering ie. overdose of alcohol or drugs. or any other behaviour which constitutes an immediate serious threat to the safety and well-being of the child.

f

Adequacy of supervision: Low includes leaving healthy infant, sleeping toddler or young child (4-8 yrs) alone for short period of time (less than 3 hours), leaving older child (9-12) alone for long period of time (3 - 8 hours), or teenager caring for up to four young children for extended period of time (more than 24 hours). Moderate includes leaving young children alone for long period of time, older child caring for up to two young children for extended period of time (more than 24 hours). High includes leaving infant, toddler or young child alone for more than 3 hours, leaving awake toddler alone for any time other than few minutes, leaving older child alone for extended period

or caring for more than two young children for extended period, leaving teenager caring for more than four young children for extended period of time.

g
Caretaker mental or emotional impairment: Low includes mental or emotional condition which is identified as being under control either through medication or treatment, or which is only mildly affecting the parental role. Moderate includes a mental or emotional condition which is not under control and which is evidenced by isolated or intermittent suicide attempts, depression, aggression, anxiety attacks, delusions. High includes a mental or emotional condition including any of the above which is chronic and not presently controlled by medication or treatment.

h
Caretaker parenting skills and knowledge: Low includes some but insufficient knowledge concerning behaviour appropriate to the child's age, attempts but inconsistencies in implementing parenting skills ie. discipline, routines. Moderate includes very little understanding of child's stage of development and behaviour normal to the stage with very unrealistic expectations of the child, very erratic parenting, no consistency or follow through.
High includes completely inappropriate expectations of child, no understanding of childhood stages of development and no effort to parent child.

i
Caretaker protection of child: Low includes parent who is wanting child to be protected but is using poor judgement, is sometimes unable (this can include cases where child is placing him/herself at risk) or wants someone else to protect the child. Moderate includes cases where parent is not fully convinced of need to protect child or wavers between accepting role as child's protector, or not accepting that role and not finding anyone else. High includes cases where parent has abandoned child or where parent is refusing to acknowledge need to protect child or is expecting child to protect him/herself or where mental or physical illness renders parent incapable of protecting child.

j
Caretaker response to child's behaviour or misconduct: Low includes occasional inappropriate but not abusive responses to child including inappropriately laughing, ignoring, or overreacting to behaviour by the child. Moderate includes occasional abusive (physical or verbal) responses to the child's behaviour and/or consistent inappropriate responses

such as laughing, ignoring or overreacting. High includes responses by the parent to the child's behaviour which are consistently abusive either physically or verbally.

k

Caretaker attachment and bonding: Concerns noted in attachment and bonding were from child towards caretaker or from caretaker towards child and included anxiety at separation (even leaving the room), extraordinary efforts to please (esp. child to caretaker), constant need for reassurance, extreme protectiveness, extreme avoidance, unwillingness to make eye contact, fear (esp. child to caretaker), hostility. Low included cases where some of these behaviours were noted but were not severe and positive attachment was also noted. Moderate included cases where several of these behaviours were noted and they were more severe and little positive attachment was noted. High included cases where many of these behaviours were noted and they were seen as quite severe with no positive attachment noted.

l

Child's role in the family: The most common type of role inappropriateness noted in the file reviews was the child being given or taking on a parental role in the family, ie. child budgeting money, child as the main caregiver for younger children in the family, child taking responsibility for preventing alcohol abuse of parent, etc. A second type of role inappropriateness was that of sexuality where the child was given an inappropriately sexual role. A third type was that of scapegoat where the child was being given or was taking the "problem child" role but in fact there were deeper issues needing to be addressed. Low was assigned in cases where role inappropriateness had been identified but no observable effect on the child had been noted. Moderate was assigned to cases where some observable effect was noted but the child was still functioning fairly well in the role. High was assigned to cases where severe observable effects (depression, anxiety, aggression, suicidal ideation, sexual acting out) were noted and the child was not functioning well in his or her role.

m
Stress on caretaker: The Holmes stress scale was used to measure this item, however it was modified to include several items which were found through the file review including financial stress, domestic violence, unemployment, under-employment, and parent-child conflict. These items were assigned scores based on researcher judgement as to their relationship to other items on the scale (See Appendix B). A score of 100 or over was measured as high while 50 - 99 received a moderate rating and any score below 50 was given low.

n
Social support for caretaker: Low included cases where an informal support **network** (more than one source of support) was identified. Moderate included cases where at least one support either formal or informal was identified while high included cases where no support was identified.

The two separate dimensions of intervention were measured using an ordinal measurement system from zero to six representing degree of intrusiveness with zero being least intrusive and six being most intrusive. The first dimension had to do with the type of ongoing support or service put in place for the family. The pre-test of fifty files as well as a community resource catalog facilitated operationalization of the variables. Again a sorting and coding process was used to develop categories. Main categories for this variable were the degree of formal structure of the service characterized by organizational structure and specific meeting times or hours of operation, the ratio of volunteer help to paid staff, the ratio of government to charitable to membership funds, the mandate of the organization, training of staff and/or volunteers and the technical expertise involved in the delivery of the

service. Through the sorting and coding process type of service was operationalized as follows:

no further intervention	0
family, friends or relatives	1
informal voluntary community resources	2
blended voluntary community resources	3
formal voluntary community resources	4
formal voluntary child welfare services	5
formal involuntary child welfare services	6

The pre-test indicated a number of investigations where the family was already connected to a service prior to the investigation and this service was seen to be adequately dealing with the issues thus no additional service or focus was required. In these cases the intervention was measured as zero. Also indicated were a number of investigations where the investigating worker provided a brief intervention and nothing further was seen to be needed ie. speaking to the parents about appropriate discipline. These cases were also measured as zero. There were also a number of investigations where the family took some action during the course of the investigation which was not recommended by or even discussed with the investigating worker, for example, moving away, sending the child away, or having a priest perform an exorcism on a child. Cases where the family took action completely separate of the investigation and no

further need for action was possible or required were also measured as zero.

A value of one was defined as services characterized by no formal structure or membership, flexible hours, no formal staff or volunteer participation, no outside funding, and no formal mandate or goals, no formal training within the service. A value of two was defined as services which had some formal structure characterized by membership and specific meeting times/hours of operation and which had a high ratio of volunteers to paid staff, low ratio of government to private funding (no more than 50% of funding from government), a specific mandate generally focusing on socialization/recreation/community service, minimal training and low technical expertise. Services defined as a three were those characterized by a formal structure/membership with an identified clientele and specific meeting times/hours of operation, a moderate ratio of paid staff to volunteers, more than 50% funding through government, a mandate of primary or secondary prevention of specific social problems, formal training of staff and volunteers and some degree of technical expertise in the delivery of service. A value of four was defined as those services characterized by a highly formalized structure meeting times/hours of operation, a low ratio of volunteer to paid staff, primarily or entirely government funded, a formal mandate with specific clientele, a high degree of training

to volunteers and staff and a high degree of technical expertise.

The second dimension of type of intervention had to do with the placement of the child. This was typically quite straightforward in that when a child remained in the home the measurement used was zero while if the child left the home the type of placement used was measured. In cases where a child went to a friend or relative who initially received no funding through the child welfare system but who may have received financial assistance through the child, the family, or the government's guardian social allowance program the measurement given was 1. However if a home was found for the child which was with a friend or relative or someone in the community who agreed to care for the child and that person was formally designated by the department to care for the child and would be receiving financial reimbursement through child welfare the measurement given was 2. A child who was placed by a social worker into a home defined by the department as a general or receiving foster home received a value of 3. A value of 4 was given to a home operated by three or more paid and trained staff members at least two of whom maintained an outside residence. A value of five was given to a highly formalized residential setting with a mandate of confinement and/or treatment. Any out of home arrangement was seen as temporary except cases of permanent agreement or permanent order. Thus the measurement of this

variable is as follows:

in home	0
arrangement with friends, neighbours or relatives	1
designated foster home placement or boarding home	2
formal foster home placement	3
group home placement	4
institutional placement	5
permanent removal of guardianship	6

Instruments used for data collection.

There were two instruments used for data collection. The office Intake and Investigation form (I&I) is the form used by both intake workers and investigation workers to complete pertinent information regarding preliminary interventions (See Appendix C). The first part of the form includes all demographic data such as the name, address, and ages of the child or children alleged to be in need of protective services, as well as other family members or significant others. The source of the report and the nature of the alleged child protection concern are also identified. Following this is a section for intake notes followed by a summary of the complaint and supervisory consultation notes. The second part of the form contains space for notes followed by a section headed "brief assessment of circumstances" and identification of the outcome of the investigation. This instrument will form the basis by which

the data will be collected. A pre-test of fifty files showed demographic information to be fairly complete although in some cases exact birth dates, particularly of parents, were missing. Racial Origin was rarely specified on this form. Reason for referral, referral source, and outcome on the top left hand side of the first page were consistently filled out according to a CWIS code sheet. Dates, unit, and caseload information was also consistently filled out. Child at risk was not filled out in any of the cases including those where emergency intervention was required. Intake notes were completed by the intake worker/ screener and mainly contained information concerning the protection allegations as well as screening activities. CWIS information was summarized on the I&I and a print out was usually attached. The summary of complaint was the reason the investigation was opened and in almost every file in the pre-test related the concern to the specific section of the Child Welfare Act. Supervisory consultation was inconsistently completed. When information was found in this section it typically priorized activities to be carried out by the investigator. Investigator's notes often filled both pages and were continued on separate contact notes. Notes included summaries of interviews or telephone contacts with parents, children and others, summaries of medical evidence, descriptions of investigation activities as well as interventions, ie. transportation or apprehension of a

child. Supervisory consultations were also included in the notes. Attachments to the form included body drawings detailing location and size of physical injuries, written statements by a child, notices of legal action taken and placement documents. The brief assessment of circumstances section contained a summary of initial allegation(s), evidence gathered and interventions utilized. Some written assessment of risk was often though not always contained in this section. The complaint founded or unfounded section of the form was also inconsistently filled out. In some cases founded was checked off in any case where child welfare concerns were identified, in some cases it was checked off only if an ongoing file was opened and in other cases if the initial allegation was substantiated it was checked off however if the initial allegation was not found to exist unfounded was checked - even though other concerns may have been found and a file opened. Legal authority being sought and section of the act were consistently filled out. Case plan goals were also consistently filled out including those cases which involved only referrals to community resources or informal helping systems. These goals reflected the nature of the service(s) to be provided to the family. File status was also consistently completed in all files in the pre-test sample.

A data measurement and recording instrument was used for each separate file analyzed (see Appendix D). This

instrument was tested for inter-rater reliability by having two volunteers test the instrument. Both volunteers are employed in the office in which the study was conducted and have from one to two years experience in the field of child protection. The volunteers completed reviews on ten files. 100% reliability was noted for each of the items except the following: extent of emotional harm, provision for basis needs, child's condition/behaviour placing him/herself at risk, caretaker mental or emotional impairment, substance abuse, parenting skills and knowledge, recognition of the problem, protection of the child, response to child's behaviour or misconduct, parent-child attachment and bonding, child's role in the family. For these items inter-rater reliability was between 70 - 90%.

Analysis of the Data

The independent variables of risk assessment factors were measured by twenty five separate factors. Each of these factors were analyzed in terms of frequency distributions. This provides descriptive data particularly in terms of such variables as nature of the child protection concerns, ages of the children, caretakers cooperation with case planning, and so on. Raw scores and percentages are presented as well as graphs including analysis of central tendency and dispersion. Measurements of the dependent variables of service and placement interventions were also analyzed in

terms of frequencies, again using both raw scores and graphs with analysis of central tendency and dispersion.

Relationships between the dependent and independent variables were analyzed using cross tabulation of each of the independent variables with each of the dependent variables. However prior to cross tabulation values for each of the dependent variables were recoded, grouping similar values into one thus reducing numbers of cells with values under 5. Analysis of the tables include the use of chi-square, and comparison between actual and expected cell frequency percentages to identify patterns and associations between the variables.

Limitations of the Study

There are a number of limitations with respect to this study. First and foremost it is important to note that the sample for the study was a non-probability sample taken from a specific office over a specific time period. Thus the findings of the study cannot be generalized within a larger provincial context. Secondly, it is important to note that the study is based on cases where workers had identified the existence of one or more child protection concerns. There may have been cases where child protection concerns were present but were not identified in the course of the investigation or, conversely, where concerns were identified which, in fact, were not actually present.

There are a number of issues with respect to the validity of the study. These have mainly to do with the use of secondary analysis to collect the data for the study. In this study the data are collected from instruments used within the agency. These instruments were not designed primarily for research purposes. Furthermore the persons using them were not focusing on the research problem. As a result data pertaining to the variables was not always consistently collected. This has resulted in large amounts of missing information for many of the variables. It has also resulted in some difficulty interpreting the data collected. To assess the reliability of the measurement instrument a pre-test of fifty files was done. Information from the pre-test was then used to further define some of the variables through coding and sorting various indicators contained in the files. An inter-rater reliability test showed that after further operational definition of the variables the inter-rater reliability of the instrument increased to 70 - 100% reliability.

With respect to the data analysis one limitation is the amount of missing information for many of the variables analyzed. A second limitation is the exclusion of potentially relevant demographic informaiton regarding the characterisitcs of the sample. Demographic variables such as ethnicity, income level, educational level, number of adults in the home and geographical location were not measured thus

their effect on decision making is unknown. This also obviously affects the generalizability of the findings. The decision not to include this kind of data was made for reasons of time and manageability of the research as well as inconsistent availability of this data from the files.

Ethical Issues

The main ethical issue in this study is the use of data without the express consent of the persons on whom the data was based. Doing this places extra responsibility on the researcher to ensure confidentiality. Because I am presently employed by the Department of Family and Social Services I am already bound by an Oath of Confidentiality. The age of the child alleged in need of protection and the age of the child's caretaker(s) are the only demographic information presented on the family and these are divided into broad categories. Other information related to the case profile is quite general in nature. No other identifying information is presented. Other variables in the study focus on agency actions as opposed to characteristics and actions within the family.

Chapter IV

Results of the Study

Child protection concerns were identified in 288 of the total investigations in the Grande Prairie District Office in 1990. However 46 of these cases were not able to be analyzed. Files for 33 of these had been transferred to other district offices, 4 files could not be located, and 9 files contained insufficient information to analyze. Thus the actual sample size of the study consisted of 242 cases.

Interventions Used

The main focus of this study was to identify intervention strategies used by child protection workers where they have identified child protection concerns during an investigation. Thus the question answered below is: What interventions were used in the 242 cases studied?

Table 1 shows that the most common service utilized by child protection workers who perceived protection concerns was the child welfare system itself. In 126 cases, or 52% of the time this was the service provided. As the table shows services provided by child welfare were most often by agreement as opposed to court mandated. Community resources were chosen in 54 cases or 22% with formal resources being heavily favored rather than more informal community supports. In another 62 cases or 26% of the time there was

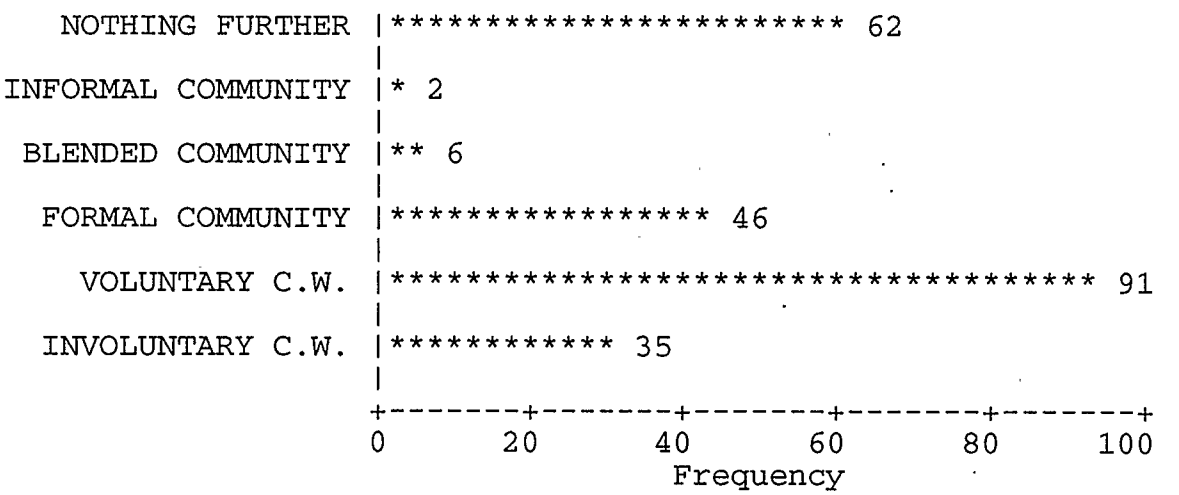
no further service provided beyond the investigation itself. Thus as Fig. 1 shows the distribution clusters towards the more intrusive end of the continuum.

In terms of the placement of the child there is a reverse of the tendency in the previous variable. Table 2 shows that the most common tendency is indeed towards least intrusion - keeping the child in the home. When children are placed, friends or extended family are the most common placement followed by foster homes with group homes and institutions rarely utilized. Thus Fig. 2 shows a distribution clustered towards the least intrusive end of the continuum.

Table 1

Type of Service Provided or Referred to

	Freq.	Percent	Valid Percent	Cum Percent
NOTHING FURTHER	62	25.6	25.6	25.6
INFORMAL COMMUNITY	2	.8	.8	26.4
BLENDED COMMUNITY	6	2.5	2.5	28.9
FORMAL COMMUNITY	46	19.0	19.0	47.9
VOLUNTARY C.W.	91	37.6	37.6	85.5
INVOLUNTARY C.W.	35	14.5	14.5	100.0
Total	242	100.0	100.0	



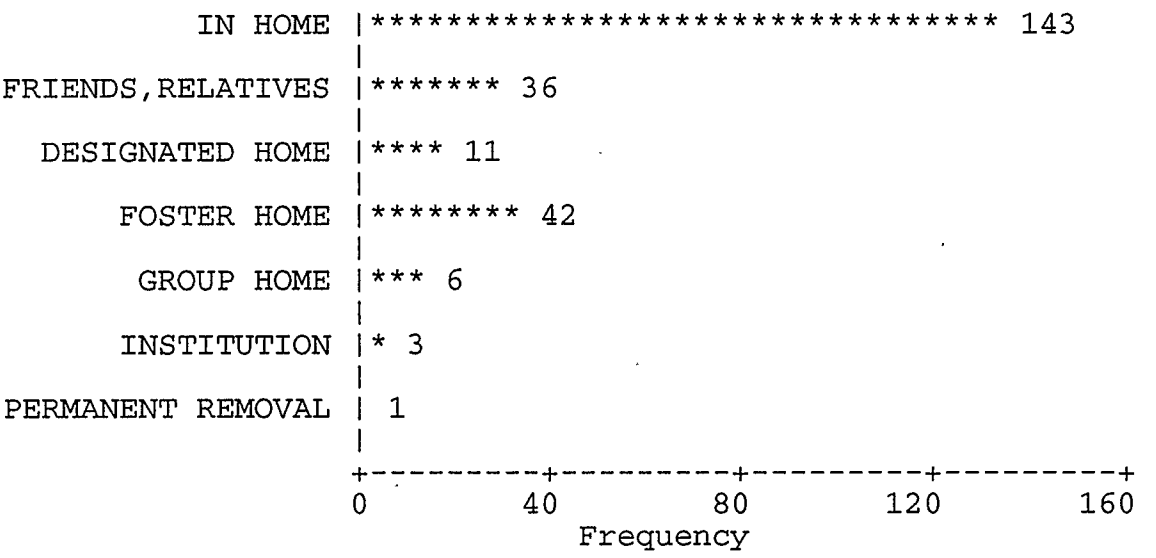
Valid cases 242 Missing cases 0

Figure 1. Type of Service Provided or Referred to

Table 2

Placement of Child

	Freq.	Percent	Valid Percent	Cum Percent
IN HOME	143	59.1	59.1	59.1
FRIENDS,RELATIVES	36	14.9	14.9	74.0
DESIGNATED HOME	11	4.5	4.5	78.5
FOSTER HOME	42	17.4	17.4	95.9
GROUP HOME	6	2.5	2.5	98.3
INSTITUTION	3	1.2	1.2	99.6
PERMANENT REMOVAL	1	.4	.4	100.0
Total	242	100.0	100.0	



Valid cases 242 Missing cases 0

Figure 2. Placement of Child

Factors Associated With Degree of Risk to a Child

The following section describes the variables relating to degree of risk in each of the cases studied.

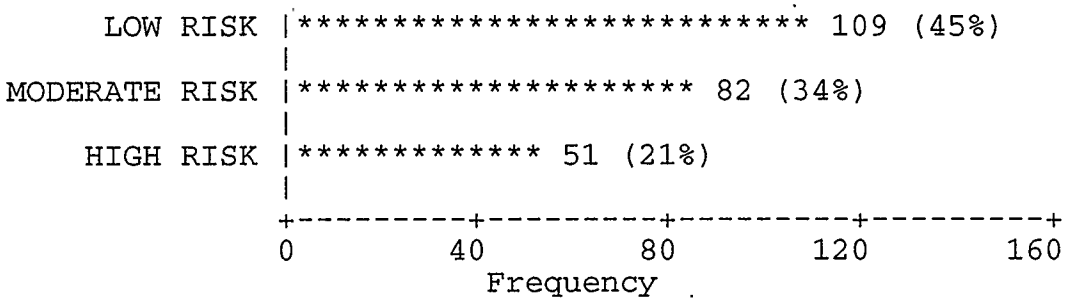
Degree of risk based on child characteristics.

With respect to the characteristics of the child, all ages of children were well represented with the low risk (12-17 years) age group occurring most frequently (45%), followed by 6-11 year olds (34%). There was no missing data for this variable. Table 3 shows the frequency distribution of this variable along with a histogram (Fig. 3) which shows the distribution of this variable slightly skewed towards older children (moderate to low risk). There were few identified concerns with respect to special needs children. Only 18 cases or 7.5% involved children having special needs (see Table 4).

Table 3

Degree of Risk Based on Age Group of Child

	Freq.	Percent	Valid Percent	Cum Percent
LOW RISK (12-17yrs)	109	45.0	45.0	45.0
MODERATE RISK (6-11yrs)	82	33.9	33.9	78.9
HIGH RISK (0-5yrs)	51	21.1	21.1	100.0
Total	242	100.0	100.0	



Valid cases 242 Missing cases 0

Figure 3. Degree of Risk Based on Age Group of Child

Table 4

Degree of Risk Based on Child's Physical/Mental Development

	Freq.	Percent	Valid Percent	Cum Percent
NO RISK	223	92.1	92.5	92.5
LOW RISK	7	2.9	2.9	95.4
MODERATE RISK	6	2.5	2.5	97.9
HIGH RISK	5	2.1	2.1	100.0
NO INFORMATION	1	.4	Missing	
Total	242	100.0	100.0	

Degree of risk based on characteristics of the protection concern.

With respect to the incidents of child abuse or neglect, Fig. 4 shows the distribution of identified protection concerns in all 242 cases. The most frequently identified concern was emotional harm followed by physical injury or harm to the child. Provision for basic needs was the third most frequently perceived concern, followed by the child's behaviour placing him or herself at risk, followed by inadequate supervision. The least frequently identified concerns were sexual contact (10% of the total cases), and medical care (2%).

In terms of chronicity of the abuse or neglect, 20% of the cases were seen as isolated incidents of abuse or neglect, while 47% were seen as intermittent occurrences and 28% were seen to be chronic. No information on chronicity was available for 5 or 2% of the cases. Fig. 5 shows the distribution of this variable.

In terms of the values for each of the identified protection concerns, Fig. 6 through 12 illustrate the distributions in terms of perceived degree of risk to the child. As Fig. 6 shows, where emotional harm is identified it is seen more frequently as representing a low risk to the child. Fig. 7 indicates a similar tendency for the variable of physical injury or harm to the child. Thus the two most frequently occurring variables within this category both

show a tendency for values to be clustered towards the low risk end of the distribution. The distribution of risk according to provision for basic needs is shown in Fig. 8. Fig. 9 identifies risk with respect to the condition/behaviour of the child. In those cases where adequacy of supervision was identified as a concern, frequencies were fairly evenly distributed among all three levels of risk as seen in Fig. 10. Fig.11 shows the distribution of degree of risk in cases where sexual contact is an identified concern. In all cases the perception is of moderate to high risk. Finally, with regards to adequacy of medical care Fig. 12 shows a low frequency count for this variable with all occurrences indicating moderate risk.

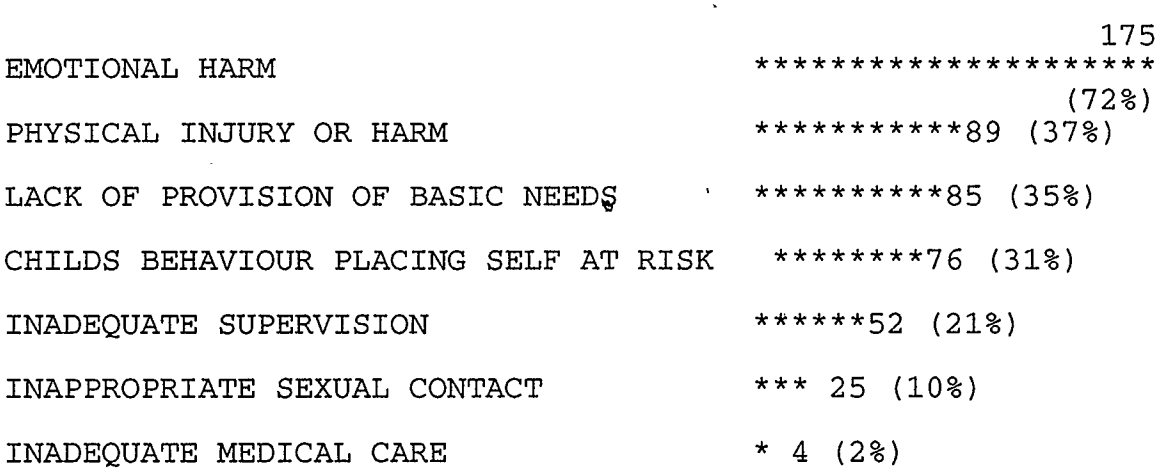
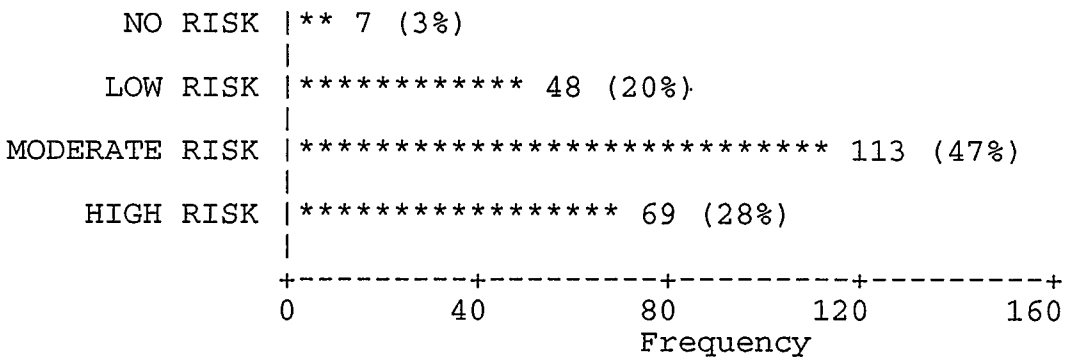
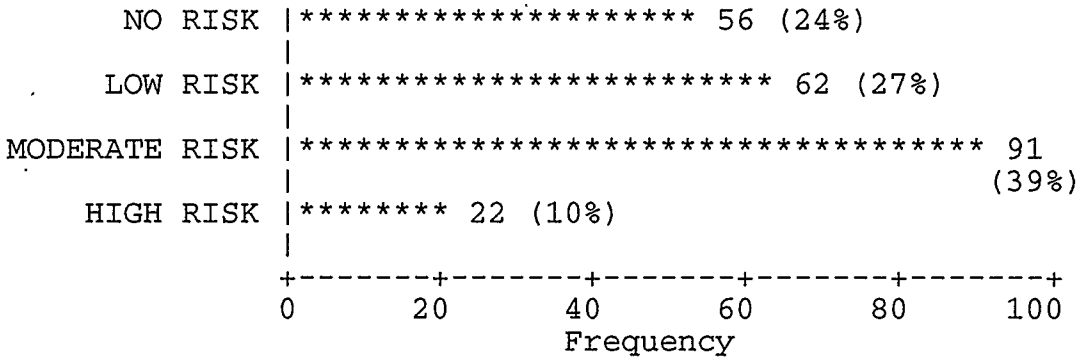


Fig 4. Frequencies of Identified Child Protection Concerns



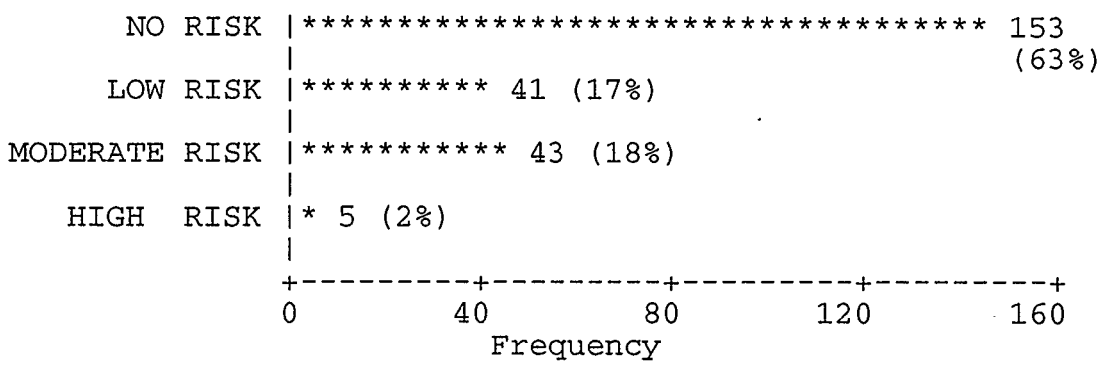
Valid cases 237 Missing cases 5

Fig.5. Degree of Risk Based on Chronicity of Abuse/Neglect



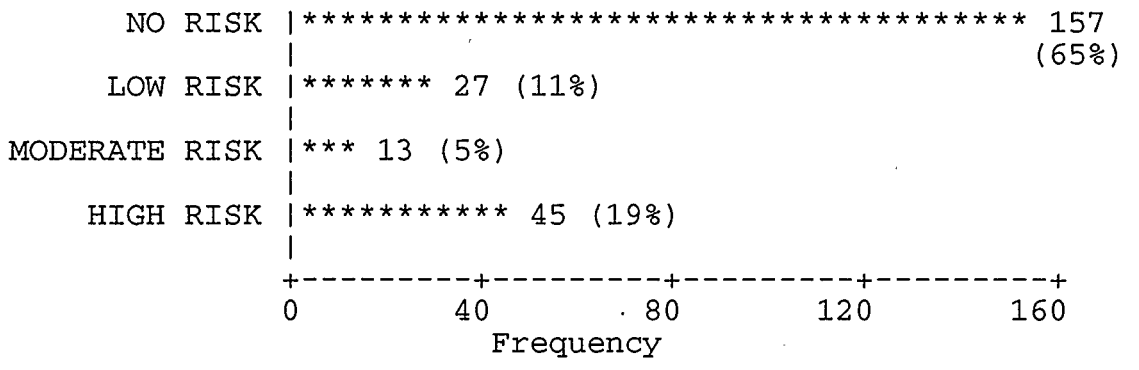
Valid cases 231 Missing cases 11

Fig.6. Degree of Risk Based on Extent of Emotional Harm



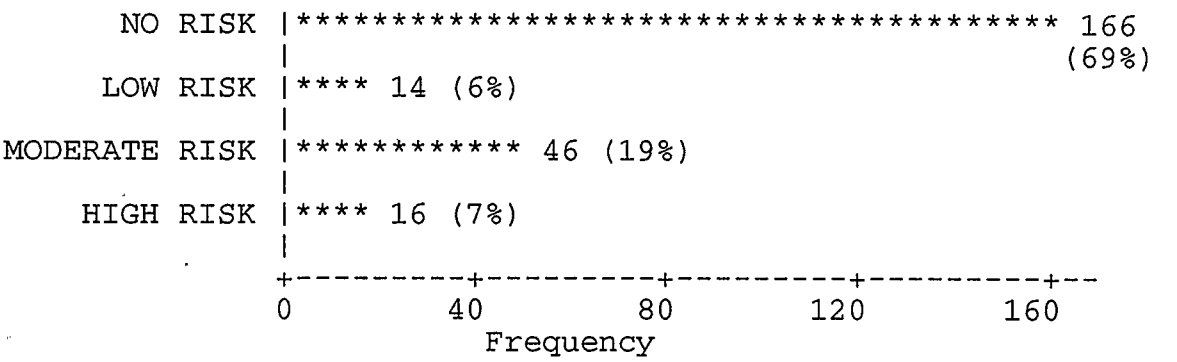
Valid cases 242 Missing cases 0

Fig.7. Degree of Risk Based on Physical Injury/Harm



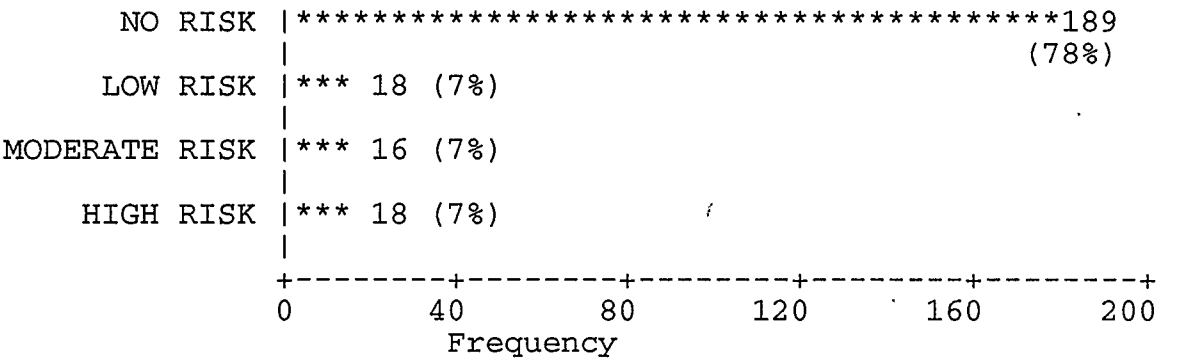
Valid cases 242 Missing cases 0

Fig. 8. Degree of Risk Bases on Provision for Basic Needs



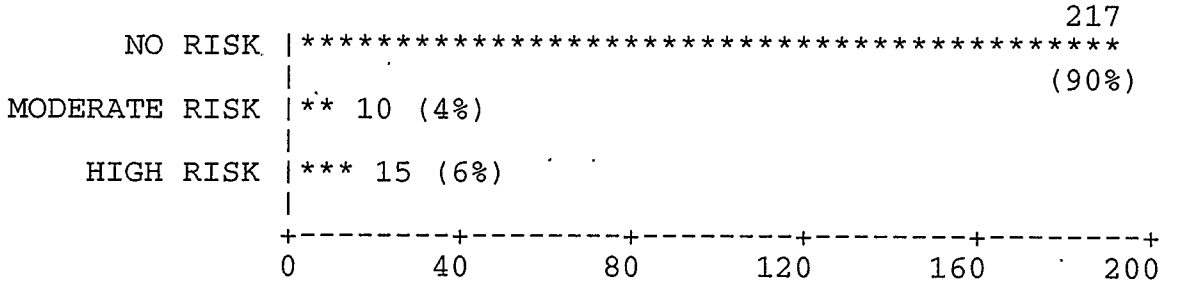
Valid cases 242 Missing cases 0

Fig.9. Degree of Risk Based on Child's Behaviour



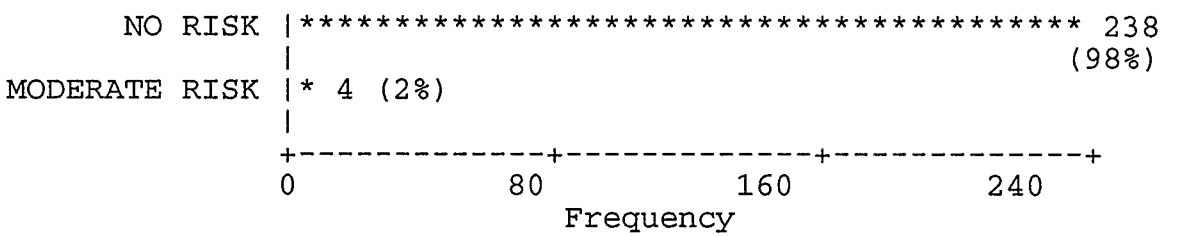
Valid cases 241 Missing cases 1

Fig.10. Degree of Risk Based on Adequacy of Supervision



Valid cases 242 Missing cases 0

Fig.11. Degree of Risk Based on Sexual Contact



Valid cases 242 Missing cases 0

Fig.12. Degree of Risk Based on Adequacy of Medical Care

Degree of risk based on caretaker characteristics.

Eight variables were analyzed with respect to degree of risk to the child based on the characteristics of the child's caretaker. As Table 5 shows, in terms of age, almost all of the caretakers in the sample fell into the lowest risk category of over the age of 21. Only 4% of the cases involved caretakers between 18 and 21 living alone or with a person of similar age. There were no cases involving what is seen as the highest risk age - teen parents living alone or with a person of similar age. One case involved a caretaker under 21 living with an older adult.

In terms of perceived mental or emotional impairment of caretakers, as shown in Table 6 the majority of the cases indicated no mental or emotional impairment, while a small minority indicated significant to extreme impairment. No information was available in 6% of the cases. There is however reason to question the validity of these findings given the other characteristics noted in this category ie. substance abuse, history of abuse or neglect as a child, as well as findings in other categories ie. attachment and bonding, stress on caretaker. It is also important to note that this variable had a lower degree of inter-rater reliability than many of the others. With regards to substance abuse (Fig.13), current or historical substance abuse was identified in most cases. Only 23% of the cases indicated no concern with substance abuse. However only 10%

of the cases showed high risk to the child based on substance abuse by the caretaker.

The study identified many caretakers coming from abusive or neglectful backgrounds, however it is important to note there is a high incidence of missing information for this variable (see Table 7). Thus risk to the child based on the parents' history of abuse or neglect as a child could be quite different from the figures shown, with no risk ranging from the 5% shown to as high as 34%, while high risk could range anywhere from the 38% shown to as high as 67%.

Risk to the child based on the parenting skills and knowledge of the caretakers tended to cluster in the low to moderate risk values. High risk due to grossly deficient parenting skills were noted in only 2.5% of the cases. However, adequate parenting skills, indicating no risk to the child, were identified in only 6% of the 235 valid cases (see Fig.14). In terms of risk to the child based on caretaker recognition of the identified child protection concern, again the distribution is clustered mainly in the low to moderate risk values (see Fig. 15) with the most frequent (43.8%) indicating moderate risk, defined as "superficial understanding of the problem but failure to accept responsibility for their own behaviour."

In terms of risk to the child based on the willingness and ability of the caretaker to protect the child, once again the distribution is clustered in the low to moderate

risk values (see Fig. 16). With respect to risk to the child based on caretakers cooperation with case planning and service Fig.17 shows the distribution of this variable. Overall the distribution shows that caretakers within the sample were perceived to be more cooperative than uncooperative, although the values are all well represented in the distribution.

Table 5

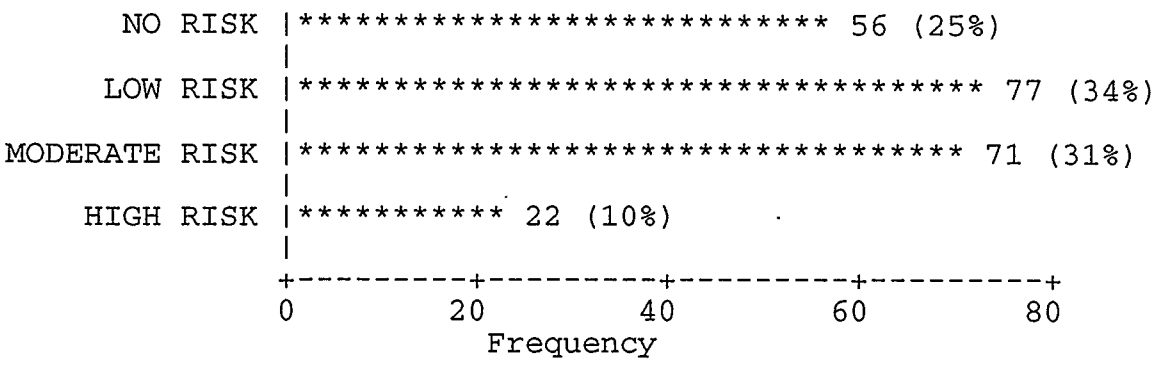
Degree of Risk Based on Age of Parent or Caretaker

	Freq.	Percent	Valid Percent	Cum Percent
NO RISK	232	95.9	95.9	95.9
LOW RISK	1	.4	.4	96.3
MODERATE RISK	9	3.7	3.7	100.0
Total	242	100.0	100.0	

Table 6

Degree of Risk Based on Caretaker Mental/Emotion. Impairment

	Freq.	Percent	Valid Percent	Cum Percent
NO RISK	176	72.7	77.5	77.5
LOW RISK	27	11.2	11.9	89.4
MODERATE RISK	19	7.9	8.4	97.8
HIGH	5	2.1	2.2	100.0
NO INFORMATION	15	6.2	Missing	
Total	242	100.0	100.0	



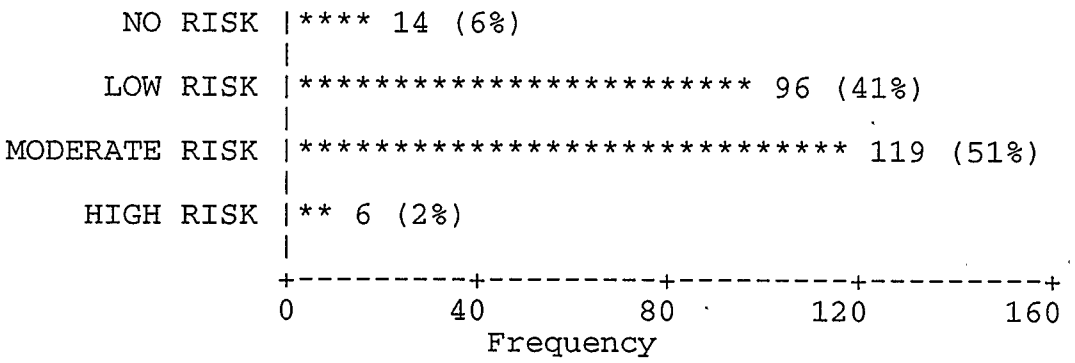
Valid cases 226 Missing cases 16

Fig.13. Degree of Risk Based on Substance Abuse by Caretaker

Table 7

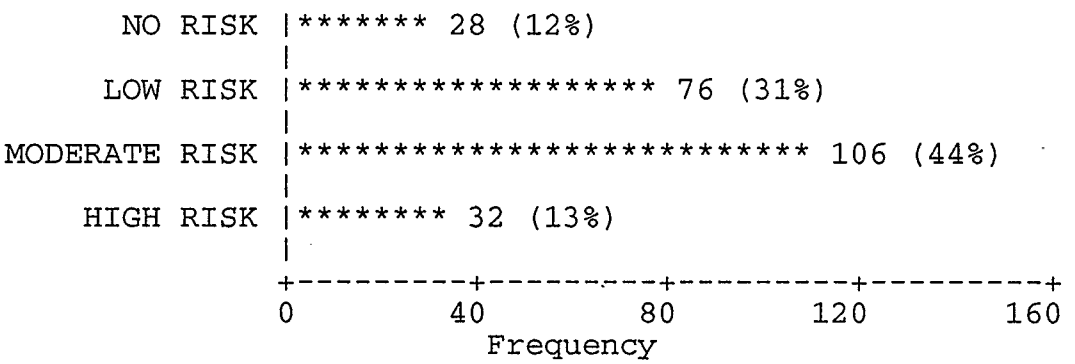
Degree of Risk Based on History of Abuse/Neglect as a Child

	Freq.	Percent	Valid Percent	Cum Percent
NO RISK	13	5.4	7.6	7.6
LOW RISK	16	6.6	9.3	16.9
MODERATE RISK	51	21.1	29.7	46.5
HIGH RISK	92	38.0	53.5	100.0
NO INFORMATION	70	28.9	Missing	
Total	242	100.0	100.0	



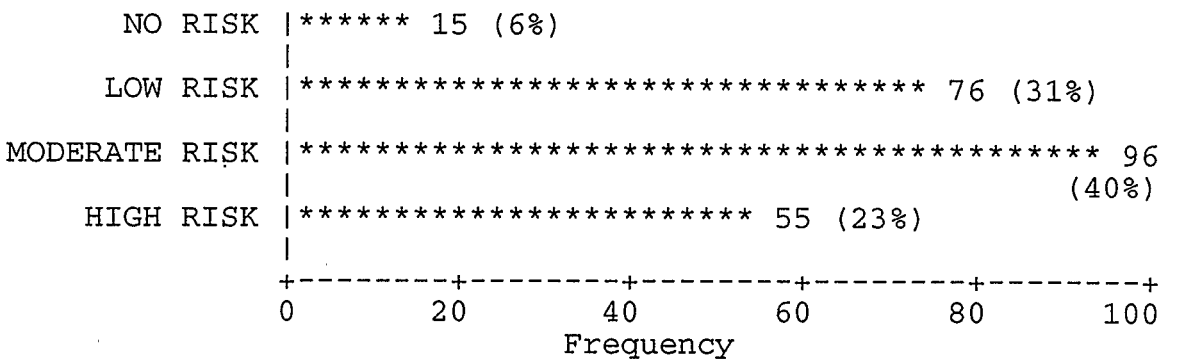
Valid cases 235 Missing cases 7

Fig.14. Degree of Risk Based on Parenting Skills/Knowledge



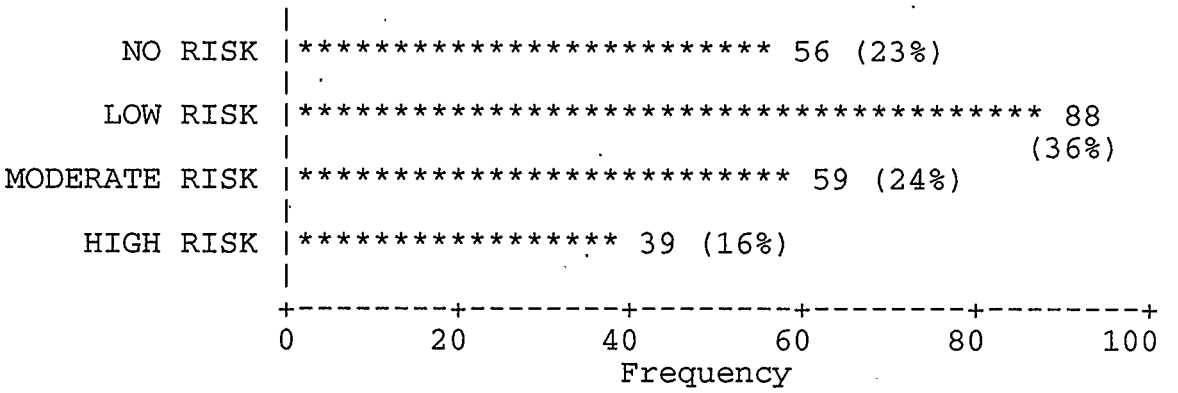
Valid cases 242 Missing cases 0

Fig.15. Degree of Risk Based on Recognition of Problem



Valid cases 242 Missing cases 0

Fig.16. Degree of Risk Based on Willingness to Protect Child



Valid cases 242 Missing cases 0

Fig.17. Degree of Risk Based on Caretaker Cooperation

Degree of risk based on characteristics of the parent-child relationship.

With regards to the characteristics of the parent child relationship, three variables were measured: "Risk to the Child Based on Caretaker Response to Child's Behaviour" (see Table 8); "Risk to Child Based on Child's Role in the Family" (see Table 9); and "Risk to Child Based on Parent/Child Attachment and Bonding" (see Fig.18). Table 8 shows that the majority of the values for caretaker response to child's behaviour fall into the category of moderate risk, however it is important to note that there are a large number of cases where this information is missing. Table 9 shows similar information with the majority of cases again falling under the moderate risk category, however with this variable the even greater number of missing cases (29%) could significantly impact the distribution.

In terms of the degree of risk based on the perceived attachment and bonding between the caretaker(s) and child, the distribution of this variable is extremely centralized (see Fig. 18), with only 4% of cases being seen as no risk (secure parent/child attachment) and only 1% of cases perceived as high risk (complete lack of bonding between child and parent). The remainder were in the low to moderate range. It is important to note in the analysis of this variable that it was one with lower reliability in the inter-rater reliability test done on the variables.

Table 8

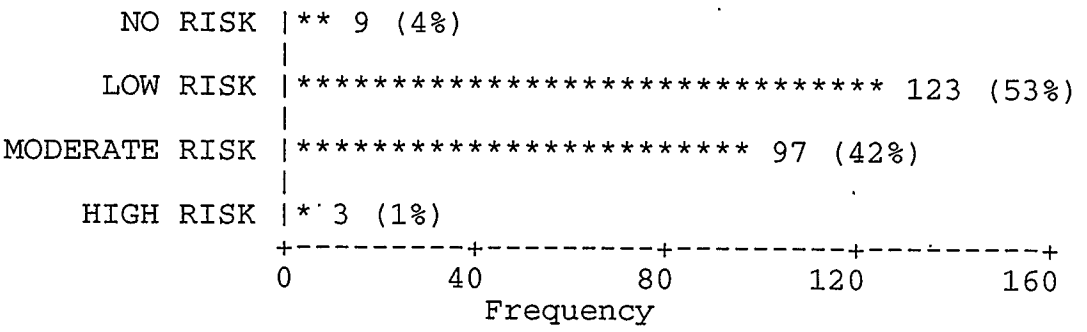
Degree of Risk Based on Caretaker Response to Child's Behaviour

	Freq.	Percent	Valid Percent	Cum Percent
NO RISK	11	4.5	5.8	5.8
LOW RISK	35	14.5	18.5	24.3
MODERATE RISK	129	53.3	68.3	92.6
HIGH RISK	14	5.8	7.4	100.0
NO INFORMATION	53	21.9	Missing	
Total	242	100.0	100.0	

Table 9

Degree of Risk Based on Child's Role in Family

	Freq.	Percent	Valid Percent	Cum Percent
NO RISK	47	19.4	27.3	27.3
LOW RISK	31	12.8	18.0	45.3
MODERATE RISK	87	36.0	50.6	95.9
HIGH RISK	7	2.9	4.1	100.0
NO INFORMATION	70	28.9	Missing	
Total	242	100.0	100.0	



Valid cases 232 Missing cases 10

Fig.18. Degree of Risk Based on Parent/Child Attachment/Bond

Degree of risk based on environmental factors.

Two variables related to the family's environment were measured. Table 10 shows that in measuring risk to the child based on stress on the caretaker, the majority of cases were perceived to be in the moderate level. However again there were many cases in which there was no information available for this variable. With regards to the second variable "Degree of Risk Based on Social support for Caretaker," Table 11 presents the frequencies while Fig. 19 shows the distribution indicating a higher tendency towards isolation either geographically or emotionally and underuse or unavailability of community resources.

Table 10

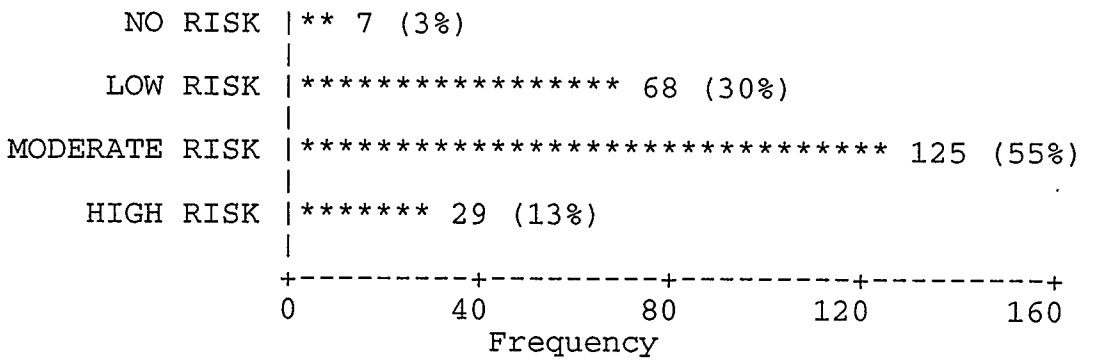
Degree of Risk Based on Stress on Caretaker

	Freq.	Percent	Valid Percent	Cum Percent
NO RISK	2	.8	1.0	1.0
LOW RISK	27	11.2	14.0	15.0
MODERATE RISK	114	47.1	59.1	74.1
HIGH RISK	50	20.7	25.9	100.0
NO INFORMATION	49	20.2	Missing	
Total	242	100.0	100.0	

Table 11

Degree of Risk Based on Social Support for Caretaker

	Freq.	Percent	Valid Percent	Cum Percent
NO RISK	7	2.9	3.1	3.1
LOW RISK	68	28.1	29.7	32.8
MODERATE RISK	125	51.7	54.6	87.3
HIGH RISK	2	12.0	12.7	100.0
NO INFORMATION	13	5.4	Missing	
Total	242	100.0	100.0	



Valid cases 229 Missing cases 13

Fig.19. Degree of Risk Based on Social Support for Caretaker

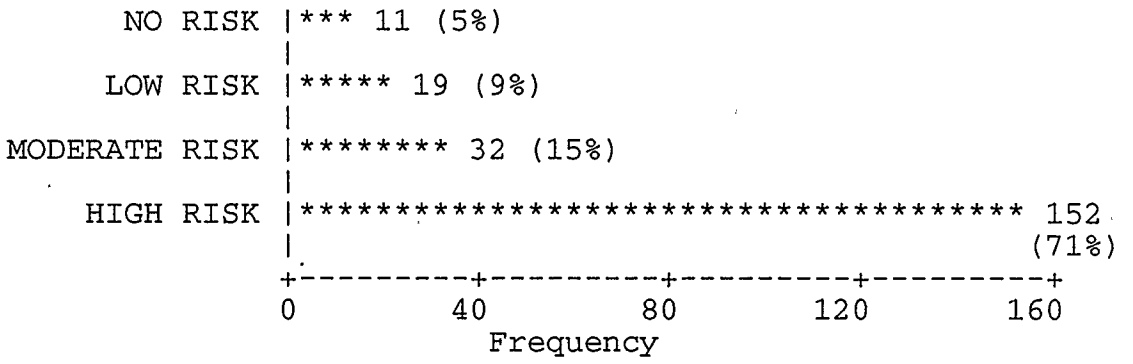
Degree of risk based on perpetrator access.

As Fig. 20 shows the distribution for this variable is extremely skewed to the left. Table 12 shows that in 71% of the valid cases the perpetrator had full responsibility or unlimited access to the child. In another 15% of the valid cases the perpetrator had primary responsibility or some unsupervised access to the child.

Table 12

Degree of Risk Based on Perpetrator Access/Responsibility

	Freq.	Percent	Valid Percent	Cum Percent
NO RISK	11	4.5	5.1	5.1
LOW RISK	19	7.9	8.9	14.0
MODERATE RISK	32	13.2	15.0	29.0
HIGH RISK	152	62.8	71.0	100.0
NOT APPLICABLE	28	11.6	N/A	
Total	242	100.0	100.0	



Valid cases 214 Non-applicable 28

Fig.20. Degree of Risk Based on Perp. Access/Responsibility

Relationships Between Degree of Risk and Interventions

The purpose of the study was to attempt to understand what case specific factors seem to play a significant role in the determination of types of interventions used. The data which follows examines cross tabulations between specific case characteristics and the interventions used in order to answer the question:

What specific case factors seem to play a significant role in the intervention strategies utilized by child protection workers?

Degree of risk and type of intervention based on child characteristics.

As Tables 13 and 14 illustrate, degree of risk based on age of the child was seen to be significant only in respect to placement. Table 13 shows that in terms of age there were few differences between frequency percentages of individual cells and row percentages and the chi-square value is not significant. Thus risk based on age does not appear to affect service intervention. Table 14 does however show some significant differences. The chi-square value of 25 is extremely significant. However the table does not indicate a strong linear relationship between the two variables with level of intrusion increasing as degree of risk increases. What is shown is that 12-17 year olds are more likely to be placed outside the home but their placement is more likely to be with friends or relatives. On the other hand 6 - 11

year olds tend to be more likely to remain in the home as opposed to placement with friends or relatives or child welfare. The highest risk age group, 0 - 5 year olds are slightly more likely to be placed in Child Welfare placements as opposed to remaining in the home or being placed with friends or relatives.

Tables 15 and 16 show the relationships between the risk to the child based on his or her physical or mental development and the type of service and placement intervention utilized. As both tables had numerous cells with expected frequencies of less than 5 chi-square could not be calculated. And while some cells show significant differences in the cell percentage as compared to the row percentage the very low numbers of both actual and expected counts in these cells call for caution in drawing conclusions. Those cells where numbers are high enough to allow for some interpretation show little difference in cell and row percents indicating that risk based on child's physical or mental development may not play a role in either the service or the placement intervention utilized.

Table 13

Type of Service Provided or Referred to by Degree of Risk Based on Age Group of Child

SERVICE	DEGREE OF RISK 1 LOW	2 MODERATE	3 HIGH	Row Total
NOTHING FURTHER	29	19	14	62
	27.9	21.0	13.1	25.6%
	26.6%	23.2%	27.5%	
	1.1	-2.0	0.9	
COMMUNITY	23	21	10	54
	24.3	18.3	11.4	22.3%
	21.1%	25.6%	19.6%	
	-1.3	2.7	-1.4	
VOLUNTARY C.W.	46	29	16	91
	41.0	30.8	19.2	37.6%
	42.2%	35.4%	31.4%	
	5.0	-1.8	-3.2	
INVOLUNTARY C.W.	11	13	11	35
	15.8	11.9	7.4	14.5%
	10.1%	15.9%	21.6%	
	-4.8	1.1	3.6	
Column Total	109	82	51	242
	45.0%	33.9%	21.1%	100.0%

Chi-Square	Value	DF	Significance
Pearson	5.51730	6	.47937
Likelihood Ratio	5.45502	6	.48691

Minimum Expected Frequency - 7.376

Number of Missing Observations: 0

Table 14

Placement of Child by Degree of Risk Based on Age Group of Child

PLACEMNT	Count / Exp Val / Col Pct / Residual	DEGREE OF RISK LOW 1	MODERATE 2	HIGH 3	Row Total
IN HOME		52	63	28	143
		64.4	48.5	30.1	59.1%
		47.7%	76.8%	54.9%	
		-12.4	14.5	-2.1	
FRIENDS,RELATIVE		34	6	7	47
		21.2	15.9	9.9	19.4%
		31.2%	7.3%	13.7%	
		12.8	-9.9	-2.9	
CHILD WELFARE		23	13	16	52
		23.4	17.6	11.0	21.5%
		21.1%	15.9%	31.4%	
		-.4	-4.6	5	
Column Total		109	82	51	242
		45.0%	33.9%	21.1%	100.0%

Chi-Square	Value	DF	Significance
Pearson	25.26119	4	.00004
Likelihood Ratio	25.71548	4	.00004

Minimum Expected Frequency - 9.905

Missing Observations: 0

Table 15

Type of Service Provided or Referred to by Degree of Risk Based on Child's Physical or Mental Development

	DEGREE OF RISK				
Count / Exp Val / Col Pct / Residual	NO RISK 0	LOW 1	MODERATE 2	HIGH 3	Row Total
SERVICE					
NOTHING FURTHER	57 57.4 25.6% -.4	2 1.8 28.6% .2	3 1.5 50.0% 1.5	0 1.3 .0% -1.3	62 25.7%
COMMUNITY	52 50.0 23.3% 2.0	1 1.6 14.3% -.6	0 1.3 .0% -1.3	1 1.1 20.0% -.1	54 22.4%
VOLUNTARY CHILD WELFARE	80 83.3 35.9% -3.3	4 2.6 57.1% 1.4	2 2.2 33.3% -.2	4 1.9 80.0% 2.1	90 37.3%
INVOLUNTARY CHILD WELFARE	34 32.4 15.2% 1.6	0 1.0 .0% -1.0	1 .9 16.7% .1	0 .7 .0% -.7	35 14.5%
Column Total	223 92.5%	7 2.9%	6 2.5%	5 2.1%	241 100.0%

Minimum Expected Frequency - .726
Cells with Expected Frequency < 5 - 12 of 16 (75.0%)

Number of Missing Observations: 1

Table 16

Placement of Child by Degree of Risk Based on Child's Physical or Mental Development

	DEGREE OF RISK				
Count / Exp Val / Col Pct / Residual	NO RISK	LOW	MODERATE	HIGH	Row Total
PLACEMNT	0	1	2	3	
IN HOME	132	4	4	3	143
	132.3	4.2	3.6	3.0	59.3%
	59.2%	57.1%	66.7%	60.0%	
	-.3	-.2	.4	.0	
FRIENDS, RELATIVES	46	1	0	0	47
	43.5	1.4	1.2	1.0	19.5%
	20.6%	14.3%	.0%	.0%	
	2.5	-.4	-1.2	-1.0	
CHILD WELFARE	45	2	2	2	51
	47.2	1.5	1.3	1.1	21.2%
	20.2%	28.6%	33.3%	40.0%	
	-2.2	.5	.7	.9	
Column Total	223	7	6	5	241
	92.5%	2.9%	2.5%	2.1%	100.0%

Minimum Expected Frequency - .975
Cells with Expected Frequency < 5 - 9 of 12 (75.0%)

Number of Missing Observations: 1

Degree of risk and type of intervention based on characteristics of the protection concern.

Of the nine variables associated with the protection concern cross tabulations were done on only seven. There were no concerns of physical hazards in the home and adequacy of medical care was identified as a concern in only 4 cases. Tables 17 and 18 show some patterns with respect to intervention according to degree of risk based on the extent of physical injury or harm to the child. Table 17 indicates that no further service to families is not necessarily dependant on the extent of the physical injury. Where extent of physical injury suggested moderate risk to the child no further services were provided in 37% of the cases, slightly higher than 31% which were given no further service when risk was low and quite a bit higher than the expected frequency of 26%. In the five cases where risk was seen to be high one of those cases (20%) also received no further service. This was only slightly below the expected frequency. As well the use of community resources does not appear to be affected by degree of risk as their use is fairly constant throughout the levels of risk. However the use of voluntary child welfare services decreases as risk increases while the use of involuntary child welfare services increases perhaps suggesting that where a definite need for child welfare involvement is identified the tendency to be more intrusive increases as risk increases.

In terms of placement according to degree of risk Table 18 shows that where risk is non-existent to moderate based only on extent of physical injury or harm all placements are basically consistent with expected frequencies. Where risk is seen to be moderate in-home placement is somewhat higher than expected while child welfare placement is somewhat lower than expected. Where risk is seen as high the reverse occurs with in-home placement becoming lower than expected while child welfare placement becomes higher than expected. Placement with friends or relatives remains fairly constant.

Tables 19 and 20 identify patterns related to interventions according to degree of risk based on the extent of emotional harm. It is interesting to note in Table 19 that no further services, the use of community resources, and the use of involuntary child welfare all decrease as degree of risk based on emotional harm increases. The use of voluntary child welfare services, on the other hand increases as degree of risk increases. Table 20 shows in-home placement consistently decreasing as degree of risk increases while out of home placements increase. This is particularly noticeable where risk is identified as high. Only 36% of these cases stay in the home as compared to the expected frequency of 59%. However 27% are placed with relatives or friends as compared to 19% expected and 36% are placed in child welfare placements as compared to 22% expected.

Tables 21 and 22 show the relationship between intervention and degree of risk based on provision for a child's basic needs. No real pattern can be identified in terms of service interventions as all types of interventions are utilized at all levels of risk and their use is fairly consistent with expected frequencies. The chi-square score is not significant. However Table 22 identifies a very significant pattern in terms of placement. Where no concern for provision of basic needs was identified children remained in the home in 75% of the cases, significantly higher than the 59% expected. However where risk is seen as high "failure to provide for basic needs places child at risk of imminent harm" children remained in the home only 9% of the time and were placed out of the home 91% of the time, much higher than the 41% expected. Of those out of home placements the most utilized were friends and relatives. The chi-square score for this table shows a high level of significance.

Tables 23 and 24 show the relationship between intervention and degree of risk based on the child's behaviour. Table 24 shows no patterns or associations between type of placement and degree of risk based on the child's behaviour. All types of placements are utilized fairly constantly throughout all levels of risk and most cell frequencies are very close to expected frequencies. In Table 23 it is interesting to note the decrease in the use

of community services where the child's behaviour is seen to be high risk and the increase in voluntary child welfare services which are utilized in 69% of high risk cases as opposed to an expected utilization of only 38%.

Tables 25 and 26 show interventions utilized by degree of risk based on the adequacy of the supervision. There are no definite patterns in the tables or associations between level of risk and type of intervention except in those cases identified as high risk where "lack of supervision places child at risk of imminent harm." In 33% of high risk cases the child remained in the home and in 11% there were no further services provided compared to expected frequencies of 59% and 26%. In 61% of high risk cases child welfare placements were made and child welfare services were involuntary in 50% as compared to expected frequencies of 21% and 15%.

Tables 27 and 28 show the interventions utilized pertaining to degree of risk based on sexual contact. The tables show that as often or more often than expected there is no further service provided and the child remains in the home. Where service or placement are provided there is a much greater reliance on child welfare services and placement rather than on community services or friends or relatives. Table 27 shows that where services are used, in cases of moderate risk voluntary child welfare services are more frequently used, while in cases of high risk

involuntary services are more frequently used.

In terms of intervention according to degree of risk based on chronicity of child abuse/neglect there are also some patterns suggesting that level of intrusion increases with degree of risk (see Table 29). However a close look at the table shows that the pattern is not a strong one despite the high level of significance given to the chi-square. It shows most strongly in terms of the consistent increase in the use of voluntary child welfare services as chronicity increases from low to high. This pattern seems to be stronger in Table 30 which shows placement according to degree of risk based on chronicity. Even though the chi-square has a lower significance level a look at the cells of the table shows that in-home placements consistently decrease as risk increases while placement with friends and relatives and child welfare placements increase as degree of risk increases. Both types of placements are fairly equally utilized.

Table 17

Type of Service Provided or Referred to by Degree of Risk Based on Extent of Physical Injury or Harm

DEGREE OF RISK

SERVICE	NO RISK (0)	LOW (1)	MODERATE (2)	HIGH (3)	Row Total
NOTHING FURTHER	32	13	16	1	62
	39.2	10.5	11.0	1.3	25.6%
	20.9%	31.7%	37.2%	20.0%	
	-7.2	2.5	5.0	-.3	
COMMUNITY	35	8	10	1	54
	34.1	9.1	9.6	1.1	22.3%
	22.9%	19.5%	23.3%	20.0%	
	.9	-1.1	.4	-.1	
VOLUNTARY C.W.	62	19	10	0	91
	57.5	15.4	16.2	1.9	37.6%
	40.5%	46.3%	23.3%	.0%	
	4.5	3.6	-6.2	-1.9	
INVOLUNTARY C.W	24	1	7	3	35
	22.1	5.9	6.2	.7	14.5%
	15.7%	2.4%	16.3%	60.0%	
	1.9	-4.9	.8	2.3	
Column Total	153	41	43	5	242
	63.2%	16.9%	17.8%	2.1%	100.0%

Chi-Square	Value	DF	Significance
Pearson	21.36301	9	.01113
Likelihood Ratio	22.33741	9	.00787

Minimum Expected Frequency - .723
Cells with Expected Frequency < 5 - 4 of 16 (25.0%)

Number of Missing Observations: 0

Table 18

Placement of Child by Degree of Risk Based on Extent of Physical Injury or Harm

DEGREE OF RISK

Count / Exp Val / Col Pct / Residual	NO RISK 0	LOW 1	MODERATE 2	HIGH 3	Row Total
PLACEMNT					
IN HOME	88 90.4 57.5% -2.4	24 24.2 58.5% -.2	29 25.4 67.4% 3.6	2 3.0 40.0% -1.0	143 59.1%
FRIENDS, RELATIVES	27 29.7 17.6% -2.7	8 8.0 19.5% .0	11 8.4 25.6% 2.6	1 1.0 20.0% .0	47 19.4%
CHILD WELFARE	38 32.9 24.8% 5.1	9 8.8 22.0% .2	3 9.2 7.0% -6.2	2 1.1 40.0% .9	52 21.5%
Column Total	153 63.2%	41 16.9%	43 17.8%	5 2.1%	242 100.0%

Chi-Square	Value	DF	Significance
Pearson	7.78528	6	.25426
Likelihood Ratio	9.04899	6	.17084

Minimum Expected Frequency - .971
Cells with Expected Frequency < 5 - 3 of 12 (25.0%)

Number of Missing Observations: 0

Table 19

Type of Service Provided or Referred to by Degree of Risk Based on Extent of Emotional Harm

	DEGREE OF RISK				
SERVICE	NO RISK 0	LOW 1	MODERATE 2	HIGH 3	Row Total
NOTHING FURTHER	15 13.3 26.8% 1.7	19 14.8 30.6% 4.2	18 21.7 19.8% -3.7	3 5.2 13.6% -2.2	55 23.8%
COMMUNITY	11 12.8 19.6% -1.8	18 14.2 29.0% 3.8	22 20.9 24.2% 1.1	2 5.0 9.1% -3.0	53 22.9%
VOLUNTARY C.W.	19 21.3 33.9% -2.3	13 23.6 21.0% -10.6	40 34.7 44.0% 5.3	16 8.4 72.7% 7.6	88 38.1%
INVOLUNTARY C.W	11 8.5 19.6% 2.5	12 9.4 19.4% 2.6	11 13.8 12.1% -2.8	1 3.3 4.5% -2.3	35 15.2%
Column Total	56 24.2%	62 26.8%	91 39.4%	22 9.5%	231 100.0%

Chi-Square	Value	DF	Significance
Pearson	22.61181	9	.00713
Likelihood Ratio	23.18389	9	.00580

Minimum Expected Frequency - 3.333
Cells with Expected Frequency < 5 - 1 of 16 (6.3%)

Number of Missing Observations: 11

Table 20

Placement of Child by Degree of Risk Based on Extent of Emotional Harm

	DEGREE OF RISK				
Count / Exp Val / Col Pct / Residual	NO RISK	LOW	MODERATE	HIGH	Row Total
PLACEMNT					
IN HOME	40 33.0 71.4% 7.0	38 36.5 61.3% 1.5	50 53.6 54.9% -3.6	8 13.0 36.4% -5.0	136 58.9%
FRIENDS, RELATIVES	5 10.9 8.9% -5.9	14 12.1 22.6% 1.9	20 17.7 22.0% 2.3	6 4.3 27.3% 1.7	45 19.5%
CHILD WELFARE	11 12.1 19.6% -1.1	10 13.4 16.1% -3.4	21 19.7 23.1% 1.3	8 4.8 36.4% 3.2	50 21.6%
Column Total	56 24.2%	62 26.8%	91 39.4%	22 9.5%	231 100.0%

Chi-Square	Value	DF	Significance
Pearson	11.43985	6	.07570
Likelihood Ratio	12.07166	6	.06039

Minimum Expected Frequency - 4.286
Cells with Expected Frequency < 5 - 2 of 12 (16.7%)

Number of Missing Observations: 11

Table 21

Type of Service Provided or Referred to by Degree of Risk Based on Provision for Basic Needs

	DEGREE OF RISK				
SERVICE	NO RISK (0)	LOW (1)	MODERATE (2)	HIGH (3)	Row Total
NOTHING FURTHER	44	5	2	11	62
	40.2	6.9	3.3	11.5	25.6%
	28.0%	18.5%	15.4%	24.4%	
	3.8	-1.9	-1.3	-.5	
COMMUNITY	37	4	2	11	54
	35.0	6.0	2.9	10.0	22.3%
	23.6%	14.8%	15.4%	24.4%	
	2.0	-2.0	-.9	1.0	
VOLUNTARY C.W.	56	13	6	16	91
	59.0	10.2	4.9	16.9	37.6%
	35.7%	48.1%	46.2%	35.6%	
	-3.0	2.8	1.1	-.9	
INVOLUNTARY C.W	20	5	3	7	35
	22.7	3.9	1.9	6.5	14.5%
	12.7%	18.5%	23.1%	15.6%	
	-2.7	1.1	1.1	.5	
Column Total	157	27	13	45	242
	64.9%	11.2%	5.4%	18.6%	100.0%

Minimum Expected Frequency - 1.880
Cells with Expected Frequency < 5 - 5 of 16 (31.3%)

Number of Missing Observations: 0

Table 22

Placement of Child by Degree of Risk Based on Provision for Basic Needs

DEGREE OF RISK

PLACEMNT	NO RISK (0)	LOW (1)	MODERATE (2)	HIGH (3)	Row Total
IN HOME	117	15	7	4	143
	92.8	16.0	7.7	26.6	59.1%
	74.5%	55.6%	53.8%	8.9%	
	24.2	-1.0	-.7	-22.6	
FRIENDS, RELATIVES	18	3	3	23	47
	30.5	5.2	2.5	8.7	19.4%
	11.5%	11.1%	23.1%	51.1%	
	-12.5	-2.2	.5	14.3	
CHILD WELFARE	22	9	3	18	52
	33.7	5.8	2.8	9.7	21.5%
	14.0%	33.3%	23.1%	40.0%	
	-11.7	3.2	.2	8.3	
Column Total	157	27	13	45	242
	64.9%	11.2%	5.4%	18.6%	100.0%

Chi-Square	Value	DF	Significance
Pearson	68.11052	6	.00000
Likelihood Ratio	71.09813	6	.00000

Minimum Expected Frequency - 2.525
Cells with Expected Frequency < 5 - 2 of 12 (16.7%)

Number of Missing Observations: 0

Table 23

Type of Service Provided or Referred to by Degree of Risk Based on Child's Behaviour Placing Self at Risk

SERVICE	DEGREE OF RISK: NO RISK (0)	LOW (1)	MODERATE (2)	HIGH (3)	Row Total
NOTHING FURTHER	49	2	8	3	62
	42.5	3.6	11.8	4.1	25.6%
	29.5%	14.3%	17.4%	18.8%	
	6.5	-1.6	-3.8	-1.1	
COMMUNITY	39	2	11	2	54
	37.0	3.1	10.3	3.6	22.3%
	23.5%	14.3%	23.9%	12.5%	
	2	-1.1	0.7	-1.6	
VOLUNTARY C.W.	50	9	21	11	91
	62.4	5.3	17.3	6.0	37.6%
	30.1%	64.3%	45.7%	68.8%	
	-12.4	3.7	3.7	5.0	
INVOLUNTARY C.W.	28	1	6	0	35
	24.0	2.0	6.7	2.3	14.5%
	16.9%	7.1%	13.0%	.0%	
	4.0	-1	-0.7	-2.3	
Column Total	166	14	46	16	242
	68.6%	5.8%	19.0%	6.6%	100.0%

Minimum Expected Frequency - 2.025
Cells with Expected Frequency < 5 - 6 of 16 (37.5%)

Number of Missing Observations: 0

Table 24

Placement of Child by Degree of Risk Based on Child's Behaviour Placing Self at Risk

DEGREE OF RISK

Count / Exp Val / Col Pct / Residual	NO RISK 0	LOW 1	MODERATE 2	HIGH 3	Row Total
PLACEMNT					
IN HOME	102	9	23	9	143
	98.1	8.3	27.2	9.5	59.1%
	61.4%	64.3%	50.0%	56.3%	
	3.9	0.7	-4.2	-0.5	
FRIENDS, RELATIVES	33	2	9	3	47
	32.2	2.7	8.9	3.1	19.4%
	19.9%	14.3%	19.6%	18.8%	
	.8	-.7	.1	-.1	
CHILD WELFARE	31	3	14	4	52
	35.7	3.0	9.9	3.4	21.5%
	18.7%	21.4%	30.4%	25.0%	
	-4.7	.0	4.1	.6	
Column Total	166	14	46	16	242
	68.6%	5.8%	19.0%	6.6%	100.0%

Minimum Expected Frequency - 2.719
Cells with Expected Frequency < 5 - 4 of 12 (33.3%)

Number of Missing Observations: 0

Table 25

Type of Service Provided or Referred to by Degree of Risk Based on Adequacy of Supervision

DEGREE OF RISK

SERVICE	Count / Exp Val / Col Pct / Residual	NO RISK 0	LOW 1	MODERATE 2	HIGH 3	Row Total
NOTHING FURTHER		52	5	3	2	62
		48.6	4.6	4.1	4.6	25.7%
		27.5%	27.8%	18.8%	11.1%	
		3.4	.4	-1.1	-2.6	
COMMUNITY		48	2	4	0	54
		42.3	4.0	3.6	4.0	22.4%
		25.4%	11.1%	25.0%	.0%	
		5.7	-2.0	.4	-4.0	
VOLUNTARY C.W.		68	8	7	7	90
		70.6	6.7	6.0	6.7	37.3%
		36.0%	44.4%	43.8%	38.9%	
		-2.6	1.3	1.0	.3	
INVOLUNTARY C.W.		21	3	2	9	35
		27.4	2.6	2.3	2.6	14.5%
		11.1%	16.7%	12.5%	50.0%	
		-6.4	.4	-.3	6.4	
Column Total		189 78.4%	18 7.5%	16 6.6%	18 7.5%	241 100.0%

Minimum Expected Frequency - 2.324
Cells with Expected Frequency < 5 - 9 of 16 (56.3%)

Number of Missing Observations: 1

Table 26

Placement of Child by Degree of Risk Based on Adequacy of Supervision

		DEGREE OF RISK				
	Count / Exp Val / Col Pct / Residual	NO RISK 0	LOW 1	MODERATE 2	HIGH 3	Row Total
PLACEMNT						
IN HOME	123 / 112.1 / 65.1% / 10.9	123	4	10	6	143 59.3%
FRIENDS,RELATIVE	39 / 36.9 / 20.6% / 2.1	39	6	1	1	47 19.5%
CHILD WELFARE	27 / 40.0 / 14.3% / -13.0	27	8	5	11	51 21.2%
Column Total		189 78.4%	18 7.5%	16 6.6%	18 7.5%	241 100.0%

Minimum Expected Frequency - 3.120
Cells with Expected Frequency < 5 - 6 of 12 (50.0%)

Number of Missing Observations: 1

Table 27

Type of Service Provided or Referred to by Degree of Risk Based on Sexual Contact

SERVICE	DEGREE OF RISK: NO RISK (0)	MODERATE (2)	HIGH (3)	Row Total
NOTHING FURTHER	Count 54	3	5	62
	Exp Val 55.6	2.6	3.8	25.6%
	Col Pct 24.9%	30.0%	33.3%	
	Residual -1.6	.4	1.2	
COMMUNITY	Count 52	1	1	54
	Exp Val 48.4	2.2	3.3	22.3%
	Col Pct 24.0%	10.0%	6.7%	
	Residual 3.6	-1.2	-2.3	
VOLUNTARY C.W.	Count 83	5	3	91
	Exp Val 81.6	3.8	5.6	37.6%
	Col Pct 38.2%	50.0%	20.0%	
	Residual 1.4	1.2	-2.6	
INVOLUNTARY C.W.	Count 28	1	6	35
	Exp Val 31.4	1.4	2.2	14.5%
	Col Pct 12.9%	10.0%	40.0%	
	Residual -3.4	-.4	3.8	
Column Total	217	10	15	242
	89.7%	4.1%	6.2%	100.0%

Minimum Expected Frequency - 1.446
Cells with Expected Frequency < 5 - 7 of 12 (58.3%)

Number of Missing Observations: 0

Table 28

Placement of Child by Degree of Risk Based on Sexual Contact

PLACEMNT	Count / Exp Val / Col Pct / Residual	DEGREE OF RISK: NO RISK (0)	MODERATE (2)	HIGH (3)	Row Total
IN HOME		129	6	8	143
		128.2	5.9	8.9	59.1%
		59.4%	60.0%	53.3%	
		.8	.1	-.9	
FRIENDS,RELATIVE		44	2	1	47
		42.1	1.9	2.9	19.4%
		20.3%	20.0%	6.7%	
		1.9	.1	-1.9	
CHILD WELFARE		44	2	6	52
		46.6	2.1	3.2	21.5%
		20.3%	20.0%	40.0%	
		-2.6	-.1	2.8	
Column Total		217	10	15	242
		89.7%	4.1%	6.2%	100.0%

Minimum Expected Frequency - 1.942
Cells with Expected Frequency < 5 - 4 of 9 (44.4%)

Number of Missing Observations: 0

Table 29

Type of Service Provided or Referred to by Degree of Risk Based on Chronicity of Child Abuse/ Neglect

DEGREE OF RISK

SERVICE	NO RISK (0)	LOW (1)	MODERATE (2)	HIGH (3)	Row Total
NOTHING FURTHER	0	20	28	13	61
	1.8	12.4	29.1	17.8	25.7%
	.0%	41.7%	24.8%	18.8%	
	-1.8	7.6	-1.1	-4.8	
COMMUNITY	0	8	33	11	52
	1.5	10.5	24.8	15.1	21.9%
	.0%	16.7%	29.2%	15.9%	
	-1.5	-2.5	8.2	-4.1	
VOLUNTARY C.W.	3	13	39	35	90
	2.7	18.2	42.9	26.2	38.0%
	42.9%	27.1%	34.5%	50.7%	
	.3	-5.2	-3.9	8.8	
INVOLUNTARY C.W	4	7	13	10	34
	1.0	6.9	16.2	9.9	14.3%
	57.1%	14.6%	11.5%	14.5%	
	3.0	.1	-3.2	.1	
Column Total	7	48	113	69	237
	3.0%	20.3%	47.7%	29.1%	100.0%

Chi-Square	Value	DF	Significance
Pearson	28.27128	9	.00086
Likelihood Ratio	26.97361	9	.00141

Minimum Expected Frequency - 1.004
Cells with Expected Frequency < 5 - 4 of 16 (25.0%)

Number of Missing Observations: 5

Table 30

Placement of Child by Degree of Risk Based on Chronicity of Child Abuse/Neglect

DEGREE OF RISK

PLACEMNT	NO RISK (0)	LOW (1)	MODERATE (2)	HIGH (3)	Row Total
IN HOME	6	34	69	32	141
	4.2	28.6	67.2	41.1	59.5%
	85.7%	70.8%	61.1%	46.4%	
	1.8	5.4	1.8	-9.1	
FRIENDS, RELATIVES	0	4	26	16	46
	1.4	9.3	21.9	13.4	19.4%
	.0%	8.3%	23.0%	23.2%	
	-1.4	-5.3	4.1	2.6	
CHILD WELFARE	1	10	18	21	50
	1.5	10.1	23.8	14.6	21.1%
	14.3%	20.8%	15.9%	30.4%	
	-.5	-.1	-5.8	6.4	
Column Total	7	48	113	69	237
	3.0%	20.3%	47.7%	29.1%	100.0%

Chi-Square	Value	DF	Significance
Pearson	13.98082	6	.02985
Likelihood Ratio	15.91517	6	.01422

Minimum Expected Frequency - 1.359
Cells with Expected Frequency < 5 - 3 of 12 (25.0%)

Number of Missing Observations: 5

Degree of risk and type of intervention based on caretaker characteristics.

There were a number of significant associations between type of intervention and level of risk found in factors relating to the characteristics of the caretaker both in terms of service interventions and placement interventions. Tables 31 and 32 show interventions according to degree of risk based on the caretakers mental or emotional impairment. Table 31 shows a tendency for very heavy reliance on child welfare services where there is some degree of risk identified. Where no risk is identified with respect to caretaker mental or emotional impairment cell frequencies are very close to row frequencies. However of the 27 low risk cases 18 or 66% are given voluntary child welfare services as compared to an expected 37%. Where risk is moderate 84% of cases result in voluntary child welfare services, and where risk is high voluntary child welfare is the intervention in all 5 cases - 100%. In terms of placement there are also noticeable patterns. Table 32 shows that in home placements would be expected in 62% of the cases if level of risk is not a significant factor. The table shows that in home placements are used in 63 - 77% of cases where risk is low to non-existent. However where risk is moderate to high in-home placement is used in only 37 - 40% of the cases. On the other hand if level of risk is not a factor in child welfare placements they would be expected

to be utilized a consistent 21% of the time regardless of degree of risk. The table shows where risk is low to non-existent child welfare placements are used 15 - 17% of the time but where risk is moderate to high they are used 53 - 60% of the time. It is important to use caution in this analysis as the frequencies in many of the cells are very low thus a difference of one or two can look much more significant than it may actually be.

Tables 33 and 34 show associations between the intrusiveness of the intervention and the degree of risk based on substance abuse by the caretaker. Table 33 shows as degree of risk increases the use of community referral increases while both no further service and voluntary child welfare decrease. This is particularly noticeable in the difference between service intervention in cases of moderate as compared to high risk. Twenty three percent of moderate risk cases receive no further intervention as compared to only 5% of high risk cases. The expected percentage for both of these is 25%. Twenty-four percent of moderate risk cases are referred to community services while 46% of high risk cases are referred. The expected percentage is 22%. Placement interventions show even more significant patterns based on degree of risk. In home placements, which would be a consistent 58% if risk were not a factor, occur in 77% of cases where no risk is identified in terms of substance abuse. This consistently decreases until in high risk cases

in-home placement occurs only 23% of the time. Out of home placement occurs in only 23% of the cases where there is no risk but occurs in 77% of cases where risk based on caretaker substance abuse is perceived as high. Placements are fairly equally shared between child welfare and friends and relatives.

Tables 35 and 36 show type of intervention according to degree of risk based on the caretakers history of abuse or neglect as a child. There is a large amount of missing information concerning caretakers history of abuse or neglect but in terms of the information available there are really no significant patterns or associations in relation to either service or placement interventions. Of some interest is the tendency for community services to be utilized more often in moderate to high risk cases but they are not utilized more often than expected.

Tables 37 and 38 show the associations between intrusiveness of service and placement by degree of risk based on the parenting skills and knowledge of the caretaker. Table 37 shows a tendency for both community service and involuntary child welfare service to increase as degree of risk increases although the use of involuntary child welfare services shows the most consistent and significant increase going from 7% of no risk (no noteworthy limitations in parenting skills and knowledge) cases to 33% of high risk (gross deficits in parenting knowledge and

skills or inappropriate demands and expectations of child) cases. The likelihood of no further service being provided decreases as degree of risk increases going from no further service provided in 50% of cases seen as no risk to no further service provided in no cases where risk was seen to be high. Voluntary child welfare services were fairly consistently used throughout all levels of risk.

Tables 39 and 40 indicate the association between service and placement interventions and degree of risk based on the caretaker's recognition of the problem. Both show associations between the variables. Chi-squares for both variables have a very high significance level. Comparisons between cells show that both service and placement interventions become more intrusive as degree of risk becomes higher. Table 39 shows all of the less intrusive interventions - nothing further, community services and voluntary child welfare tending to decrease with each corresponding increase in level of risk. The use of the most intrusive service - involuntary child welfare steadily increases as level of risk increases. This is the service used in 50% of the high risk cases as compared to an expected 15%. Table 40 shows a similar pattern for placement with 85% of children remaining in the home where degree of risk is seen as non-existent "open acknowledgement of problem and its severity and willingness to accept responsibility." Only 34% of children remain in the home

when risk is seen to be high "no understanding or complete denial of the problem and refusal to accept any responsibility."

The same pattern can be seen in Tables 41 and 42 in terms of parental willingness and/or ability to protect the child. Table 41 shows that in 87% of cases seen as no risk "caretaker willing and able to protect and using good judgement" no further service was provided. The remaining 13% of the cases where no risk was identified were referred to community resources. No cases of no risk resulted in child welfare involvement. However as degree of risk increased the likelihood of no further service decreased and community referrals and child welfare involvement all increased. Where degree of risk was seen to be high "caretaker refuses or is unable to protect child," all services were fairly consistently used with voluntary child welfare most frequent followed by involuntary child welfare and the community and no further service. The chi-square score shows a high level of significance. Placement intervention based on degree of risk is even more significant. Table 42 shows that in all cases where caretakers were willing and able to protect the child placement remained in the home. Even in cases of low risk in terms of caretaker protectiveness children remained in the home 91% of the time as compared to the expected frequency of 59%. However where cases were seen to be high risk -

caretakers unable or unwilling to protect the child - children were placed out of the home in 76% of the cases compared to the expected frequency of 41%. Placements tended to be more often with friends or relatives in these cases although child welfare placements were also frequently utilized. The chi-square for this table has an extremely high level of significance.

A significant pattern is also seen with regards to caretaker cooperation with case planning and intrusiveness of the intervention (Tables 43 and 44). However this pattern is more specific to certain values within the variables. Table 43 shows the strongest association between voluntary versus involuntary child welfare. As could be expected, the more caretakers are actively and cooperatively involved in caseplanning the more likely child welfare services are to be voluntary. On the other hand the more resistant and uncooperative workers perceive caretakers to be the more likely child welfare services are to be involuntary. In terms of placement, there was a slight tendency for in home placements to decrease as non-cooperation increased while placement with friends and relatives tended to increase slightly. The use of child welfare placements remained fairly constant and percentages in each cell were very close to the overall margin percent.

Table 31

Type of Service Provided or Referred to by Degree of Risk Based on Caretaker Mental or Emotional Impairment

SERVICE	DEGREE OF RISK: NO RISK (0)	LOW (1)	MODERATE (2)	HIGH (3)	Row Total
NOTHING FURTHER	58	2	2	0	62
	48.1	7.4	5.2	1.4	27.3%
	33.0%	7.4%	10.5%	.0%	
	9.9	-5.4	-3.2	-1.4	
COMMUNITY	45	6	0	0	51
	39.5	6.1	4.3	1.1	22.5%
	25.6%	22.2%	.0%	.0%	
	5.5	-.1	-4.3	-1.1	
VOLUNTARY CHILD WELFARE	44	18	16	5	83
	64.4	9.9	6.9	1.8	36.6%
	25.0%	66.7%	84.2%	100.0%	
	-20.4	8.1	9.1	3.2	
INVOLUNTARY CHILD WELFARE	29	1	1	0	31
	24.0	3.7	2.6	.7	13.7%
	16.5%	3.7%	5.3%	.0%	
	5.0	-2.7	-1.6	-.7	
Column Total	176	27	19	5	227
	77.5%	11.9%	8.4%	2.2%	100.0%

Minimum Expected Frequency - .683
Cells with Expected Frequency < 5 - 7 of 16 (43.8%)

Number of Missing Observations: 15

Table 32

Placement of Child by Degree of Risk Based on Caretaker Mental or Emotional Impairment

PLACEMNT	DEGREE OF RISK: NO RISK (0)	LOW (1)	MODERATE (2)	HIGH (3)	Row Total
IN HOME	111	21	7	2	141
	109.3	16.8	11.8	3.1	62.1%
	63.1%	77.8%	36.8%	40.0%	
	1.7	4.2	-4.8	-1.1	
FRIENDS RELATIVES	35	2	2	0	39
	30.2	4.6	3.3	.9	17.2%
	19.9%	7.4%	10.5%	.0%	
	4.8	-2.6	-1.3	-.9	
CHILD WELFARE	30	4	10	3	47
	36.4	5.6	3.9	1.0	20.7%
	17.0%	14.8%	52.6%	60.0%	
	-6.4	-1.6	6.1	2.0	
Column Total	176	27	19	5	227
	77.5%	11.9%	8.4%	2.2%	100.0%

Minimum Expected Frequency - .859
Cells with Expected Frequency < 5 - 6 of 12 (50.0%)

Number of Missing Observations: 15

Table 33

Type of Service Provided or Referred to by Degree of Risk Based on Substance Abuse by Parent or Caretaker

	DEGREE OF RISK				
SERVICE	NO RISK (0)	LOW (1)	MODERATE (2)	HIGH (3)	Row Total
NOTHING FURTHER	22	17	16	1	56
	13.9	19.1	17.6	5.5	24.8%
	39.3%	22.1%	22.5%	4.5%	
	8.1	-2.1	-1.6	-4.5	
COMMUNITY	12	10	17	10	49
	12.1	16.7	15.4	4.8	21.7%
	21.4%	13.0%	23.9%	45.5%	
	-.1	-6.7	1.6	5.2	
VOLUNTARY CHILD WELFARE	13	43	24	6	86
	21.3	29.3	27.0	8.4	38.1%
	23.2%	55.8%	33.8%	27.3%	
	-8.3	13.7	-3.0	-2.4	
INVOLUNTARY CHILD WELFARE	9	7	14	5	35
	8.7	11.9	11.0	3.4	15.5%
	16.1%	9.1%	19.7%	22.7%	
	.3	-4.9	3.0	1.6	
Column Total	56	77	71	22	226
	24.8%	34.1%	31.4%	9.7%	100.0%

Chi-Square	Value	DF	Significance
Pearson	31.61642	9	.00023
Likelihood Ratio	31.83886	9	.00021

Minimum Expected Frequency - 3.407
Cells with Expected Frequency < 5 - 2 of 16 (12.5%)

Number of Missing Observations: 16

Table 34

Placement of Child by Degree of Risk Based on Substance Abuse by Parent or Caretaker

	DEGREE OF RISK				
Count / Exp Val / Col Pct / Residual	NO RISK 0	LOW 1	MODERATE 2	HIGH 3	Row Total
PLACEMNT					
IN HOME	43 32.7 76.8% 10.3	49 45.0 63.6% 4.0	35 41.5 49.3% -6.5	5 12.8 22.7% -7.8	132 58.4%
FRIENDS RELATIVES	7 10.9 12.5% -3.9	14 15.0 18.2% -1.0	16 13.8 22.5% 2.2	7 4.3 31.8% 2.7	44 19.5%
CHILD WELFARE	6 12.4 10.7% -6.4	14 17.0 18.2% -3.0	20 15.7 28.2% 4.3	10 4.9 45.5% 5.1	50 22.1%
Column Total	56 24.8%	77 34.1%	71 31.4%	22 9.7%	226 100.0%

Chi-Square	Value	DF	Significance
Pearson	23.35338	6	.00069
Likelihood Ratio	23.92728	6	.00054

Minimum Expected Frequency - 4.283
Cells with Expected Frequency < 5 - 2 of 12 (16.7%)

Number of Missing Observations: 16

Table 35

Type of Service Provided or Referred to by Degree of Risk Based on History of Abuse or Neglect as a Child

SERVICE	DEGREE OF RISK: NO RISK (0)	LOW (1)	MODERATE (2)	HIGH (3)	Row Total
NOTHING FURTHER	4	4	15	13	36
	2.7	3.3	10.7	19.3	20.9%
	30.8%	25.0%	29.4%	14.1%	
	1.3	.7	4.3	-6.3	
COMMUNITY	1	1	9	20	31
	2.3	2.9	9.2	16.6	18.0%
	7.7%	6.3%	17.6%	21.7%	
	-1.3	-1.9	-.2	3.4	
VOLUNTARY CHILD WELFARE	7	8	19	41	75
	5.7	7.0	22.2	40.1	43.6%
	53.8%	50.0%	37.3%	44.6%	
	1.3	1.0	-3.2	.9	
INVOLUNTARY CHILD WELFARE	1	3	8	18	30
	2.3	2.8	8.9	16.0	17.4%
	7.7%	18.8%	15.7%	19.6%	
	-1.3	.2	-.9	2.0	
Column Total	13	16	51	92	172
	7.6%	9.3%	29.7%	53.5%	100.0%

Minimum Expected Frequency - 2.267
Cells with Expected Frequency < 5 - 6 of 16 (37.5%)

Number of Missing Observations: 70

Table 36

Placement of Child by Degree of Risk Based on History of Abuse or Neglect as a Child

	DEGREE OF RISK				
Count / Exp Val / Col Pct / Residual	NO RISK	LOW	MODERATE	HIGH	Row Total
	0	1	2	3	
PLACEMNT					
	8	9	43	46	106
IN HOME	8.0	9.9	31.4	56.7	61.6%
	61.5%	56.3%	84.3%	50.0%	
	.0	-.9	11.6	-10.7	
	1	5	5	15	26
FRIENDS RELATIVES	2.0	2.4	7.7	13.9	15.1%
	7.7%	31.3%	9.8%	16.3%	
	-1.0	2.6	-2.7	1.1	
	4	2	3	31	40
CHILD WELFARE	3.0	3.7	11.9	21.4	23.3%
	30.8%	12.5%	5.9%	33.7%	
	1.0	-1.7	-8.9	9.6	
Column Total	13	16	51	92	172
	7.6%	9.3%	29.7%	53.5%	100.0%

Minimum Expected Frequency - 1.965
Cells with Expected Frequency < 5 - 4 of 12 (33.3%)

Number of Missing Observations: 70

Table 37

Type of Service Provided or Referred to by Degree of Risk Based on Parenting Skills and Knowledge

DEGREE OF RISK

SERVICE	NO RISK (0)	LOW (1)	MODERATE (2)	HIGH (3)	Row Total
NOTHING FURTHER	7	31	22	0	60
	3.6	24.5	30.4	1.5	25.5%
	50.0%	32.3%	18.5%	.0%	
	3.4	6.5	-8.4	-1.5	
COMMUNITY	3	18	30	2	53
	3.2	21.7	26.8	1.4	22.6%
	21.4%	18.8%	25.2%	33.3%	
	-.2	-3.7	3.2	.6	
VOLUNTARY CHILD WELFARE	3	36	47	2	88
	5.2	35.9	44.6	2.2	37.4%
	21.4%	37.5%	39.5%	33.3%	
	-2.2	.1	2.4	-.2	
INVOLUNTARY CHILD WELFARE	1	11	20	2	34
	2.0	13.9	17.2	.9	14.5%
	7.1%	11.5%	16.8%	33.3%	
	-1.0	-2.9	2.8	1.1	
Column Total	14	96	119	6	235
	6.0%	40.9%	50.6%	2.6%	100.0%

Minimum Expected Frequency - .868
Cells with Expected Frequency < 5 - 7 of 16 (43.8%)

Number of Missing Observations: 7

Table 38

Placement of Child by Degree of Risk Based on Parenting Skills and Knowledge

	DEGREE OF RISK				
Count / Exp Val / Col Pct / Residual	NO RISK	LOW	MODERATE	HIGH	Row Total
	0	1	2	3	
PLACEMNT					
IN HOME	11 8.2 78.6% 2.8	67 56.4 69.8% 10.6	58 69.9 48.7% -11.9	2 3.5 33.3% -1.5	138 58.7%
FRIENDS RELATIVES	0 2.7 .0% -2.7	12 18.8 12.5% -6.8	31 23.3 26.1% 7.7	3 1.2 50.0% 1.8	46 19.6%
CHILD WELFARE	3 3.0 21.4% .0	17 20.8 17.7% -3.8	30 25.8 25.2% 4.2	1 1.3 16.7% -.3	51 21.7%
Column Total	14 6.0%	96 40.9%	119 50.6%	6 2.6%	235 100.0%

Minimum Expected Frequency - 1.174
Cells with Expected Frequency < 5 - 5 of 12 (41.7%)

Number of Missing Observations: 7

Table 39

Type of Service Provided or Referred to by Degree of Risk Based on Recognition of Problem

DEGREE OF RISK

SERVICE	NO RISK (0)	LOW (1)	MODERATE (2)	HIGH (3)	Row Total
NOTHING FURTHER	11	24	22	5	62
	7.2	19.5	27.2	8.2	25.6%
	39.3%	31.6%	20.8%	15.6%	
	3.8	4.5	-5.2	-3.2	
COMMUNITY	3	20	28	3	54
	6.2	17.0	23.7	7.1	22.3%
	10.7%	26.3%	26.4%	9.4%	
	-3.2	3.0	4.3	-4.1	
VOLUNTARY CHILD WELFARE	14	29	40	8	91
	10.5	28.6	39.9	12.0	37.6%
	50.0%	38.2%	37.7%	25.0%	
	3.5	.4	.1	-4.0	
INVOLUNTARY CHILD WELFARE	0	3	16	16	35
	4.0	11.0	15.3	4.6	14.5%
	.0%	3.9%	15.1%	50.0%	
	-4.0	-8.0	.7	11.4	
Column Total	28	76	106	32	242
	11.6%	31.4%	43.8%	13.2%	100.0%

Chi-Square	Value	DF	Significance
Pearson	51.08972	9	.00000
Likelihood Ratio	47.52118	9	.00000

Minimum Expected Frequency - 4.050
Cells with Expected Frequency < 5 - 2 of 16 (12.5%)

Number of Missing Observations: 0

Table 40

Placement of Child by Degree of Risk Based on Recognition of Problem

		DEGREE OF RISK				
	Count / Exp Val / Col Pct / Residual	NO RISK	LOW	MODERATE	HIGH	Row Total
		0	1	2	3	
PLACEMNT						
IN HOME		24	58	50	11	143
		16.5	44.9	62.6	18.9	59.1%
		85.7%	76.3%	47.2%	34.4%	
		7.5	13.1	-12.6	-7.9	
FRIENDS RELATIVES		0	2	37	8	47
		5.4	14.8	20.6	6.2	19.4%
		.0%	2.6%	34.9%	25.0%	
		-5.4	-12.8	16.4	1.8	
CHILD WELFARE		4	16	19	13	52
		6.0	16.3	22.8	6.9	21.5%
		14.3%	21.1%	17.9%	40.6%	
		-2.0	-.3	-3.8	6.1	
Column Total		28	76	106	32	242
		11.6%	31.4%	43.8%	13.2%	100.0%

Chi-Square	Value	DF	Significance
Pearson	49.86289	6	.00000
Likelihood Ratio	58.25408	6	.00000

Minimum Expected Frequency - 5.438

Number of Missing Observations: 0

Table 41

Type of Service Provided or Referred to by Degree of Risk Based on Protection of Child

SERVICE	DEGREE OF RISK: NO RISK (0)	LOW (1)	MODERATE (2)	HIGH (3)	Row Total
NOTHING FURTHER	13	24	15	10	62
	3.8	19.5	24.6	14.1	25.6%
	86.7%	31.6%	15.6%	18.2%	
	9.2	4.5	-9.6	-4.1	
COMMUNITY	2	20	22	10	54
	3.3	17.0	21.4	12.3	22.3%
	13.3%	26.3%	22.9%	18.2%	
	-1.3	3.0	.6	-2.3	
VOLUNTARY CHILD WELFARE	0	30	41	20	91
	5.6	28.6	36.1	20.7	37.6%
	.0%	39.5%	42.7%	36.4%	
	-5.6	1.4	4.9	-.7	
INVOLUNTARY CHILD WELFARE	0	2	18	15	35
	2.2	11.0	13.9	8.0	14.5%
	.0%	2.6%	18.8%	27.3%	
	-2.2	-9.0	4.1	7.0	
Column Total	15	76	96	55	242
	6.2%	31.4%	39.7%	22.7%	100.0%

Chi-Square	Value	DF	Significance
Pearson	52.71209	9	.00000
Likelihood Ratio	55.21509	9	.00000

Minimum Expected Frequency - 2.169
Cells with Expected Frequency < 5 - 3 of 16 (18.8%)

Number of Missing Observations: 0

Table 42

Placement of Child by Degree of Risk Based on Protection of Child

DEGREE OF RISK

PLACEMNT	Count / Exp Val / Col Pct / Residual	NO RISK 0	LOW 1	MODERATE 2	HIGH 3	Row Total
IN HOME		15	69	46	13	143
		8.9	44.9	56.7	32.5	59.1%
		100.0%	90.8%	47.9%	23.6%	
		6.1	24.1	-10.7	-19.5	
FRIENDS RELATIVES		0	1	24	22	47
		2.9	14.8	18.6	10.7	19.4%
		.0%	1.3%	25.0%	40.0%	
		-2.9	-13.8	5.4	11.3	
CHILD WELFARE		0	6	26	20	52
		3.2	16.3	20.6	11.8	21.5%
		.0%	7.9%	27.1%	36.4%	
		-3.2	-10.3	5.4	8.2	
Column Total		15 6.2%	76 31.4%	96 39.7%	55 22.7%	242 100.0%

Chi-Square	Value	DF	Significance
Pearson	76.99351	6	.00000
Likelihood Ratio	91.53037	6	.00000

Minimum Expected Frequency - 2.913
Cells with Expected Frequency < 5 - 2 of 12 (16.7%)

Number of Missing Observations: 0

Table 43

Type of Service Provided or Referred to by Degree of Risk Based on Co-operation With Case Planning

SERVICE	DEGREE OF RISK: NO RISK (0)	LOW (1)	MODERATE (2)	HIGH (3)	Row Total
NOTHING FURTHER	Count 19	15	18	10	62
	Exp Val 14.3	22.5	15.1	10.0	25.6%
	Col Pct 33.9%	17.0%	30.5%	25.6%	
	Residual 4.7	-7.5	2.9	.0	
COMMUNITY	Count 9	25	13	7	54
	Exp Val 12.5	19.6	13.2	8.7	22.3%
	Col Pct 16.1%	28.4%	22.0%	17.9%	
	Residual -3.5	5.4	-.2	-1.7	
VOLUNTARY CHILD WELFARE	Count 28	43	16	4	91
	Exp Val 21.1	33.1	22.2	14.7	37.6%
	Col Pct 50.0%	48.9%	27.1%	10.3%	
	Residual 6.9	9.9	-6.2	-10.7	
INVOLUNTARY CHILD WELFARE	Count 0	5	12	18	35
	Exp Val 8.1	12.7	8.5	5.6	14.5%
	Col Pct .0%	5.7%	20.3%	46.2%	
	Residual -8.1	-7.7	3.5	12.4	
Column Total	56 / 23.1%	88 / 36.4%	59 / 24.4%	39 / 16.1%	242 / 100.0%

Chi-Square	Value	DF	Significance
Pearson	63.38143	9	.00000
Likelihood Ratio	65.78814	9	.00000

Minimum Expected Frequency - 5.640

Number of Missing Observations: 0

Table 44

Placement of Child by Degree of Risk Based on Caretaker Co-operation With Case Planning

PLACEMNT	DEGREE OF RISK: NO RISK (0)	LOW (1)	MODERATE (2)	HIGH (3)	Row Total
IN HOME	38	64	28	13	143
	33.1	52.0	34.9	23.0	59.1%
	67.9%	72.7%	47.5%	33.3%	
	4.9	12.0	-6.9	-10.0	
FRIENDS RELATIVES	7	5	19	16	47
	10.9	17.1	11.5	7.6	19.4%
	12.5%	5.7%	32.2%	41.0%	
	-3.9	-12.1	7.5	8.4	
CHILD WELFARE	11	19	12	10	52
	12.0	18.9	12.7	8.4	21.5%
	19.6%	21.6%	20.3%	25.6%	
	-1.0	.1	-.7	1.6	
Column Total	56	88	59	39	242
	23.1%	36.4%	24.4%	16.1%	100.0%

Chi-Square	Value	DF	Significance
Pearson	33.93674	6	.00001
Likelihood Ratio	35.03739	6	.00000

Minimum Expected Frequency - 7.574

Number of Missing Observations: 0

Degree of risk and type of intervention based on parent/child relationship.

Of the three variables associated with the parent/child relationship, some intervention patterns were noted in each. Tables 45 and 46 show that in terms of degree of risk based on caretaker's response to child's behaviour, as the level of risk increased so did the likelihood of both service and placement interventions, with voluntary child welfare services being the most common service when risk was low to moderate while involuntary child welfare services were the most utilized when risk was deemed to be high. Children remained in the home in 82% of the cases where there was no risk based on this variable, well above the expected 60%. In cases of low risk children also remained in the home in more cases than expected, while children's placement in the home for cases of moderate risk was roughly the same as expected. Only when risk was deemed to be high was the out of home placement rate much higher than expected. Also friends and relatives were a much more common placement than child welfare.

Tables 47 and 48 show interventions according to degree of risk based on caretaker-child attachment and bonding. Analysis of this variable is somewhat difficult as there are only nine of 232 cases where there is no perceived risk and three cases where risk is perceived to be high. In the nine no risk cases six of these received no further service and

eight of them remained in the home. In the three high risk cases all received voluntary child welfare services and all three children were placed out of the home in child welfare placements. The remaining 220 cases were divided between low and moderate risk. No differences could be seen between these two risk levels in terms of the type of service provided. However in terms of placement intervention there were notable differences between low and moderate risk cases. Low risk cases were much more likely to remain in the home while moderate risk cases were much more likely to be placed with friends or relatives. Likelihood of child welfare placements were relatively equal for both.

Tables 49 and 50 show the interventions in terms of degree of risk based on child's role in the family. In terms of service interventions no notable patterns are present however placement interventions seem to be somewhat significant. Chi- square analysis was done on this variable as only 25% of cells in the table had expected frequencies less than five. The chi-square score is very significant. The table shows that the likelihood of a child remaining in the home is significantly higher when the degree of risk is non-existent to low while the likelihood of placement out of the home is significantly higher where risk is moderate to high, with the most likely placement being with friends or relatives.

Table 45

Type of Service Provided or Referred to by Degree of Risk Based on Response to Child's Behaviour

SERVICE	DEGREE OF RISK: NO RISK (0)	LOW (1)	MODERATE (2)	HIGH (3)	Row Total
NOTHING FURTHER	Count 5	13	31	1	50
	Exp Val 2.9	9.3	34.1	3.7	26.5%
	Col Pct 45.5%	37.1%	24.0%	7.1%	
	Residual 2.1	3.7	-3.1	-2.7	
COMMUNITY	Count 2	7	23	4	36
	Exp Val 2.1	6.7	24.6	2.7	19.0%
	Col Pct 18.2%	20.0%	17.8%	28.6%	
	Residual -.1	.3	-1.6	1.3	
VOLUNTARY CHILD WELFARE	Count 2	11	68	4	85
	Exp Val 4.9	15.7	58.0	6.3	45.0%
	Col Pct 18.2%	31.4%	52.7%	28.6%	
	Residual -2.9	-4.7	10.0	-2.3	
INVOLUNTARY CHILD WELFARE	Count 2	4	7	5	18
	Exp Val 1.0	3.3	12.3	1.3	9.5%
	Col Pct 18.2%	11.4%	5.4%	35.7%	
	Residual 1.0	.7	-5.3	3.7	
Column Total	11 5.8%	35 18.5%	129 68.3%	14 7.4%	189 100.0%

Minimum Expected Frequency - 1.048
Cells with Expected Frequency < 5 - 8 of 16 (50.0%)

Number of Missing Observations: 53

Table 46

Placement of Child by Degree of Risk Based on Response to Child's Behaviour

PLACEMNT	DEGREE OF RISK: NO RISK (0)	LOW (1)	MODERATE (2)	HIGH (3)	Row Total
IN HOME	9	26	76	2	113
	6.6	20.9	77.1	8.4	59.8%
	81.8%	74.3%	58.9%	14.3%	
	2.4	5.1	-1.1	-6.4	
FRIENDS RELATIVES	0	1	27	7	35
	2.0	6.5	23.9	2.6	18.5%
	.0%	2.9%	20.9%	50.0%	
	-2.0	-5.5	3.1	4.4	
CHILD WELFARE	2	8	26	5	41
	2.4	7.6	28.0	3.0	21.7%
	18.2%	22.9%	20.2%	35.7%	
	-.4	.4	-2.0	2.0	
Column Total	11	35	129	14	189
	5.8%	18.5%	68.3%	7.4%	100.0%

Minimum Expected Frequency - 2.037
Cells with Expected Frequency < 5 - 4 of 12 (33.3%)

Number of Missing Observations: 53

Table 47

Type of Service Provided or Referred to by Degree of Risk Based on Parent/Child Attachment and Bonding

	DEGREE OF RISK				
Count / Exp Val / Col Pct / Residual	NO RISK 0	LOW 1	MODERATE 2	HIGH 3	Row Total
SERVICE					
NOTHING FURTHER	6 2.4 66.7% 3.6	33 32.9 26.8% .1	23 25.9 23.7% -2.9	0 .8 .0% -.8	62 26.7%
COMMUNITY	1 1.9 11.1% -.9	26 26.0 21.1% .0	22 20.5 22.7% 1.5	0 .6 .0% -.6	49 21.1%
VOLUNTARY CHILD WELFARE	0 3.5 .0% -3.5	47 47.2 38.2% -.2	39 37.2 40.2% 1.8	3 1.2 100.0% 1.8	89 38.4%
INVOLUNTARY CHILD WELFARE	2 1.2 22.2% .8	17 17.0 13.8% .0	13 13.4 13.4% -.4	0 .4 .0% -.4	32 13.8%
Column Total	9 3.9%	123 53.0%	97 41.8%	3 1.3%	232 100.0%

Minimum Expected Frequency - .414
Cells with Expected Frequency < 5 - 8 of 16 (50.0%)

Number of Missing Observations: 10

Table 48

Placement of Child by Degree of Risk Based on Parent/Child Attachment and Bonding

	DEGREE OF RISK				
Count / Exp Val / Col Pct / Residual	NO RISK	LOW	MODERATE	HIGH	Row Total
PLACEMNT	0	1	2	3	
IN HOME	8 5.4 88.9% 2.6	93 73.2 75.6% 19.8	37 57.7 38.1% -20.7	0 1.8 .0% -1.8	138 59.5%
FRIENDS RELATIVES	0 1.8 .0% -1.8	8 24.9 6.5% -16.9	39 19.7 40.2% 19.3	0 .6 .0% -.6	47 20.3%
CHILD WELFARE	1 1.8 11.1% -.8	22 24.9 17.9% -2.9	21 19.7 21.6% 1.3	3 .6 100.0% 2.4	47 20.3%
Column Total	9 3.9%	123 53.0%	97 41.8%	3 1.3%	232 100.0%

Minimum Expected Frequency - .608
Cells with Expected Frequency < 5 - 5 of 12 (41.7%)

Number of Missing Observations: 10

Table 49

Type of Service Provided or Referred to by Degree of Risk Based on Child's Role in Family

SERVICE	DEGREE OF RISK: NO RISK (0)	LOW (1)	MODERATE (2)	HIGH (3)	Row Total
NOTHING FURTHER	11	10	17	2	40
	10.9	7.2	20.2	1.6	23.3%
	23.4%	32.3%	19.5%	28.6%	
	.1	2.8	-3.2	.4	
COMMUNITY	7	8	18	2	35
	9.6	6.3	17.7	1.4	20.3%
	14.9%	25.8%	20.7%	28.6%	
	-2.6	1.7	.3	.6	
VOLUNTARY CHILD WELFARE	25	9	37	1	72
	19.7	13.0	36.4	2.9	41.9%
	53.2%	29.0%	42.5%	14.3%	
	5.3	-4.0	.6	-1.9	
INVOLUNTARY CHILD WELFARE	4	4	15	2	25
	6.8	4.5	12.6	1.0	14.5%
	8.5%	12.9%	17.2%	28.6%	
	-2.8	-.5	2.4	1.0	
Column Total	47	31	87	7	172
	27.3%	18.0%	50.6%	4.1%	100.0%

Minimum Expected Frequency - 1.017
Cells with Expected Frequency < 5 - 5 of 16 (31.3%)

Number of Missing Observations: 70

Table 50

Placement of Child by Degree of Risk Based on Child's Role in Family

PLACEMNT	DEGREE OF RISK: NO RISK (0)	LOW (1)	MODERATE (2)	HIGH (3)	Row Total
IN HOME	37	27	38	0	102
	27.9	18.4	51.6	4.2	59.3%
	78.7%	87.1%	43.7%	.0%	
	9.1	8.6	-13.6	-4.2	
FRIENDS RELATIVES	2	0	23	5	30
	8.2	5.4	15.2	1.2	17.4%
	4.3%	.0%	26.4%	71.4%	
	-6.2	-5.4	7.8	3.8	
CHILD WELFARE	8	4	26	2	40
	10.9	7.2	20.2	1.6	23.3%
	17.0%	12.9%	29.9%	28.6%	
	-2.9	-3.2	5.8	.4	
Column Total	47	31	87	7	172
	27.3%	18.0%	50.6%	4.1%	100.0%

Chi-Square	Value	DF	Significance
Pearson	44.52891	6	.00000
Likelihood Ratio	50.22401	6	.00000

Minimum Expected Frequency - 1.221
Cells with Expected Frequency < 5 - 3 of 12 (25.0%)

Number of Missing Observations: 70

Degree of risk and type of intervention based on environmental factors.

Due to the high number of cells with expected frequencies below 5 analysis of both the variables in this category is descriptive only. Tables 51 and 52 show intervention according to degree of risk based on the stress on the caretaker. It is interesting to note there are virtually no significant differences in the actual versus expected counts in the tables. Tables 53 and 54 show almost the same thing in terms of interventions according to degree of risk based on social support for the caretaker. While the table showing service interventions does show some differences there does not appear to be a discernable pattern. The same is true for placement interventions with respect to this variable.

Table 51

Type of Service Provided or Referred to by Degree of Risk Based on Stress on Caretaker

	DEGREE OF RISK				
SERVICE	NO RISK	LOW	MODERATE	HIGH	Row Total
NOTHING FURTHER	1	7	32	10	50
	.5	7.0	29.5	13.0	25.9%
	50.0%	25.9%	28.1%	20.0%	
	.5	.0	2.5	-3.0	
COMMUNITY	0	5	23	10	38
	.4	5.3	22.4	9.8	19.7%
	.0%	18.5%	20.2%	20.0%	
	-.4	-.3	.6	.2	
VOLUNTARY CHILD WELFARE	0	12	46	24	82
	.8	11.5	48.4	21.2	42.5%
	.0%	44.4%	40.4%	48.0%	
	-.8	.5	-2.4	2.8	
INVOLUNTARY CHILD WELFARE	1	3	13	6	23
	.2	3.2	13.6	6.0	11.9%
	50.0%	11.1%	11.4%	12.0%	
	.8	-.2	-.6	.0	
Column Total	2	27	114	50	193
	1.0%	14.0%	59.1%	25.9%	100.0%

Minimum Expected Frequency - .238
Cells with Expected Frequency < 5 - 5 of 16 (31.3%)

Number of Missing Observations: 49

Table 52

Placement of Child by Degree of Risk Based on Stress on Caretaker

	DEGREE OF RISK				
Count / Exp Val / Col Pct / Residual	NO RISK	LOW	MODERATE	HIGH	Row Total
PLACEMNT					
IN HOME	1 1.3 50.0% -.3	14 17.3 51.9% -3.3	79 73.2 69.3% 5.8	30 32.1 60.0% -2.1	124 64.2%
FRIENDS RELATIVES	0 .3 .0% -.3	8 3.9 29.6% 4.1	15 16.5 13.2% -1.5	5 7.3 10.0% -2.3	28 14.5%
CHILD WELFARE	1 .4 50.0% .6	5 5.7 18.5% -.7	20 24.2 17.5% -4.2	15 10.6 30.0% 4.4	41 21.2%
Column Total	2 1.0%	27 14.0%	114 59.1%	50 25.9%	193 100.0%

Minimum Expected Frequency - .290
Cells with Expected Frequency < 5 - 4 of 12 (33.3%)

Number of Missing Observations: 49

Table 53

Type of Service Provided or Referred to by Degree of Risk Based on Social Support for Caretaker

SERVICE	DEGREE OF RISK: NO RISK (0)	LOW (1)	MODERATE (2)	HIGH (3)	Row Total
NOTHING FURTHER	Count 2	23	24	7	56
	Exp Val 1.7	16.6	30.6	7.1	24.5%
	Col Pct 28.6%	33.8%	19.2%	24.1%	
	Residual .3	6.4	-6.6	-.1	
COMMUNITY	Count 2	21	22	5	50
	Exp Val 1.5	14.8	27.3	6.3	21.8%
	Col Pct 28.6%	30.9%	17.6%	17.2%	
	Residual .5	6.2	-5.3	-1.3	
VOLUNTARY CHILD WELFARE	Count 3	16	57	12	88
	Exp Val 2.7	26.1	48.0	11.1	38.4%
	Col Pct 42.9%	23.5%	45.6%	41.4%	
	Residual .3	-10.1	9.0	.9	
INVOLUNTARY CHILD WELFARE	Count 0	8	22	5	35
	Exp Val 1.1	10.4	19.1	4.4	15.3%
	Col Pct .0%	11.8%	17.6%	17.2%	
	Residual -1.1	-2.4	2.9	.6	
Column Total	7 3.1%	68 29.7%	125 54.6%	29 12.7%	229 100.0%

Minimum Expected Frequency - 1.070
Cells with Expected Frequency < 5 - 5 of 16 (31.3%)

Number of Missing Observations: 13

Table 54

Placement of Child by Degree of Risk Based on Social Support for Caretaker

	DEGREE OF RISK				
Count / Exp Val / Col Pct / Residual	NO RISK 0	LOW 1	MODERATE 2	HIGH 3	Row Total
PLACEMNT					
IN HOME	7 4.2 100.0% 2.8	37 40.4 54.4% -3.4	80 74.2 64.0% 5.8	12 17.2 41.4% -5.2	136 59.4%
FRIENDS RELATIVES	0 1.3 .0% -1.3	20 12.8 29.4% 7.2	17 23.5 13.6% -6.5	6 5.4 20.7% .6	43 18.8%
CHILD WELFARE	0 1.5 .0% -1.5	11 14.8 16.2% -3.8	28 27.3 22.4% .7	11 6.3 37.9% 4.7	50 21.8%
Column Total	7 3.1%	68 29.7%	125 54.6%	29 12.7%	229 100.0%

Chi-Square	Value	DF	Significance
Pearson	17.49480	6	.00763
Likelihood Ratio	19.24285	6	.00377

Minimum Expected Frequency - 1.314
Cells with Expected Frequency < 5 - 3 of 12 (25.0%)

Number of Missing Observations: 13

Degree of risk and type of intervention based on perpetrator access.

With respect to degree of risk based on perpetrator access or responsibility for Table 55 shows some significant differences in terms of actual versus expected frequencies but no real pattern can be found between level of risk and type of service intervention with one exception. Ten of the eleven cases where the perpetrator had no access to or responsibility for the child resulted in no further service. The remaining one case received a community referral. None of these cases were given child welfare services. In twenty-eight cases this variable was not applicable as the only identified concern was the coldest behaviour placing him or her self at risk. In terms of placement interventions Table 56 shows some definite patterns with all eleven cases of no risk remaining in the home, most of the low risk cases remaining in the home, and a slight majority of moderate risk cases remaining in the home. All of these are above the expected frequency of in-home placement. Only where risk is identified as high does the frequency of in-home placement become slightly lower than the expected frequency while out of home placements become just slightly higher than expected.

Table 55

Type of Service Provided or Referred to by Degree of Risk Based on Perpetrator Access To/Responsibility For Child

SERVICE	DEGREE OF RISK: NO RISK (0)	LOW (1)	MODERATE (2)	HIGH (3)	Row Total
NOTHING FURTHER	Count 10	7	4	38	59
	Exp Val 3.0	5.2	8.8	41.9	27.6%
	Col Pct 90.9%	36.8%	12.5%	25.0%	
	Residual 7.0	1.8	-4.8	-3.9	
COMMUNITY	Count 1	8	4	34	47
	Exp Val 2.4	4.2	7.0	33.4	22.0%
	Col Pct 9.1%	42.1%	12.5%	22.4%	
	Residual -1.4	3.8	-3.0	.6	
VOLUNTARY CHILD WELFARE	Count 0	4	12	57	73
	Exp Val 3.8	6.5	10.9	51.9	34.1%
	Col Pct .0%	21.1%	37.5%	37.5%	
	Residual -3.8	-2.5	1.1	5.1	
INVOLUNTARY CHILD WELFARE	Count 0	0	12	23	35
	Exp Val 1.8	3.1	5.2	24.9	16.4%
	Col Pct .0%	.0%	37.5%	15.1%	
	Residual -1.8	-3.1	6.8	-1.9	
Column Total	11 / 5.1%	19 / 8.9%	32 / 15.0%	152 / 71.0%	214 / 100.0%

Minimum Expected Frequency - 1.799
Cells with Expected Frequency < 5 - 6 of 16 (37.5%)

Number of Missing Observations: 28

Table 56

Placement of Child by Degree of Risk Based on Perpetrator Access to/Responsibility For Child

PLACEMNT	DEGREE OF RISK: NO RISK (0)	LOW (1)	MODERATE (2)	HIGH (3)	Row Total
IN HOME	Count 11 Exp Val 6.1 Col Pct 100.0% Residual 4.9	Count 17 Exp Val 10.5 Col Pct 89.5% Residual 6.5	Count 20 Exp Val 17.6 Col Pct 62.5% Residual 2.4	Count 70 Exp Val 83.8 Col Pct 46.1% Residual -13.8	118 55.1%
FRIENDS RELATIVES	Count 0 Exp Val 2.4 Col Pct .0% Residual -2.4	Count 0 Exp Val 4.2 Col Pct .0% Residual -4.2	Count 6 Exp Val 7.0 Col Pct 18.8% Residual -1.0	Count 41 Exp Val 33.4 Col Pct 27.0% Residual 7.6	47 22.0%
CHILD WELFARE	Count 0 Exp Val 2.5 Col Pct .0% Residual -2.5	Count 2 Exp Val 4.4 Col Pct 10.5% Residual -2.4	Count 6 Exp Val 7.3 Col Pct 18.8% Residual -1.3	Count 41 Exp Val 34.8 Col Pct 27.0% Residual 6.2	49 22.9%
Column Total	11 5.1%	19 8.9%	32 15.0%	152 71.0%	214 100.0%

Minimum Expected Frequency - 2.416
Cells with Expected Frequency < 5 - 4 of 12 (33.3%)

Number of Non - Applicable Cases(N/A): 28

Chapter V

Summary and Conclusions

The purpose of this study was to examine interventions used by child protection workers at the conclusion of a preliminary intervention where child protection concerns had been identified. Two separate components of intervention were examined - service interventions and placement interventions. Each of these was operationally defined using a continuum of least intrusive to most intrusive. Each case was also analyzed according to specific factors related to degree of risk, operationally defined as no risk, low risk, and high risk. These were then cross tabulated with the interventions to determine if and to what extent associations appeared to be present.

Interventions Used.

In answer to the question "What interventions were used by workers who identified child protection concerns," the findings of the study appear very favourable when measured against the principle of least intrusion. In terms of placement the majority of children remained in the home. Of those that were removed, half were placed with extended family or friends. In only one of every five cases was formal child welfare placement used for a child. However the frequent use of friends and relatives as a placement option for children raises some questions for the foster care

system. The province of Alberta is in the process of redesigning its foster care system to reflect an emphasis on greater professionalization of foster parenting. Workers will be encouraged to examine the treatment needs of the child and/or family and see placement as one component of the treatment plan. How will this affect informal placements of children with friends and relatives? Will workers rely on these informal systems less as they become more reliant on the skills of the formal foster parents? How will this affect children? Should the system be attempting to place greater emphasis on informal placement options supplemented by skilled professionals acting in a supportive role? These are questions which cannot be answered within the context of this study.

In terms of service interventions involuntary services were the least frequently used - 15%, less than one out of every five cases. Voluntary child welfare services were the most frequently used service intervention accounting for 38% of the cases. Referrals to community services were also a frequent service intervention accounting for 22% of the service interventions. However almost all of these referrals were to formal community services. Informal or blended community services such as friends or extended family, neighbourhood associations, self-help groups etc. accounted for only 3% of the services provided to families.

These findings do not support the hypothesis that

workers use a broad range of interventions from the most informal to the most formal. What seems to be more evident is that where concerns are identified the most frequent response is to utilize some type of formal service whether through the community or the child welfare system. This tendency was noted by Rothery and Cameron (1990) who suggest a number of reasons why informal services may not be utilized by child welfare workers. Specht (1985) also discusses reasons why informal social supports may not be utilized by workers. Reasons may include workers concern that informal services allow less control, or concerns around confidentiality. Workers may see the process of connecting clients to informal systems as too time consuming. Clients may resist workers efforts to involve informal systems. Workers may not be aware of the range or types of informal services available within the community. Or informal resources which could be useful to the client may simply not be available or appropriate given the identified concerns.

The use of no further service was the result in 26% of the investigations. This was the second most frequent service outcome. Again there may be many reasons for this. The worker and client may have felt that the identified concerns were adequately dealt with in the investigation process. The family or child may have moved away before an intervention could be put in place. Efforts to obtain a

status and thereby provide an intervention may have been denied ie. a judge denying an application to the court. The worker or agency may simply have decided that although concerns were identified the case was not serious enough to warrant any further action. As Kamerman and Kahn (1990) and Downing et al (1990) suggest, child welfare agencies may indeed more and more be responding to only the most serious cases. Further research of the preliminary intervention process and issues within that process is needed to explore these and other possible explanations for this finding.

Risk Assessment Factors.

Cases in the sample were analyzed in terms of factors deemed to be associated with degree of risk to a child. The findings of this study tend to support Wald and Woolverton's (1990) assertion that in studies where some form of child abuse or neglect has occurred "most cases should have many of the (risk) factors associated with initial abuse (p.494)." In this study most of these factors were indeed present to some degree. There were three notable exceptions to this. No risk based on the child's physical/mental development was noted in 92% of the cases, no risk based on the age of the caretaker was noted in 96% of the cases and no risk based on the caretakers mental/emotional impairment was noted in 78% of the cases.

The literature in terms of caretaker age is

inconsistent in its relationship to the findings of this study. Most instruments on risk assessment define teenage parents as a high risk category for child abuse or neglect. However actual studies seem to indicate that this may be an outdated stereotype. Studies show that while teenage parents are **reported** for abuse or neglect more often than older parents these reports are more likely to be unfounded upon investigation (see Miller et al, 1987, pp. 46-48). The results of this study support the conclusion that by itself age is not a predictor of child abuse or neglect - 96% of abusive or neglectful parents in this study were over 21.

The literature on caretaker mental/emotional impairment is also inconsistent with the findings of this study. Simons et al (cited in Miller et al, 1987, p. 51) found 50% of abusive caretakers to be suffering from psychological difficulty following a reported episode of abuse. Anderson and Lauderdale (cited in Miller et al, 1987, p. 51) found significant differences between abusive and non-abusive parents in terms of self-esteem, personality maladjustment, personality integration and deviant signs. In addition the study found little differentiation between the abusive parents and a group of psychiatric patients. These findings are in contrast to the findings of this study which identify some degree of caretaker mental or emotional impairment in only 22% of the cases. However as previously stated this was a variable which had a lower inter rater reliability and

relied upon evidence of symptoms or a medical diagnoses.

In terms of other risk factors analyzed in the study some degree of risk was identified as being present between 73 and 99% of the time. Many of these, however, were defined as representing only a low risk to a child. (Some degree of risk based on the child's age was present in all cases as the study only involved children under eighteen.)

There were four factors in which moderate to high levels of risk were the norm. Moderate to high risk based on the caretaker's history of childhood abuse or neglect was identified in 83% of cases. The caretakers response to the child indicated moderate to high risk in 76% of the cases. Stress on the caretaker presented moderate to high risk to a child in 85% of the cases, and perpetrator access to or responsibility for the child presented moderate to high risk in 86% of the cases. Of these four factors two were frequently seen to be high risk within the sample studied. Where information was available regarding the caretakers childhood history 54% were defined as having a history of chronic and/or severe abuse or neglect as a child thus indicating high risk to a child in their care. And 71% of the perpetrators of the current abuse or neglect had immediate, unlimited access or full responsibility for the child again indicating high risk.

The data on perpetrator access is not surprising as the study was taken from an agency which tends to screen out

cases of abuse or neglect where there is evidence the perpetrator has no further access or responsibility. This procedure is reflected in studies on screening in CPS (Barone et al, 1981; Downing et al, 1990; Giovannoni, 1989). According to the literature the data on caretakers history of abuse or neglect is also not surprising. Study after study has shown that abusive or neglectful caretakers almost always come from backgrounds of abuse or neglect (Miller et al, 1987, pp.55-58). The findings of the study and the literature are also consistent in terms of identifying stress as a constant factor in abusive families. "Stress has been implicated as a factor in child abuse and neglect by virtually every major researcher and theoretician involved in the field" (Miller et al, 1987, p.74). These same authors go on to quote a formula for risk:

"1) A parent or caretaker with the potential for inflicting abuse;

2) A child perceived as an appropriate target;

3) Current stress or crisis."

(Kempe & Helfer, 1972; Steele & Pollock, 1968; cited in Miller et al, 1987, p.74)

Relationships Between Risk Assessment and Intervention.

The main purpose of this study was to identify patterns of intervention based on risk assessment factors. To allow for more effective analysis intervention categories were recoded. Service interventions were redefined as nothing further, community, voluntary child welfare and involuntary child welfare. Placement interventions were redefined as in-home, friends or relatives and child welfare. Overall the study indicates that while categories of low to moderate levels of risk may be inconsistently associated with service or placement, high risk is generally more frequently than expected associated with some type of service or out of home placement. And, of the two, placement interventions seem to be more strongly associated to level of risk than service interventions. Table 57 provides a comparative summary of actual versus expected use of service and out of home placement in cases where risk was perceived as high. Those factors which showed a significant chi-square between assessment of risk and either service or placement interventions are marked with an asterick. Two astericks indicate significant association between risk and both service and placement outcomes.

The strongest patterns were seen in categories of risk associated with caretaker characteristics. Four of these categories - substance abuse, parenting skills and

knowledge, recognition of problem, and protection of child- showed clear relationships between degree of risk and both service and placement intervention. Each of these categories showed decreases in both no further service and in-home placement as level of risk increased. This was particularly true for caretaker recognition of the problem and caretaker willingness/ability to protect the child. The same was true in two of the categories of risk associated with characteristics of the parent-child relationship - response to child's behaviour or misconduct, and attachment and bonding. As degree of risk increased, the frequency of both service and out of home placement likewise increased. Similar patterns were also noted in some categories of risk associated with characteristics of the protection concern. For both extent of emotional harm and provision for basic needs the frequency of out of home placement consistently increased as degree of risk (based on severity) increased. Where adequacy of supervision was an identified concern, the frequency of either community or child welfare service provision increased as degree of risk increased. And the more chronic the abuse or neglect was seen to be the more both service and out of home placement increased.

The above findings are somewhat supported by the literature. However there are also some contradictions. A number of studies have found that severity of abuse or neglect is identified as the most significant factor in

worker decision making (Craft & Clarkson, 1985; DiLeonardi, 1980; Meddin, 1985). Although this study shows exceptions to this as there are a number of cases where severity indicates high risk yet the child remains in the home and no further service is provided, generally cases of high risk based on severity of the abuse or neglect received either service or out of home placement. Meddin (1985) found that the cooperation of the caretaker and the functioning of the caretaker were identified by frontline workers and supervisors as primary criteria in assessing risk to a child. Craft and Clarkson (1985) found that a positive parental reaction to the protective service resulted in a less intrusive approach while parental admission of responsibility resulted in a more intrusive approach. A study by Pellegrin and Wagner (1990) supports the finding that parental belief of the abuse and willingness to support the child are significant factors in the placement decisions of investigating workers. It also corroborates the significance of severity in the decision making. It also found that parental cooperation was extremely significant in terms of its association to placement. Studies on the caretakers response to the child and attachment and bonding indicate that these are valid indicators of risk (Miller et al, 1987). Studies on caretaker substance abuse, parenting skills and problem recognition are inconsistent in terms of their relationship to risk assessment and there appears to

be little research on the relationship between caretaker protectiveness and its effect on its role in either worker decision making or risk of re-abuse (Miller et al, 1987).

In regards to the type of service provided, ie. community versus voluntary child welfare versus involuntary child welfare, no consistent patterns were noted. Likewise in terms of type of out of home placement, ie. friends/relatives versus child welfare, no consistent patterns were noted. Thus although within some categories service and out of home placement increased as degree of risk increased, the degree of intrusiveness did not necessarily increase as degree of risk increased. Overall cases seen to be high risk were often just as likely to be referred to community services as they were to receive involuntary child welfare services and children were just as likely to be placed with friends or relatives as they were to be placed in formal child welfare placements.

Under the category of caretaker cooperation the associations between level of risk and service intervention did show an interesting pattern. The likelihood of service versus no further service was no different based on caretaker cooperation. Uncooperative caretakers were just as likely to receive service as were cooperative caretakers and just as likely not to receive service also. However type of service was definitely affected. As can be expected the use of voluntary child welfare was much greater with cooperative

clients while the use of involuntary services was much greater with non-cooperative clients.

The categories in which interventions appeared to be least associated with degree of risk were the two which fall under environmental factors - stress on the caretaker and social support for the caretaker (service interventions only). Both of these categories show general consistency between expected and actual outcomes regardless of degree of risk. This is somewhat of a surprise considering the literature which indicates that both of these factors are thought to play a very significant role in risk assessment (Miller et al, 1987; Rosen, 1981). The exception is the significantly higher than expected use of out of home placement where risk based on lack of social support is seen to be high. This reinforces other research which shows social isolation to be a major factor in cases of child abuse or neglect and resulting placement of children out of the home (See studies referenced in Rothery & Cameron, 1990, p.157). The many categories in which no or only very weak associations could be found between the variables of degree of risk and intervention and the many exceptions in the categories where moderate to high associations were found reinforce theories of the interactiveness of risk assessment factors (Craft & Clarkson, 1985; Meddin, 1985; Miller et al, 1987; Rosen, 1981; Wald & Woolverton,1990) and the need for a better understanding of these interactions and how they

affect both risk to a child and worker decision making.

Table 57

Percentages of Service/Placement Outcomes Where Risk Identified as High

	No Further Service		In-Home Placement	
	Act.	Exp.	Act.	Exp
Child Characteristics				
*Age	28	26	55	59
Development	0	26	60	59
Protection Concern				
Physical Injury/Harm	20	26	40	59
*Emotional Harm	14	24	36	59
*Provision for Basic Needs	24	26	9	59
Child's Condition/Behaviour	19	26	56	59
Adequacy of Supervision	11	26	33	59
Sexual Contact	33	26	53	59
*Chronicity	19	26	46	60
Caretaker Characteristics				
Mental/Emotional Impairment	0	27	40	62
**Substance Abuse	5	25	53	58
History of Abuse/Neglect	14	21	50	62
Parenting Skills/Knowledge	0	26	33	59
**Recognition of Problem	16	26	34	59
**Protection of Child	18	26	24	59
**Cooperation	26	26	33	59
Parent/Child Relationship				
Response to Child	7	27	14	60
Attachment and Bonding	0	27	0	60
*Child's Role in Family	29	23	0	59
Environmental Factors				
Stress on Caretaker	20	26	60	64
Social Support for Caretaker	24	25	41	59
Perpetrator Access	25	28	46	55

Implications of the Study for Practice and Further Research

The main purpose of this study was to gain more understanding of the association between interventions and factors associated with degree of risk to a child. The findings of this study suggest that workers' perceptions of risk based on the caretakers recognition of the problem and workers' perceptions of risk based on the caretakers willingness and ability to protect the child are the two factors most closely associated with both service and placement outcomes. In addition workers' perceptions of risk based on caretaker parenting skills and substance abuse seem to be strongly associated with service and placement outcomes. Perceptions of risk based on characteristics of the parent child relationship as well as perceptions of risk based on severity and chronicity of the abuse or neglect are also significant. The significance of these factors in case decision making is supported in previous research.

What is more surprising in light of other research and theory is the low association that was found between perception of risk based on environmental factors of stress and social support and corresponding service and placement outcomes. This finding is not supported in the literature and further study and substantiation would be valuable. In addition the study did not indicate consistent associations between different levels of risk and different types of interventions.

To analyze types of interventions the concept of a continuum of intervention based on intrusiveness was used. As well, distinctions were made between those interventions which involve placement and those which involve provision of service. The use of the continuum proved useful in the analysis as did the service and placement distinctions.

In terms of placement this study does support a hypothesis that risk assessment factors play a role in the decision of whether or not a child is placed outside the home but no consistent associations were found between these factors and type of out of home placement. The use of friends and relatives as a placement occurred as frequently as did the use of the formal foster care system. This frequent use of friends and relatives may have implications for the foster care system in Alberta as it moves towards greater professionalization of foster parenting and expectations of placements in the treatment process. Further exploration of what factors affect out of home placement choices may be extremely relevant.

In terms of service interventions again there is evidence that risk assessment factors play a role in service outcomes although this role was not seen to be as consistent. However as with placement there were no consistent patterns between level of risk and type of service used. The assumption that workers use a broad range of service interventions in their practice was not supported

in the findings of this study. Instead what was found was that where services were provided they relied heavily on voluntary formal systems. This finding is supported by previous research and theory which offer possible explanations. However there is little empirical data to contribute to our understanding of this finding. What is needed is research comparing cases in which interventions are provided through informal services to cases where interventions occur on either side of the service continuum ie. nothing further and formal community services. Thus a research model would examine only cases in which child protection concerns were identified but no child welfare status was taken.

A second issue identified in terms of service outcomes was the frequency of families who received no further service although child protection concerns were identified. In light of current literature suggesting that more and more children and families are falling between the cracks as agencies tighten budgets by tightening their mandate, this finding raises some cause for concern. It may be needless concern; there are many valid reasons why workers may identify no further need and children and families may concur. However, the actual reasons for these outcomes are something which should be explored further by both agency administrators and theorists in the field of child protection.

This study has contributed to theories on the factors which affect worker's decisions of both placement and service to families where child protection concerns have been identified. However it has suffered from a number of limitations. One of these is the lack of data regarding the characteristics of the sample. Obtaining demographic data could have allowed more comparisons in terms of specific characteristics of families and interventions used. As previously stated, the decision not to collect this information was based on inconsistent availability of this information as well as issues of time and manageability.

A second limitation is the lack of theoretical and empirical data on:

a. which factors are most often associated with which kinds of protection concerns

b. the interaction between the factors and both level of risk and worker decision making.

As this study and others have clearly shown there are important but little understood interactions between factors and the decisions workers make but lack of specificity in assessment as well as lack of uniform standards make research difficult.

There is however evidence that child protection agencies are moving towards greater specificity and uniformity of standards in assessing risk to children. Shortly after the research for this study had been completed

Alberta implemented a provincial case management model which, among other things, requires workers to link specific factors to each identified protection concern ie. physical abuse versus neglect. This practice framework has the potential to facilitate a much better understanding of the factors which impact workers decisions in various situations. It may also offer comparative analysis between urban and rural settings and between workers of different educational and experiential backgrounds. Hopefully it will lead to more thorough understanding of what constitutes good decision making in child welfare.

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Appendix A

The Holmes Stress Scale

Event	Scale of Impact
Death of spouse	100
Divorce	73
Marital separation	65
Jail term	63
Death of close family member	63
Personal injury of illness	53
Marriage	50
Fired at work	47
Marital reconciliation	45
Retirement	45
Change in health of family member	44
Pregnancy	40
Sex difficulties	39
Gain of new family member	39
Business readjustment	39
Change in financial state	38
Death of close friend	37
Change to different line of work	36
Change in number of arguments with spouse	35
Mortgage over 10,000	31
Foreclosure of mortgage or loan	30
Change in responsibilities at work	29
Son or daughter leaving home	29
Trouble with in-laws	29

Event	Scale of Impact
Outstanding personal acheivement	28
Wife begins or stops work	26
Begin or end school	26
Change in living conditions	25
Revision of personal habits	24
Trouble with boss	23
Change in work hours or conditions	20
Change in residence	20
Change in schools	20
Change in recreation	19
Change in church activities	19
Change in social activities	18
Mortgage or loan less than 10,000	17
Change in sleeping habits	16
Change in number of family get-togethers	15
Change in eating habits	15
Vacation	13
Christmas	12
Minor violation of the law	11
Additional Items	
Financial Stress	50
Domestic violence	65
Unemployment	38
Parent-child conflict	35
Homeless	50
Criminal charges	55

Appendix B

INTAKE/INVESTIGATION

D.O.017 UNIT____ CASELOAD____

START DATE____/____/____
ACTUAL END DATE____/____/____ DATE REGISTERED ON CWIS:_____

REASON(S) FOR REFERRAL:_____ DATE COMPLETED ON CWIS:_____
_____
_____

REFERRAL SOURCE:_____ _____ AT RISK?
OUTCOME(S):_____
_____

****

Mother: I.D.#_____ NAME:_____
B.D.____/____/____ Person Role___
Marital Status___
Address:_____
Phone:_____ Racial Origin:___

Father: I.D.#_____ NAME:_____
B.D.____/____/____ Person Role___
Marital Status___
Address:_____
Phone:_____ Racial Origin:___

I.D.#_____ NAME:_____
Step or C/L Parent or Guardian
B.D.____/____/____ Person Role___
Marital Status___
Address:_____
Phone:_____ Racial Origin:___

I.D.#_____ NAME:_____
Step or C/L Parent or Guardian
B.D.____/____/____ Person Role___
Marital Status___
Address:_____
Phone:_____ Racial Origin:___

****

CHILDREN

I.D.#_____ NAME:_____N__R__X__R
CHILD IN NEED__ SIB OF CHILD IN NEED__
Gender____ Birthdate___/___ /___
Address:_____
Racial Origin___Band#___Treaty#__

I.D.#_____ NAME:_____N__R__X__R
CHILD IN NEED__ SIB OF CHILD IN NEED__
Gender____ Birthdate___/___ /___
Address:_____
Racial Origin___Band#___Treaty#__

FAMILY NAME_____

INTAKE NOTES:

INDIVIDUAL MAKING REFERRAL:

NAME:_____ PHONE #_____

ADDRESS:_____

****

SUMMARY OF
COMPLAINT:_____

SUPERVISOR'S CONSULTATION AND COMMENTS: _____

RECOMMENDED TIME: 1 HOUR____ TODAY:____ # DAYS_____

_____
(Supervisor's Signature)

****

INVESTIGATOR'S NOTES:
DATE/ACTION TAKEN

INVESTIGATOR'S NOTES (Continued):
DATE/ACTION TAKEN

DIAGNOSTIC STATEMENT
BRIEF ASSESSMENT OF CIRCUMSTANCES:

COMPLAINT FOUNDED_____ or UNFOUNDED_____ (Check One!)

LEGAL AUTHORITY BEING SOUGHT: _____
*** NOTE: Please attach all legal authority and placement updates!***

SECTION OF ACT: _____
****

CASE PLAN GOALS: _____

****

FILE STATUS:

Closed on Intake:_____ Closed after Investigation:_____

FILE OPENED?_____

REFERRAL SOURCE CONTACTED? No_____ Yes_____ Date:_____

_____ _____
(Investigator's Signature) (Supervisor's Signature)

_____
(Date Completed)

APPENDIX C

Risk Factor Matrix

	No risk(0)	Low (1)	Mod (2)	High (3)
1. **Child Characteristics**				
Age				
a Physical/ Mental Develop- ment				
2. **Characteristics of the Protection Concern**				
b Extent of physical injury or harm				
c Extent of emotional harm				
Adequacy of medica l care				
d Provision for basic needs				

	No Risk(0)	Low (1)	Mod (2)	High (3)
e Child's condition behavior placing self at risk				
f Adequacy of super-vision				
Physical Hazards in the home				
Sexual contact				
Chron-icity of child abuse/ neglect				
3. **Caretaker Characteristics**				
Age of parent/ caretaker				

	No Risk(0)	Low (1)	Mod (2)	High (3)
g Mental or emotional impair-ment				
Substance abuse				
History of abuse or neglect as a child				
h Parenting skills and knowledge				
Recog-nition of problem				
i Protec-tion of child				

	No Risk(0)	Low (1)	Mod (2)	High (3)
Coopera-tion with case planning				
4. **Parent/Child Relationship**				
j Response to child behavior or mis-conduct				
k Attach-ment and bonding				
l Child's role in family				
5. **Environmental Factors**				
m Stress on caretaker				

TYPE OF SERVICE PROVIDED 0 1 2 3 4 5 6

PLACEMENT OF THE CHILD 0 1 2 3 4 5 6