NOTE TO USERS

Exploring and Comparing Client Perception of Need and Social Worker Perception of Risk: A Key to Improved Intervention in Cases of Child Neglect

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of the requirements for the degree of
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Abstract

Clients involved with child protection systems due to issues of neglect are known to have multiple needs. The issues that they confront are personal, situational, and social in nature. The emphasis on risk reduction in many jurisdictions within North America has meant that needs have been given less priority. The aim of the exploratory study was to gain a better understanding of both the nature of needs and risks in cases of child neglect in Ontario, as well as the similarities and differences in the views of clients and child protection workers. It is posited that through the acquisition of knowledge in those areas, that improvements can be made in assessing and planning, in creating agreed upon expectations about the objectives of intervention, and in developing a better balance between the addressing of needs and risks.

For the study, an instrument was designed to measure client perceptions of their problems and needs. It was compared with workers' perceptions of risk as contained in the risk assessment instrument completed by all child protection workers in Ontario. The Client Perception of Problems and Needs Scale was administered to 77 parents receiving services from Family and Children's Services of Renfrew County due to concerns about child neglect.

The finding that participants felt their needs were greatest in dealing with issues of stress, child behaviour and mental health issues, and in coping with socio-economic disadvantage

was congruent with the few studies that have been conducted on the perceptions of child protection clients about their needs and problems. The analysis of the risk assessment data provided evidence that reliance on risk reduction at the expense of needs-based approaches, is not warranted. Few similarities were found in the perceptions of clients and workers about the issues of greatest concern. However, it was surprising that few concerns emerged about the clients' living conditions, or the affective interaction between clients and their children. Finally, the study demonstrated that the participants were able to recognize their problems, used various coping strategies for dealing with them, and were able to articulate strengths and resources on which they relied.

Résumé

Les clients impliqués avec les organizations de la protection des enfants concernant des problèmes de négligence, sont connus pour avoir un niveau élevé de besoins. Les problèmes qu'ils confrontent sont de nature personele, mise en situation et sociale. L'emphase sur la dimunition de risque dans plusieurs juridictions dans l'Amérique du nord veut dire que les besoins sont donnés moins de priorité. Le but de l'étude exploratoire était d'obtenir une amélioration de compréhension de la nature des besoins et des risques dans les cas de négligence des enfants en Ontario, aussi les ressemblances et différences au point de vue des clients et des travailleurs social. Il est posé en principe qu'en acquérant la connaissance dans ces domaines, que des améliorations peuvent étre faits en évaluant et planifiant, en créant des buts convenus concernant les objectifs d'intervention et dans le développement d'un meilleur équilibre entre les besoins et des risques.

Pour l'étude, un instrument a été fabriqué pour mesurer la perception des problèmes et des besoins des clients. Il a été comparé avec la perception des travailleurs du risque étant contenu dans l'instrument d'assessement du risque complété par tous les travailleurs sociaux en Ontario. L'échelle de la perception du client concernant les problèmes et besoins a été administré à 77 parents recevant des services de la société d'aide à l'enfance du conté de Renfrew dû à l'inquiétude de la négligence des enfants.

La conclusion est que les participants ressentaient que leurs besoins étaient plus

difficiles face à des problèmes de stress, comportement de l'enfant, problèmes de santé mentale de l'enfant, et de supporter le désavantage socio-économique était conforme avec les quelques études qui ont été dirigées sur les perceptions des clients de la protection d'enfant concernant leurs besoins et leurs problèmes. L'analyse des données de l'assessement du risque, fourni la preuve que la dépendance du risque s'il réduit l'utilisation des approches de besoins basés, n'est pas justifié. Des ressemblances minimes ont été trouvées dans les perceptions des clients et travailleurs concernant les problèmes les plus inquiétants. Cependant, il était surprenant que peu d'inquiétudes surgissent concernant les conditions de vie des clients, ou de l'intéraction affective entre les clients et leurs enfants. Finalement, l'étude démontre que les participants pouvaient reconnaitre leurs problèmes, de se servir de différentes stratégies afin de s'occuper d'eux, et étaient capable d'articuler les forces sur lesquelles ils comptent.

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CHAPTER ONE

1.0 Conceptual Considerations Guiding the Exploration of a Different Approach to Addressing Needs and Risks

1.1 Introduction

Need is a concept which does not garner the same attention it once commanded in the human services (Parton, Thorpe & Wattam, 1997). Yet, helping people to meet their needs is the raison d'etre for social work. Trying to determine and meet needs is an arduous and often overwhelming challenge faced by many child welfare jurisdictions in Western societies. Progress made in securing the safety and well-being of children is likely to be only short lived if sufficient attention is not devoted to the needs of children and parents. The main purpose of this dissertation is to contribute to the development of an improved framework for assessing and intervening in cases of child neglect in Ontario's child protection system by examining the place that both needs and risks should hold in the delivery of services, and by exploring and comparing client perception of need and child protection worker perception of risk. For an improved framework to emerge it is proposed in the dissertation that a more client-centred, needs-based approach is required, with needs being elevated to the same prominence as is held by the risk and surveillance orientations. Embracing a client-centred, needs-based approach essentially means assessing and addressing the needs of children and parents within an ecological context. It involves assessing needs from both professional and client perspectives. It means being committed to the belief that much can be gained by talking to clients about their needs and

working in partnership with them to meet those needs. Application of this approach to child protection cases in which child neglect is the issue may be beneficial for several reasons. Child neglect is the largest category of child maltreatment within Ontario's child protection system (Trocmé et al., 2001). However, it is the category of child maltreatment about which there is the greatest paucity of research (Minty & Pattison, 1994; Nelson, Saunders, & Landsman, 1993; Wolock & Horowitz, 1984). Research is needed that will enable child protection systems to intervene more effectively in helping families, in which neglect is a problem, to cope with the debilitating impact of poverty. Improvements in Ontario's response to cases of child neglect are more likely to occur if they are based on increased knowledge about the multiple needs of clients, and the acquisition of a more advanced understanding of how to determine an appropriate emphasis on both needs and risks. Given the many similarities in the approach to child neglect intervention across Canada, the dissertation may also have implications beyond Ontario. The study analyzes how to improve the effort to both keep children safe and ensure that their needs and their parents' needs are met. It draws upon research from Canada, the United States, and Britain as there are similarities in the three countries' approaches to child protection (Gilbert, 1997). The author anticipates that this dissertation will help in illuminating some of the pathways that must be followed to create a better balance between the assessment and the addressing of client needs versus the assessment of risk and surveillance of clients.

The need for innovation bringing together research, policy, and practice is more pressing than at other times as child poverty, family breakdown, erosion of the social fabric in communities, and the demand for child protection services are growing concerns.

Yet it is difficult to bring about more harmonization in the effort to improve the welfare of children. Disagreement exists about such fundamental issues as the role of government in the promotion of social welfare, and the emphasis on rescuing children from harmful family situations versus providing more support programs to such families. However, when one also considers that at the societal level there is a polarization around the issues just identified, it is apparent why government, the child protection system and post-secondary institutions are not more aligned. For example, child protection legislation, policies, and practice in Ontario have fluctuated along the child-rescue/family-support continuum over a number of years. At the root of this polarization is the debate about the merits of a residual versus institutional framework.

1.2 Residual Versus Institutional Framework

Before the subject of child neglect is discussed, some background on the place of personal and social problems in child welfare is necessary. Historically child welfare has been residual in nature. Residualism is an approach to social welfare that is rooted in a belief that government should play a small role in the welfare of its citizens. In circumstances where an individual or family does require government assistance, the residual approach dictates that the help should be quite limited (Midgely, 2000). The residual approach tends to fit with a psychological view about people's problems. It sees parents as having shortcomings that require attention through casework and other ameliorative strategies that will help individuals to resolve their shortcomings (Wharf, 1985). In contrast, an institutional approach tends to fit with a more sociological view of poverty and the problems experienced by clients, and advocates that family supports and

resources need to be introduced as universal social policies (Wharf, 1985).

In Ontario, and Canada at large, child welfare developed as a response to neglected and orphaned children, that they might become responsible, self-sufficient adults. From its inception the child protection system was concerned about the individual and moral shortcomings of parents rather than about the social and economic conditions contributing to the problem of neglect (MacIntyre, 1993).Views about neglectful parents being morally deficient, concerns about who was worthy of receiving help, and values about not interfering with family matters combined to produce what has come to be seen as a residual approach to child welfare in Ontario. The residual approach to child protection in Ontario is, of course, set within the broader context of the development of child protection and social welfare in Canada, the United States, and Britain. Gordon (1988) and Pelton (1989) documented a history in the United States of policy regarding child and social welfare intended to provide only a temporary social support to families, with the support designed to ensure that clients would be uncomfortable. Social welfare policy in all three countries finds its origins in the English Poor Laws, which are considered to have been parsimonious, judgmental, and directed towards controlling and reforming the poor (de Schweinitz, 1972). The Poor Laws were enacted over a protracted period of time stretching from the 14th century until the 19th century. During that historical period the state evolved from taking a harsh, repressive position in confronting poverty to adopting a reluctant acceptance of a public obligation for those who could not take care of themselves. One can even see, in the evolution of social work, the polarization that resulted in the development of both residual and institutional perspectives about the role of

the state in social welfare. Social work grew out of the philanthropic work of two organizations in 19th century England (John, 1994). The British Charity Organization Society was a philanthropic group committed to helping needy persons who showed some motivation in overcoming their inadequacies. On the other hand, the Fabian Society represented a more institutional perspective on poverty with its view that structural changes in society were needed to eradicate poverty.

A full debate about the merits of the residual and institutional perspectives or an attempt to devise a complete plan for the revamping of child welfare policy is beyond the intent and scope of the dissertation. However, the position taken in the dissertation will be that the current reliance on the residual approach leaves much to be desired. Kamerman and Kahn (1983) suggest that a broader framework and context than exists within traditional child protection services is required, one that provides considerable family support at an early stage when problems are not as severe. This broader framework suggested by Kamerman and Kahn is essential in adequately addressing both needs and risks in the delivery of child protection services.

1.3 Poverty and Child Welfare

When considering a broader framework for child neglect, one cannot separate such a framework from the issue of social and economic disadvantage. By the beginning of the 1990s, social theorists from across the political spectrum in America began to realize that child poverty was one of the most serious social problems affecting their nation (Lindsey, 1994). Closer to home, the Canadian government is now recognizing the seriousness of child poverty through its Children's Agenda. Health Canada has advocated that public

assistance policy must pay attention to its impact on child maltreatment (Health Canada, 2001). Yet, the Canadian approach to child welfare largely neglects to reflect the significance of the relationship between child poverty and child protection issues. Various studies (Fanshel & Shinn, 1978; Lindsey, 1994) have shown that the socio-economic issue of unstable, low income is the highest predictor of removal of a child from the family. Canada and the United States have the largest and most expensive child welfare systems in the industrialized world and also the highest rates of child poverty (Lindsey, 1994). The highest rate of child abuse reported in the industrialized world is attributed to the U.S.A., followed by Canada (Lindsey, 1994). Deaths in the U.S.A. due to child abuse have remained constant over the last 20 years but have decreased in some European countries where a strong social safety net is a priority (Lindsey, 1994). Although a number of factors affect the rate of reporting of child abuse and neglect, according to the foregoing evidence poverty figures significantly into the reasons the child protection and child welfare systems in the United States and Canada fail to keep children safe and to ensure their healthy development.

It is well known that low income families are over-represented on child protection case-loads. Theorists and practitioners are cognizant of the stress caused by poverty for many families involved with the child protection system. Given the awareness of the serious impact of poverty on clients, it is striking that child welfare theorists, policy makers, and practitioners have not been able to collectively articulate a shared vision for dealing with the issues related to poverty. The child protection system in Ontario is charged with the unenviable task of protecting children from child neglect, but does not

have the resources to alleviate the impact of poverty on the problem of neglect. To suggest that the child protection system completely ignores issues of poverty would not be accurate. Child protection agencies in Ontario do attempt to connect clients to such resources as public housing, social assistance, legal aid, or recreational opportunities for children in the family. However, in the broader context of developing a service philosophy and examining how values and even ideologies relate to the environment of clients, the issue of poverty is not adequately taken into account by the child protection system. A more ecologically-based service philosophy would demand that some aspects of current practice be modified. If one accepts the proposition that poverty is a major factor leading to children's need for protection, then agency policies ought to reflect that view. For instance, budgets for emergency assistance for clients might be increased to prevent children from becoming in need of protection. Data gathered about children coming into care would scrutinize what role financial problems and socio-economic disadvantage played in the admission to care. Advocacy for clients both at the levels of the agency and child welfare system would be examined to assess whether reasonable efforts were being directed to promoting entitlements for children and families.

The constellation of services and approach to services offered in a child protection agency would also need to change if it were strongly accepted that protection issues frequently emerge because of social problems. Although there may not be a consensus concerning the degree to which social problems impact on child maltreatment, one finds widespread acknowledgment among researchers and practitioners that social problems do have a significant impact. A combination of personal, situational, and environmental

factors is at the root of child maltreatment. Thus, an acceptance and support of the ecological perspective regarding the causation of neglect underpins both the analysis of shortcomings of the child protection system and recommendations that will be made in the dissertation.

1.4 Ecological Theory

The interaction between the person and the environment is the basis of the ecological approach to human development (Bronfenbrenner, 1979). Bronfenbrenner's systems approach to human development identifies four levels, all of which interact with each other.

1. *Microsystems* are the immediate settings in which individuals develop. In the case of a child the microsystem is the family. The individual characteristics of each family member and interaction between family members are integral to understanding the microsystem.

2. *Mesosystems* are the relationships between microsystems. The relationships between the child's home and day care, or home and school, are generally the primary relationships.

3. *Exosystems* are the settings which have a bearing on the development of children but do not play a direct role. The workplace of parents, local school boards, and other community agencies fall into this category.

4. *Macrosystems* refer to the general organization of the world in which a child lives. Macrosystems include the broad ideological, demographic, and institutional patterns of a particular culture (Garbarino et al., 1992, p.7).

Garbarino has been devoted to analyzing neglect from an ecological perspective. He advocated that, for intervention to be effective, a conceptual framework must be adopted that views neglect within a system of risk and protective factors interacting with each other across the four levels just described (Garbarino et al., 1992). He posited that the ecological perspective provides: (a) a social map for navigating a path through the complexities of child neglect; (b) help in understanding inter-relationships; (c) and aid in seeing a range of conceptualizations of problems affecting children. Understanding and intervening in the issue of neglect is strengthened through reliance on the ecological perspective. As stated by Bronfenbrenner and Garbarino (1984), both family and society bear responsibility to prevent and eliminate the risks that stand in the way of child development. The ecological framework is relied upon throughout the dissertation in analyzing and discussing the topics under consideration.

1.5 The Ecological-Developmental Perspective

The study of resiliency has furthered the operationalization of ecological theory for those interested in helping children at risk. Resiliency refers to the process or phenomenon whereby positive child adjustment transpires in the face of exposure to potentially detrimental risk factors (Luthar, 2003). Dubowitz and Black (1999) stated that, in using the constructs of risk and protective factors, we can learn about how ecological factors affect the problem of child neglect.

There was a time when those studying child development viewed the individual's constitution and the environment as being separate influences on the development of children. However, during the late 1960's and early 1970's risk researchers came to see

human development from an interactional perspective (Werner, 1986). In further refining that perspective, Werner (1986) supported moving away from a static linear perspective on interaction to a dynamic transactional model that seeks to explain the mutual influences of the child and the caregiving environment. Werner (1986) succinctly outlined the transactional model; she explained that it goes beyond seeing children as reacting to their environment, and instead views children as also attempting to structure their environment. Outcomes for the child are determined by the transactions between the child and the caregiving environment. Adopting a transactional approach to understanding the interplay of risk and protective factors means observing and evaluating how parent and child mutually influence each other on a continuous basis throughout childhood. Bronfenbrenner and Ceci (1994) emphasize that the reciprocal interaction that children and adults have with their environment can have a significant impact on the development of competence and on the reduction of personal difficulties.

It is also essential to understand that there are "genetically programmed self-organizing and self-righting tendencies of the human organism" (Werner, 1986, p.8). This view is supported by Scarr and McCartney (1983) and Waddington (1966). Sameroff and Chandler (1975) suggested two possible explanations for why this tendency would not occur. The first is that the child has suffered some physical damage so that he or she is not able to utilize the self-righting capability, and the second is that environmental forces prevent the child from doing so. Concern about the latter possibility has lent credence to the position that all aspects of the child's environment must be monitored for research purposes, and in the interest of fostering an environment in which the child's natural

tendencies can flourish. Practitioners should also remember that the self-righting capability applies to the adults in the child's life, as learning and development are a life long process.

The previous discussion about applying a developmental perspective to the study of resiliency emphasized the importance of the transactional and ecological perspectives. Another theme in the resiliency research has been that on-going research must attempt to isolate the mechanisms that operate with the risk and protective factors (Rutter, 1985). The interaction between risk and protective factors is also a priority for more research. Werner (1990) found that either by reducing the number of risk factors and stressful life events, or by increasing the protective factors within people and their environment, healthy development can progress. The implications for intervention in cases of child neglect are that child protection workers, must not only work at promoting the reduction of risk factors, but also work towards the development or enhancement of protective factors. If one accepts the author's suggestion that risk factors are often associated with *unmet needs*, and that protective factors are often associated with *met needs*, then the ecological-developmental research can be instructive in moving towards a more balanced approach to the issues of addressing risk and need in child neglect cases. In a similar vein, Luthar (2003) advocates that future intervention for children living with adversity must promote resiliency by meeting the needs of those children. Some of the most influential resiliency research has involved longitudinal, prospective studies that followed children until they reached adulthood (Masten & O'Connor, 1989; Werner & Smith, 1982). The information obtained in such longitudinal studies can be used in assessing and working with neglectful parents who have themselves experienced many of the stressors, been exposed to the risk

factors, and benefitted from many of the protective factors described in the research. The resiliency research is one of the building blocks in creating more effective prevention and intervention for child neglect. As that research evolves, it will allow child protection systems to expand and refine their work. In addition, this research can be helpful in planning intervention that will promote resiliency for neglected children. Strengthening the caring ability of the parent, helping the child to develop a sense of competence, promoting good adjustment to school, and facilitating a social support network for the child outside the immediate family are key messages, emerging from the research, that can help give direction to developing more client-centred, needs-based approaches (Luthar, 2003; Masten, 2001; Rutter, 1979, 1995). Finally, the most salient features of the ecological-developmental perspective have been highlighted to provide both a context and rationale for a more balanced response to needs and risk in child neglect, and to illustrate that improvement to child protection practice will be made by drawing upon that area of research.

1.6 The Concept of Need

Although helping people to meet their needs is a core function of social work, the concept of need and the measurement of it give rise to many difficult questions for those attempting to assess needs. Labreque (1999) states that the literature on needs assessment reveals that the concept of need is often not defined by those conducting needs assessments. She suggests that researchers should allot more attention to issues surrounding the measurement and scope of the concept of need. Most needs assessments are based on Kauffman's *discrepancy model* (Labreque, 1999). The definition of need

used by Kauffman (1972) stipulates that a need exists when there is a gap between the state desired by a person or group, and the actual state. Scriven and Roth (1978) criticized Kauffman's definition for failing to distinguish between needs and wants, and for not differentiating between future needs and basic needs. They expanded upon the discrepancy model by proposing that a need occurs when the state desired by an individual represents a significant benefit for the individual, and when the inability to attain the desired state results in a state of dissatisfaction for that person (Scriven & Roth, 1978). Gabor et al. (1998) defined needs as the basic requirements that are necessary to sustain human life, and posited that needs are a right. They suggested that social needs assessment is comprised of two components- the first being the determination of the nature of a social problem, the second being the identification of possible solutions. McKillip (1987) also sees the defining of a problem and the identifying of solutions as important aspects of needs assessment. He defined needs in this way: "Needs are value judgements that a target group has a problem that can be solved" (McKillip, 1987, p. 7).

The issue of values in needs assessment has been controversial. The notion that needs can be objectively defined using scientific methodology has been at the centre of the controversy. It is now more common to recognize that values play a pivotal role in needs assessment, and that concrete measures must be used in measuring needs and their attainment. Guba and Lincoln (1982) argue that all needs assessment must consider the values of all individuals and groups who are involved in the process. Further discussions of need in the dissertation are based on the centrality of values in the assessment of need, on the importance of the perceptions of clients in defining need, and on the view that needs

assessment involves both defining problems and identifying possible solutions.

1.7 Purpose of the Dissertation

A key building block in creating a more client-centred, needs-based approach for child neglect is to enrich assessments by understanding how clients see their needs. For the purpose of establishing agreed upon expectations about service outcomes, and for the broader planning of services by child protection agencies, it is worthwhile to compare the client's perception of needs with the perceptions of the issues as seen by social workers. The research questions aim to expand knowledge in those areas. The dissertation explores the nature of needs and risks in cases of child neglect in rural Ontario, and the complementarity of the two constructs. It also explores how to achieve a better balance between, on the one hand, the assessment and addressing of client needs and, on the other hand, the assessment of risk and surveillance of clients. Throughout the dissertation, key elements of an improved framework for intervention in cases of child neglect in Ontario's child protection system are discussed. By exploring and presenting key elements of an improved framework, the intention is to ground the research conducted for the dissertation, showing where the research fits in the larger scheme of things, and articulating the theoretical and empirical underpinning for working in a more client-centred, needs-based fashion. Additionally, in establishing the key elements of an improved framework, the intention is to identify many of the building blocks required for the construction of the framework.

The development of a more needs-based approach can lead to advances in reducing the problem of child neglect. However, until the time and resources required to

address client needs are substantially increased, in both Ontario's child protection system and broader social services system, progress will be limited. This is especially true of child neglect because the issue of poverty is such a great concern, in and of its self, and in comparison to other forms of child maltreatment. Over the last 25 years I have seen Ontario's child protection system become more legalistic and, in recent years, more focused on risk assessment. The legal, investigative, and risk assessment aspects of child protection are integral to the work of the child protection system, but they do not focus in a concerted fashion on addressing client needs. The dissertation outlines why achieving a better balance between the addressing of needs and risks is so fundamental to the advancement of our ability to successfully intervene in cases of child neglect, and it describes how a better approach can be created.

1.8 Organizational Aspects

The dissertation is comprised of seven chapters:

1. Chapter one provides an overview about needs in child protection, outlining how social policy in Ontario has been unsuccessful in identifying needs of children and parents in families for whom neglect is an issue, or in adequately addressing needs. The chapter elaborates on the conceptual framework of the dissertation, and states the objectives of the dissertation.

2. Chapter two outlines the importance of giving substantial consideration to needs as well as risks as a means of improving services in cases of child neglect. It provides a profile of child neglect, highlighting the information learned about needs and risks from the Canadian Incidence Study on Child Abuse and Neglect. The chapter includes a review

of the literature regarding insufficiency of attention devoted to needs of neglectful families, and regarding excessive emphasis on investigation, risk, and surveillance. Also reviewed is literature that supports the use of risk assessment and that describes the research that has been done on the use of risk assessment instruments.

3. Chapter three explains the client-centred, needs-based approach, examines the social work literature on how needs ought to be assessed and measured, and explains what is known about client perception of needs, in both the social welfare and child protection realms.

4. Chapter four summarizes the literature on effective prevention and intervention programs in child protection, especially those most relevant to the problem of child neglect. The chapter also reviews what is known about promising client-centred, needs-based models in the child protection field, evaluating them in relation to what is known about effective programs in child protection.

5. Chapter five states the research questions, and describes the method of the present investigation, elaborating upon specific details of the strategy for statistical analysis of the data.

6. Chapter six presents the results from the data analyses.

7. Chapter seven discusses the findings of the research, presents the substantive implications both for social work practice and social policy, discusses the strengths and weaknesses of the study, and provides directions for future research.

CHAPTER TWO

2.0 A New Approach to the Consideration of Client Needs and Risks: A Key to Improved Service

This chapter explores the literature about addressing both needs and risks in cases of child neglect. The chapter proceeds from the premise that attention to both needs and risks is critical to effective intervention, and intends to foster greater understanding of how both needs and risks can be best addressed. In recent years the pendulum has swung in the direction of paying extensive attention to the issue of risk. Why this happened and the implications this swing has had in the practice of child welfare will be investigated. As a point of departure, issues in defining child neglect are discussed, followed by a profile of child neglect in Canada, as depicted in the Canadian Incidence Study on Child Abuse and Neglect (Trocmé et al., 2001). A better understanding of the needs and risks that are present in Canadian families for whom neglect is the concern can be gleaned by acquiring some familiarity with this profile.

2.1 Defining Child Neglect and Profiling Neglect in Canada

From the outset it is essential to consider how neglect is defined, and to become aware of the extent and nature of neglect in Canada. Any changes to child welfare policy and practice related to neglect must be cognizant of definitions, incidence, and characteristics of neglect. The discussion does not arrive at an absolute definition but rather, in discussing definitions, attempts to delineate the prevailing views on what constitutes neglect and to challenge some of those views. Neglect is understood, in North America, to encompass situations where some harm or risk of harm to a child (physical,

sexual, emotional, or developmental) occurs due to parental omission. The harm or risk of harm is seen as resulting from inadequate care provided by the parent in the areas of health, nutrition, shelter, education, supervision, affection or attention, and protection (Wolock & Horowitz, 1984). Operationally, harm is further defined in child protection systems by setting thresholds so that if care of a child falls below specified standards, then neglect is deemed to have occurred. Generally, researchers identify that defining what constitutes child neglect is problematic (Giovanni, 1989; Goddard & Carew, 1993; Zuravin, 1999). The United States National Research Council (1993) noted that there is no agreement as to what forms of parenting are dangerous; whether child maltreatment ought to be defined according to adult characteristics, adult behaviour, outcomes for the child, the environmental context, or a combinations of those factors; or whether standards of harm or risk of harm ought to be included in the defining of the problem

Although, agreement has not been established at a societal level as to what constitutes neglect, child protection legislation and, by extension, child protection agencies who must carry out the legislation, do exhibit some consistency on the matter of definitions. Rose and Meezan (1993) tracked nine categories of child neglect in use by child protection systems:

(a) inadequate food, clothing and shelter; (b) inadequate supervision, abandonment; (c) inattention to medical care of the child by the parent; (d) inattention to educational needs of the child by the parent; (e) lack of parental moral fitness; (f) poor condition of the home; (g) mental or physical incapacity of the parent; (h) inadequate emotional care; (i) and exploitation of the child. As well, child protection systems often establish thresholds

to operationally define neglect. For instance, in Ontario an instrument known as the Eligibility Spectrum is utilized upon the receipt of new referrals to determine standards of endangerment and harm warranting child protection intervention (OACAS, 1997). Although, standards do allow for the identification of *children in need and/or at risk*, it is questionable whether these standards should always be used to trigger a child protection investigation. Are children being neglected by their parents when the care of the child falls below a certain standard? The child protection systems in Ontario and throughout Canada are designed so that the behaviour of the parent, not the environment, is of primary question. Agencies have not been able to respond to child neglect in a way that appropriately takes into consideration the extensive literature that points to the environment as a key factor (Fanshell & Shinn, 1978; Fryer, 1993; Garbarino, 1982; Garbarino & Crouter, 1978; Garbarino & Sherman, 1980; Lindsey, 1991; Trocmé et al., 2001). The degree to which child maltreatment is due to the individual deficits of parents or to social problems is a debate that will continue for some time. The dissertation posits that both individual and social factors must be vigorously considered. However, the lack of clarity in defining neglect is worrisome, as it allows the shortcomings of the parent to prevail in defining neglect. There is also a lack of clarity in the operational definitions about neglect in Ontario's child protection system with respect to caregivers who have difficulties with their parenting skills, or who have mental, physical, intellectual, or addiction problems that are harmful or might be harmful to their children. Lack of parenting skills and the parental problems just mentioned are two categories which frequently become the reason for opening a child neglect case. When some form of harm

has occurred, it will often be reasonable to say that neglect has occurred if the parent has failed to meet the child's needs. However, at what point the problems or lack of skills become an issue of neglect is less clear when they pose a risk of harm, but no harm has occurred. Are terms such as neglect and child maltreatment appropriately used to describe the latter situations? The term neglect may be more apt in describing risk of harm situations, only when parents refuse to make use of services that will help them to meet the needs of their children.

In concluding the discussion of child neglect definitions, it must be emphasized that child protection policy decisions about what situations to include or exclude, and how the intervention should be carried out, revolve around the thorny problems about definition. The incidence and characteristics of child neglect are also germane to the discussion about definitions, potentially helping to answer some of the questions that have been raised.

2.1.1 Profile of Child Neglect

Child neglect is strongly associated with low income, larger, multi-problem families, families receiving social assistance, inadequate housing and living conditions, and limited education (Boehm, 1964; Daro, 1988; Trocmé & Wolfe, 2001). Numerous studies have linked economic privation with child maltreatment (Garbarino & Crouter, 1978a; Garbarino & Sherman, 1980; NCCAN, 1981; Pelton, 1978; Steinberg, Catalano, & Dooley, 1988). Some of the comparative data available on neglect in Canada, England, and the United States have provided a useful reference point for presenting the profile of neglect in Canada. The prevalence rates of child maltreatment were 45% in the United States (1993), 21% in Canada (1993, extrapolated from the Ontario Incidence Study), and

18% in England in 1991 (Waldfogel, 1998). Waldfogel asserted that the difference in reporting and substantiation can be attributed almost entirely to differences in the area of child neglect. She ruled out a number of possible explanations noting that all three countries have well developed reporting systems and similar definitions of neglect. Included in the analysis was the observation that, although Canada and England keep fewer neglect cases open after an investigation, one does not see a corresponding higher rate of re-occurrence of harm done to children on account of neglect in those countries. Waldfogel, then documented that the rate of child poverty is highest in the United States, followed by Canada and then England. Her conclusion, that the much higher neglect rate in the United States is likely explained by poverty is credible, and is supported by other comparative research about child maltreatment (Gilbert, 1997; Lindsey, 1994).

However, in designing a better response to child neglect in Ontario and the other Canadian provinces, one must guard against basing decisions too heavily on research about neglect in the United States, given the existence of significant differences between the two countries. In the United States changes in the child protection system are being contemplated because the system is overwhelmed by sheer volume caused mostly by increased cases of neglect. Furthermore, the percentage of people living below the poverty line in the United States or Canada is not the only determinant of the severity of neglect likely to occur, but the severity of poverty and social disintegration in large urban areas of the two countries are also factors. Demographic, historical, and cultural differences between the two countries must be appreciated and understood. Lastly, more knowledge is needed about the Canadian context concerning the impairment of parental functioning as

well as sequelae in neglected children.

Turning to what is known about the Canadian context, the recently completed Canadian Incidence Study of Child Abuse and Neglect has provided the opportunity to learn about the characteristics of child neglect in a way that was not previously possible (Trocmé et al., 2001). The following is a brief description and analysis of the findings on neglect as reported in the Canadian Incidence Study. As the information indicates, some marked differences that need to be factored into policy making and practice show up in this report between neglect and other forms of maltreatment.

1. Primary Reason for Investigation

Physical Abuse	31%
Sexual Abuse	10%
Emotional Maltreatment	19%
Neglect	**40%**

Neglect was found to be the largest category of child maltreatment.

2. Forms of maltreatment within each category contain information pertinent to better understanding neglect. Within the category of neglect, 48% of the substantiated cases were cited as *failure to supervise*. Within the *emotional maltreatment* category, 58% of the substantiated cases were *exposure to family violence*. Family violence is frequently associated with neglect. Given that failure to supervise and exposure to family violence (primarily men towards women) represent such a sizeable proportion of cases served by the child protection system, one can see the importance of developing effective intervention in dealing with those problems.

3. There was some physical harm in 9% of neglect cases.

Types of Physical Harm in Neglect Cases

Other Health Conditions	67%
Burns and Scalds	12%
Bruises/Cuts	16%

These figures indicate that physical harm is seldom associated with neglect, and that serious harm is even more rare.

4. Lone mothers accounted for 45% of all neglect cases. In households where child maltreatment was substantiated, lone mothers who had neglected their children were the most frequently noted household type, across all categories of maltreatment.

5. Source of Income

Social Assistance was the source of income for 47% of neglect cases and 35% of emotional maltreatment cases. Only 24% of families in which neglect existed derived their income from full time employment, whereas 60% of families in which physical and sexual abuse occurred, secured their livelihood through full time employment.

6. Housing

Trocmé and Wolfe (2001) found that in only 17% of substantiated neglect cases did the family own their home, while clients in 40% of the physical and 50% of the sexual abuse cases were home owners. By a significant margin, child neglect was associated with the highest percentage of unsafe housing (31%) and the greatest number of moves, (29%).

7. Caregiver Functioning and Family Stressors

The Canadian Incidence Study profiled a list of stressors and caregiver problems

for all categories of child maltreatment. Neglect and emotional maltreatment generally had the highest ratings for each caregiver problem and stressor. Concerning alcohol and drug abuse, the comparison was noteworthy as those problems were far more serious for neglect than in the physical and sexual abuse categories.

8. Charges Laid

Sexual Abuse	70% of cases
Physical Abuse	20%
Neglect	4%
Emotional Maltreatment	25%

9. Alleged Perpetrator in Substantiated Child Maltreatment

Biological Mother

Neglect	84%
Physical Abuse	43%
Sexual Abuse	2%
Emotional Maltreatment	59%

The Canadian Incidence Study found that the biological mother is generally seen as the parent who is responsible for neglect. Trocmé and Wolfe (2001) concluded that these findings may support the view that there are significant relationships between child neglect, poverty, and single parent households led by women. Turning to male perpetrators, the percentages substantially dropped across all categories of maltreatment.

2.1.2 Summary for Child Neglect Profile

Neglect is the single largest category of maltreatment in Canada, and is strongly

associated with single mothers living in poverty. Trocmé et al. (2001) found that substance abuse and lack of social support are serious issues with neglect cases, and that physical injury and criminal charges are seldom associated with neglect in Canada. Marked differences in the profile of neglect cases emerged in comparison to physical or sexual abuse cases (Trocmé et al., 2001).

Much of what can be seen in the Canadian Incidence Study would suggest a different response to child neglect in Ontario and across Canada than is provided for other categories of maltreatment. Help in coping with poverty is essential. A shift to more emphasis on assessing and supporting client needs in many cases, and to less emphasis on the risk/investigative/surveillance orientation appears warranted, as the risk of immediate harm is rare in cases of child neglect. The needs most commonly identified include (a) accessing help with mental health needs, (b) obtaining help for substance abuse, (c) developing social support, (d) improving parenting skills, (e) coping with stress, (f) dealing with domestic violence, (g) making available child development opportunities, (h) helping obtain material goods and services and, (i) ensuring a strong social safety net at a societal level.

Recommending a comprehensive family support response for most of the cases that are currently classified as being neglect situations should not be construed as de-emphasizing the seriousness of the neglect issue. The long-term effects of serious chronic neglect on children can be devastating. Furthermore, although a child and family support approach is indicated with many neglect cases, it is imperative that child protection workers have the skills and tools to recognize the most serious neglect cases. Serious

neglect cases may be few, but the risk of harm is great. It is for this reason that cases deemed as high risk require not only support and treatment but a strong investigation and surveillance component.

2.2 How Child Neglect is Constructed

2.2.1 Child Protection System's Treatment of Poverty and Mothers

The social construction of child neglect, in the context of the dissertation, refers to the processes that occur when values and beliefs shape how we understand child neglect, how we define it, and how we interpret the behaviour of parents whom we see as neglectful. In deed, much of the difficulty in agreeing upon definitions about neglect revolve around debates about social construction (Munro, 2002). There are no absolute definitions about child neglect, yet policy makers and the child welfare field have been called upon to make choices about neglect. They have constructed a definition of neglect according to their views and beliefs, and used the knowledge they have available to them. The intent of the ensuing analysis is to evaluate how child neglect is constructed. In doing so, the emphasis is not on coming to grips with questions of absoluteness and relativity in child maltreatment, but on showing how child protection works. This approach was also adopted by Parton (1995) in his analysis of the construction of child protection in the United Kingdom.

One of the ways child neglect works is that it is largely treated as a personal problem (Frensch & Cameron, 2003). In making reference to case studies she did in a very poor area of Toronto, Swift (1995) observed there were no *social facts* in the file. No connections were made between the socio-economic situation of the client and the child

welfare concerns for which the Children's Aid Society had become involved. The researcher's experience in working in a number of child protection agencies in Ontario concurs with Swift's case study findings. Swift questions the objectivity of the child protection system. The child protection system strives to create reports that are neutral and objective, but the absence of social facts does raise questions about objectivity. Without the social facts and analysis of them, does case recording accurately reflect why the needs of children in a family are not being met? Such an absence can lead to formulating conclusions that make child protection issues mostly a matter of failure on the part of the parent.

Generally, the examination of how child protection agencies report their intervention in child neglect cases illustrates that neglect is treated as a personal problem for which the client needs help. If one accepts that ideology is reflected in practice and organization, then the exclusion of social facts from assessment and intervention also reveals an ideological orientation about the way child protection work is conducted. A dominant theme in many child neglect cases is the *neediness, emotional immaturity* and *dependency* of mothers (Swift, 1995). That theme is often connected to the neediness of the mother preventing her from meeting the needs of her children. Though harm to children and maternal neediness in these situations is clearly an issue, an ideological element is embedded in helping women to overcome their neediness. The concern is that an over emphasis on the neediness theme is closely linked to an expectation that only clients must change, as little can be done about their situation and circumstances.

Perhaps one of the most serious concerns about the current child protection system

in Ontario is that parents who neglect their children do not often receive the help they need. Cases in point are the circumstances in which the child protection system is contemplating the admission of a child into its care, a step that might have been averted with a strong social safety net in place. Policy makers, via the child protection agency, are dictating what is acceptable parenting but are not giving the parent the means to overcome their problems, or find a way out of difficult situations. It is likely that many child protection workers recognize that some elements of their work assist in maintaining the social order. However, in the past, social control issues were not seen by social workers as unacceptably pervasive. At this time, that element of child protection is emerging as a larger issue in jurisdictions like Ontario that have adopted more conservative social policies, because the values of the social order are increasingly in contradiction with the values of social workers and social work.

The way child protection operates for mothers who are found to be neglectful illustrates a significant concern about constructing a system in which it is the client who must change, and who is viewed as lacking in ability to be a good parent. As mentioned earlier, almost half of all neglect cases in Canada involve single mothers. Within the emotional maltreatment category of the Canadian Incidence Study, 58% of the cases involved children being exposed to domestic violence, mostly by males toward female partners (Trocmé et al., 2001). Frequently, such cases also have an element of neglect, with women coping with the stresses of both poverty and domestic violence. Various case studies have shown that it is consistently mothers who are being asked by child protection staff to protect their children from neglect and domestic violence (Swift, 1995). Mothers

are told that they must make the right choices about putting the best interest of their children first. The choices they have available to them are limited, are often not very attractive, and are likely to add to an already very stressful life situation. Child protection workers know that it is not entirely reasonable to expect single mothers living in poverty, and women being subjected to domestic violence, to be able to parent effectively, and in two parent families to be the one who is expected to be the caregiver. However, that is how the child protection system often functions. It is the mother who is most likely to be seen as neglectful and in need of help and surveillance. Thus child protection practice has sometimes been charged with blaming mothers. A growing body of research has been attempting to demonstrate how women are treated in the child protection system, looking at alternatives, and attempting to give women involved with the child protection and welfare systems a voice as well as fairer treatment, without jeopardizing the safety of children (Farmer & Owens, 1995; Fernandez, 1996; Parton, 1997; Swift, 1995).

In summarizing the discussion about the construction of child neglect, an effort must be made by the child protection system to pay more attention to social needs, and to find ways to address the needs of women living in poverty and in circumstances of domestic violence without sacrificing the safety needs of children or blaming mothers.

2.2.2 Risk in Child Protection

Parton, Thorpe, and Wattam (1997) espouse the position that increasingly child maltreatment in the U.K. proceeded in a socio-legal direction over the last 25 years, with much emphasis being placed on investigating, assessing, and weighing forensic evidence.

This pattern to which Parton and his colleagues refer also occurred in Ontario where, during a similar time period, child protection became more legalistic and, recently, more risk oriented. Debates about risk are integral to the discussion about future directions in child protection. Parton argues that, in the 1960's and 1970's meeting social needs was seen as possible and important, but that now risk assessment and surveillance are the dominant orientation in the field. The United Kingdom learned that the investigative/legalistic/risk orientation is problematic in that it leaves too little time available to help families. When the child protection legislation (Children Act 1989) was enacted, it was intended to strongly support socio-economically disadvantaged families in meeting the needs of their children. To date, the concerns have been that not enough funds have been allocated to realize that objective and that, initially, no plan was formulated for moving in the direction of a more needs-based approach after the legislation was enacted. Hence, diminishing the over reliance on a risk-based approach has been slow to emerge in the United Kingdom.

Child maltreatment inquiries in North America and the U.K. have been the catalyst for bringing about change in policy and practice. Often, one of the results of inquiries has been to increase the use of risk-based strategies. In the U.K. more than 30 inquiries related to the deaths of children have been conducted. Parton et al. (1997) examined a study of inquiry reports from 1980 to 1989 and observed that these inquiries pointed out how difficult it is to predict who will seriously maltreat a child, and to determine what constitutes high risk. The inquiries noted the monumental challenge of somehow identifying the conjunction of circumstances that might culminate in the death of a child,

given that the potential to maltreat a child is widespread. Parton et al. (1997) concluded that the investment of so much time and energy in risk assessment had not been effective in the prevention of harm to children.

Steinhauer (1997), in commenting on the introduction of a risk assessment instrument in Ontario, explained that the ability of risk assessment tools to predict future maltreatment is poor. He cautioned that they must be used to assist with decision making, but not to dictate decisions. Of equal concern in the Ontario context, and probably elsewhere as well, is the way that a risk assessment model can become the dominant orientation for the practice of child protection. Perhaps in time risk assessment will settle into a less pervasive yet significant part of child protection work. Will risk assessment tools have predictive validity in the future? How should such tools be used? For those neglect cases in which children appear to be at risk of serious harm, risk assessment tools and an investigative framework are a good fit. Risk assessment does provide a solid framework for trying to assess risk and prevent harm, quite apart from the issue of predictive validity. However, for the majority of cases, an over reliance on a risk orientation may perpetuate a view of clients as being dangerous to their children, mistrust on the part of clients, and an organizational culture which emphasizes surveillance. The increased time being spent on the investigative/legalistic/risk side of child protection is, of course, done at the expense of investing more time in helping clients to deal with issues that concern them and that place their children at risk.

The results from LONGSCAN, the longitudinal studies of child abuse and neglect that have been conducted in North Carolina over the last 16 years, provoke challenging

questions from another perspective about the investigative model. The studies found there was no difference in the ability of maltreatment to predict behavioural and emotional outcomes according to whether allegations were substantiated or not, for 8 year old children reported to the child protection system between the ages of 4 and 8 (Kotch, 2001). On a trauma symptom checklist, the mean scores for all variables were almost identical for substantiated and unsubstantiated allegations. The results seem to be pointing to the need to ensure that all children in high-risk families and environments receive effective services.

Policy makers, the public, and some proportion of those working in the child protection system may be under the illusion that, in using the investigative and risk assessment approach for child neglect, the field is detecting harm and injury, and assessing the risk of harm and injury, whereas in many instances it is primarily assessing adequacy of care. It should not be construed that risk assessments of neglect in Ontario, or Canada for that matter, are normally mostly about child rearing practices and family functioning. However, as neglect is more nebulous to define, and more value laden than abuse, vigilance is required to avoid neglect cases becoming more about community standards of acceptable child rearing than it is about children being harmed because of parental and societal neglect. As a child welfare practitioner I have seen some evidence of that concern. In a case study of child neglect, Pelton (1981) identified the need for greater specificity in identifying the actual harm to the child, and in determining what conditions in a particular case place the child at risk of harm. In that study Pelton concluded that avoiding generalizations about risk are imperative to guard against the danger of being too intrusive

or, in some cases, not intrusive enough. So often in child neglect cases one sees a chronicity involving inadequacy in parenting and in the child's environment. The child protection worker's role ought to be working at raising the level of adequacy in both domains. To a large extent, the value of risk assessment in marginal chronic neglect cases is uncertain. That long-term harm is being done to the child is given. The issue is more about how to intervene, knowing that options are limited by insufficient resources for intervention. With respect to assessment, assessing parenting capacity and needs may be more useful tools for determining how to intervene, in many instances.

Although one must be concerned about an over reliance on risk assessments and their inability to predict harm, the child protection system must make judgements about risk. The next section will review the literature on risk assessment in order to examine what risk assessment can offer.

2.2.3 The Use of Risk Assessment Instruments

Some examination of the use of risk assessment instruments is obligatory to draw conclusions about the proper use of risk assessment in child protection . Risk assessment, in the following discussion, will refer to a process for assessing the risk of likelihood that a caregiver will harm a child in the future. As mentioned earlier, the focus on the assessment of risk gained wide acceptance during the 1980's. It grew out of public concern that more accuracy was needed to assess the likelihood that children might suffer serious harm at the hands of their caregivers. In the United States much of the impetus had to do with the overwhelming volume of referrals inundating their child protection system. Risk assessment instruments began to be seen as an objective means of determining which

referrals should receive ongoing services. As well, in Canada, the United States, and the United Kingdom, child welfare agencies moved away from intervening in circumstances in which it was deemed children were being exposed to inadequate care, and focused more on children who had suffered harm due to the behaviour of the parent or who were highly likely to suffer future harm without intervention. Through a review of risk assessment instruments, Wald and Woolverton (1990) found that they were being used in making the following decisions: (a) whether, and how soon, to investigate a report of abuse or neglect; (b) whether to substantiate such a report after investigation; (c) whether, in substantiated cases, to divert a case to an alternative system, to file a court petition, or even to close the case entirely; (d) whether to remove a child temporarily during the course of an investigation; (e) how much service to give a family that has been brought within the protective services system; (f) whether to remove a child into long-term foster care following an adjudication that the child has been abused and neglected; (g) whether to return to a parent a child who has been in foster care or, in the alternative, whether to seek termination of parental rights; and (h) whether to close a case.

In the literature, ones sees support for the use of risk assessment instruments, and for the need to conduct research aimed at producing instruments that have high validity and reliability (English & Pecora, 1994; Johnson, 1996; Lyons, Doueck & Wodarski, 1996; Munro, 2002; Wald et al., 1990). However, various reviews of the impact of risk assessment models suggest they have not lived up to their expectations (Doueck, English, DePanfilis, & Moote, 1993; Pecora, 1991; Wald et al., 1990), primarily due to concerns about the empirical testing of risk assessment (Camasso & Jagannathan, 1995; Doueck et

al., 1993; Pecora, 1991; Rodwell & Chambers, 1989; Wald et al., 1990), as well as concerns about instruments not being implemented as intended (Cicchinelli & Keller, 1990; DePanfilis, 1996; Doueck, Bronson, & Levine, 1992; Fluke, Wells, England, & Gamble, 1994; Hornby, 1989; Kern, Baumann, & Sheets, 1994; Pecora, 1991).

From the outset, one cannot underestimate the difficulty of designing risk assessment instruments that will have a high level of accuracy in predicting future maltreatment. Munro (2002) notes that the difficulty of accurate prediction is compounded by the fact that one is trying to predict a relatively rare event. At this point in the development of risk assessment instruments, there is general agreement that they do not have good predictive validity (English et al., 1996; Johnson, 1996; Lyons et al., 1996; Wald et al., 1990). The evidence is that a number of instruments do have reasonable inter-rater reliability, meaning there is a consistency from worker to worker in the risk ratings selected (Lyons et al., 1996).

Munro (2002), having reviewed U.S. studies of risk assessment instruments completed up to 1996, found that actuarial risk assessments hold some promise for assisting practitioners in predicting future risk. The brevity of the actuarial instruments gives them the potential of being used as effective screening assessments for child protection referrals, so as to determine how a child protections system should respond to the referral. This type of risk assessment assigns a probability of future maltreatment based on the association between risk factors and substantiation rates in a jurisdiction. However, Munro (2002) cautions that more testing is required before risk assessments can be relied upon. She notes that a solid actuarial assessment must be based on sensitivity, how many

cases of maltreatment it will accurately predict; specificity, how many non-maltreating families it will correctly identify; and base rates derived from the prevalence of a phenomenon amongst the general population. Her review of the literature discovered that, although studies report on sensitivity and specificity, they do not report on prevalence. She noted that the literature stipulates whether a risk assessment instrument is better than chance at predicting future maltreatment, but does not compare risk instrument predictions to the prediction rates of clinical assessment. Munro's findings pointed out that the majority of risk assessment models are derived from expert opinion and literature review, rather than from empirical studies of the prevalence of the factors among abusers and the general population. Wald et al. (1990) also express concern that virtually no U.S. risk assessment models were derived from research. At this time, little research has been conducted on the construct validity of any risk assessment instruments(English & Graham, 2000). Construct validity refers to the way a measure relates to other variables within a system of theoretical relationships (Rubin & Babbie, 2001). Thus, the way in which risk assessments have been developed, without a sound theoretical base, may not bode well for many of them being able to demonstrate construct validity.

Prior to concluding the discussion about risk assessment instruments, several other salient points identified in the literature warrant consideration. As mentioned earlier, risk assessments have been used for multiple purposes. Wald et al. (1990) emphasized the importance of conducting further research about which risk assessments are best suited to the various types of decision making for which they are used. English (1999) and Wald et al. (1990) suggest that not a lot is known about whether different risk factors apply to

different types of child maltreatment. They caution that one should not assume that the same instrument can be used for assessing all types of maltreatment. The literature underlines the importance of the interaction of risk and protective factors, and that more research is needed on that topic (English, 1999). Given this paucity of knowledge about the interaction of risk factors, Wald et al. (1990) have suggested that it would be prudent not to determine a risk rating simply by adding up the risk factors. Finally, English (1999) expressed concern about the reliance on substantiation as seen in the actuarial model. She warned that this approach can lead to some ignoring of the long term harm caused by neglect, especially the more mild and moderate forms of neglect, as it is likely to be some time before the serious impact on the development of a child is seen.

Risk assessments do have the ability to introduce a level of consistency in the assessment of risk by child protection staff. If a sound theoretical basis for the choice of risk factors included in the instrument is established, there is also the possibility of creating more thorough assessments of risk. Many studies have given the message that more research is needed to reach the point at which risk assessment instruments are psychometrically sound. Once more credible instruments are created, the place they ought to have within the child protection systems in which they are used will become more apparent.

2.3 Summary of the Case for Greater Consideration of Client Needs

A number of reasons can be enumerated for incorporating a client-centred, needs-based approach into the delivery of services for cases of child neglect. The achievement of outcomes has developed as a key direction in the human services over the last number of

years. Achieving outcomes for clients presupposes that needs are being met. Currently child protection organizations strive to measure outcomes, but with little confidence that goals tailored to the meeting of client needs have been selected. In the child protection field in Ontario, the researcher's observations have been that clients usually do not enter into a partnership concerned with goal setting, nor are clients consistently consulted about their needs in any systematic way. It follows then that, if the child protection system was able to accurately assess needs, it might be more effective in setting goals with clients, and, ultimately, in achieving agreed upon outcomes.

Sustainability of progress is also part of the rationale. Any improvements in child safety are more likely to be of short duration if assessments are inadequate, and efforts are not directed at meeting parental and child needs. By involving clients in the process of clarifying their needs, a more respectful way of working with clients occurs. In the process, it is more likely that clients can be engaged in meaningful work to do with the safety and well-being of their children. It also is more likely that the social problems that are influencing the condition of neglect will be given some attention. Later in the dissertation specific reference will be made to the instrumental needs identified by child protection clients in a number of studies.

The conceptual framework for the dissertation described how an ecological approach to child neglect addresses individual, family, situational, and social concerns. Within this approach there is an awareness of the strong impact of poverty on child maltreatment. For the most part, the Ontario child protection system has not been able to adequately respond to the environmental context of child neglect. Many child neglect

clients are women, often single parents, and are in many cases coping with domestic violence from boyfriends and partners (Leschied, Whitehead, Hurley & Chiodo, 2003). Finding a way to support those women in meeting their needs, that is at once not blaming but successful in protecting children, is a formidable challenge.

The case for greater consideration of needs hinges on the argument that room must be found for the inclusion of a different approach to the investigative/legalistic/risk model. Many colleagues in the child protection field in Ontario express a frustration with the dominance of the risk orientation. Similar concerns in the U.K. have led to the framing of child protection legislation that attempts to achieve a better balance between focusing on risk and need. Further reasons for not putting so many eggs in the risk basket are based on the limited prediction ability of risk assessment tools, and the limited frequency of children suffering significant physical harm due to neglect.

If less emphasis is to be placed on risk assessment and surveillance, the issue of developmental harm must also be considered. The abundant research that has focused on early brain development suggests that, when child neglect is occurring in the lives of infants and toddlers, intensive and comprehensive intervention combining both risk-based and needs-based approaches should take place. Developing a permanency plan for those children that will ensure their safety and well-being is the priority. It is noteworthy, however, that 74 % of child neglect cases in Canada involve children who are more than 3 years old (Trocmé et al., 2001). Most of the cognitive and emotional harm that might be caused by neglect would have already impacted on those children by the age of 3 (Perry, 2001). With the exception of high-risk cases, it seems sensible to spend more time trying

to meet the needs of the 74% of children (and their parents), less time investigating and documenting the harm that has been done or might be done, and less time on surveillance of these families. Rather than so heavily targeting the limited resources available on investigation and surveillance, it seems that being less captivated by concern about neglectful incidents, but being more focused on bolstering parental capacity and providing developmental opportunities for children, is the appropriate direction. When the more client-centred and needs-based approaches are not working, then falling back on a more intrusive child protection approach is required.

Certainly, a child protection system should conduct both formal risk assessment and needs assessment. Determining when and how to use these formal assessments bears rigorous examination. On a daily basis child protection workers are called upon to make decisions about needs and risks. In a less formal fashion child protection workers use their training, education, and experience to make judgements for the purposes of case planning. However, the problem that this dissertation has identified is that currently many jurisdictions in North America, including Ontario, have made risk assessment and surveillance the centrepiece of their approach to child protection, not knowing if formal risk assessments really need to be used so widely, and knowing that many risk assessment instruments have very questionable ability to help with the prediction of risk. As the dissertation unfolds, it is intended that more clarity will emerge as to how a better balance can be achieved. Finally, if one is searching for guidance on child maltreatment from the literature, one of the key messages is that more sophisticated and varied responses are needed for situations perceived as involving child neglect. Earlier in this chapter it was

pointed out that the debate around definitions of child neglect has not been resolved. Should neglect be defined according to adult characteristics, parental behaviour, outcomes for the child, the environmental context, or a combination of those factors? We know that all of those factors are important in one way or another. They speak to the desirability of responding by assessing and addressing risks, assessing and addressing personal and environmental needs of children and parents, assessing and building parenting capacity, and being able to evaluate child progress and outcomes. Constructing a child protection system in Ontario that has the sophistication to respond to different risks and needs in different ways will require considerable effort and research.

CHAPTER THREE

3.0 Development of a Client-Centred, Needs-Based Approach

3.1 Defining the Approach and Rationale

This section of the dissertation, building on the previous discussion, explores how to develop a more client-centred approach to the assessment of needs, and how to find solutions to those needs. Ultimately, the knowledge acquired about designing a more client-centred, needs-based approach ought to be incorporated into a new model for service delivery in cases of neglect. Most of the ensuing discussion will deal with how to measure need, particularly the *felt needs* of clients, through an investigation of the literature on the perception of needs by *at risk* clients. The material approaches needs from the perspective of how parents see both their needs and the needs of their families.

Clifford (1998) expressed the view that all social assessments should combine both the assessment of risk and need. He spoke about the interconnection of risk and need. For example, risk and need are connected in the sense that, if certain needs are not met, a child or adult may be at risk of some form of harm to themselves or others. Risk can be placed on a continuum extending from low to high risk. The needs continuum starts with *wants* at the low end of the continuum, progressing to *needs* at the high end. Risk must be understood in the broader context of need, and both risk and need require the assessment of future potential, positive and negative. Clifford (1998) articulated that past history is critical to the assessment of both risk and need.

Clifford(1998) advocated a better framework for social assessment, suggesting that the assessment combine social theory and research methodology with the perspectives

of service providers and clients. Recent research has provided evidence about the importance of the views of parents, and of taking into account differing views of parents and other professionals when conducting social assessment (Farmer & Owen, 1995; Gabor et al., 1998). The social research unit of the British government noted that recent research has identified the substantial negative impact of child protection systems on families (DoH Darlington Social Research Unit, 1995). Canada has not turned its attention as yet to the issue of needs in child welfare, the issue of client involvement in the assessment process, or the issue of the negative impacts that occur within its child protection systems to the extent that is occurring in the United Kingdom. Canadian research on those issues is more limited but is beginning to garner attention (Trocmé et al., 2003). Within the Ontario child welfare system little attention has been paid to those issues. Drawing upon some of the British experiences and their child welfare research provides valuable information that could be used within Ontario's child protection system to examine the issue of needs, and the impact of child protection intervention as perceived by clients.

3.2 Measurement of Need

There is general agreement that social agencies exist to meet human needs, but problems arise in defining how extensive and intensive is the need, what kind of approach will meet the need, and how to garner public support to meet the need (O'Brien, 1973). Undoubtedly it is difficult to measure need. The state of the art is not sophisticated in the social services field. As well, the needs of children and parents are often so substantial that arriving at an adequate level of service provision to meet needs is beyond the capacity of most child protection systems. Decision makers at the governmental level in Ontario, and

in many other provinces of Canada, appear to have opted to define need as *risk reduction*. Although the safety needs of children ought to be paramount, the needs that are associated with promoting the well-being of children have been given much less priority. Social policy makers have not set the bar high enough with respect to the role and resourcing of the child protection system as it pertains to ensuring that the well-being of children is enhanced during the course of intervention, and long after child protection cases are closed. A good place to start in rectifying the problem is to recognize through social policy that child protection assessment should be about risks, needs, and strengths. The task would then be to develop the kind of tools needed to do such assessment.

McKillip (1987) defined needs in this way: "Needs are value judgements that a target group has a problem that can be solved"(p.7). Inherent in this definition are four important aspects: (a) There is a recognition that need involves values and that people with different values will recognize different needs; (b) a need is possessed by a particular group of people in particular circumstances; (c) there is a problem around expectations of what should be; and (d) recognition of need implies a judgement that there are solutions. Given the forgoing definition, how does need get measured? Bradshaw (1972) developed a taxonomy of needs which provides four approaches to measuring need:

(a) *Expressed need* is the demand for service by consumers;

(b) *normative need* is a standard or level set by the experts or professionals as desirable;

(c) *felt need* is a person's self-perception of his situation; and

(d) *comparative need* involves needs as assessed by the characteristics of those receiving the service, and those in the community with similar characteristics (O'Brien, 1973).

Research methods pertaining to the measurement of a construct such as need favour the use of more than one instrument (McKillip, 1987). Any one method, because of its limitations, will only partially measure the construct. Use of multiple methods, though more costly, tends to eliminate bias and expand the level of understanding by capturing more than one perspective. For example, service providers and service users each have their own values which will be expressed when asked to define user needs.

Expressed need, which is the demand for services by consumers, does not immediately spring to mind as being pertinent to the measurement of needs in a child protection setting. However, many child protection agencies in Ontario do offer a significant amount of voluntary service to parents seeking help. The help is often associated with parents who are overwhelmed in dealing with mental health, developmental, and behavioural issues in their children. Collecting data about the delivery of voluntary services and evaluating client satisfaction can be used by child protection agencies to learn more about expressed need.

Some tools are available to measure social needs. Instruments designed to assess family functioning and child functioning are normative measures of need. For the most part, they are designed to measure functioning, but are capable of collecting information about needs. Moreau completed a review for which he compiled an inventory of instruments used in child welfare for clinical and outcome purposes (cited in Trocmé et al., 1998). Only instruments that were valid and reliable were included. The following instruments measure child functioning: (a) the Child Well-being Scales, (b) the Parenting Stress Index, (c) the Beck Depression Inventory, (d) the Symptom Checklist-90, Revised,

(e) the Child Behaviour Checklist, (f) the Behaviour Style Questionnaire, (g) and the Child Depression Inventory. The review found the following measures of family functioning: (a) the Child Well-being Scales, (b) the Parenting Stress Index, (c) the Family Need Scale, (d) the Family Environment Scale, (e) the Child Rearing Practices Report, (f) the Home Observation for Measurement of the Environment Inventory (HOME), (g) the Minnesota Multiphasic Personality Inventory (MMPI), (h) the Eysenck Personality Inventory, (i) the Maternal Behaviour Rating Scale, and (j) the Parent Outcome Interview.

Comparative need, as previously described, is the study of the characteristics of those clients receiving a service, for the purpose of determining the needs of those with similar characteristics who are not in receipt of the service. Promoting equity of service delivery amongst geographic areas is often the reason for measuring comparative need. At first glance comparative need is not very applicable to child maltreatment services as currently delivered. However, if there were agreed upon social indicators of what needs must be met to reduce the incidence of child neglect, then comparative need would be helpful in determining whether particular geographic areas, communities, or even neighbourhoods possessed the wherewithal to meet the assessed needs.

The area of *felt need* is most pertinent to the dissertation because it is so integral to the social work ethos, and because little consideration is given to it. Assessing felt need is subjective in nature. Some people may not wish to admit they have a need. Others may seek help without especially needing the service they seek. Although relying on client perception of need has limitations, it is in keeping with the social work value that clients must determine what needs they wish to address, and it is essential to incorporate the

measuring of felt need into service delivery for cases of neglect.

The level of sophistication in measuring felt needs of clients and normative measures of need used by professionals will vary from one place to the next. Some of the tools available at the normative level have been touched upon. Methods of measuring felt needs include client satisfaction instruments, needs surveys, and case planning with the recipients of service. Client satisfaction surveys can help child protection agencies understand how clients feel about the services they are receiving. From time to time, surveying groups of clients about their needs should also be undertaken. The case planning process is another key opportunity to talk to the client, not only about the social worker's perception of the client's needs but also about the client's own perception. Standardized methods using an ecological approach to speak to clients about their needs and the needs of their children are desirable. In this way more consistency would occur across a child protection system in measuring clients' perceptions about their personal and family needs, included in which are needs that can only be met with community or societal support.

3.3 Client Views About Services and Their Needs

In reviewing the literature on client perceptions of needs and services in child welfare, data base searches in Social Work Abstracts, and PsycINFO were conducted using the following key words: *child protection and needs assessment, client perception of needs, client perception and needs assessment, self report measures of family needs* and *perceived needs*. In Social Work Abstracts (1977-2003), the only citations found fell under *perceived needs*. Seventeen citations were examined and one was found to be pertinent. In PsycINFO no citations were found under the key words, *client perceptions*

and needs assessment, or client perception of needs. Under *child protection and needs assessment* four citations were found. The abstracts were reviewed and none pertained to client perceptions. The key words, *perceived needs* uncovered 222 citations. All abstracts for the 222 citations were reviewed and 2 of them were related to client perceptions. The number of citations dealing with client perceptions of needs and casework in child protection is limited. However, an examination of the library catalogue at McGill University yielded the discovery of a broader literature on client perceptions of counselling and casework, as well as some related articles in the child protection field.

In order to come to some understanding about what might be different if a client-centred, needs-based approach were adopted, a review of what is known about clients' and social workers' views of the helping process may be instructive. Much of the research in the last 30 years has been conducted in family service agencies. Major studies in the social service field will be reviewed to provide some context and means of comparison with a review of the studies in which child welfare clients were asked about their needs and those of their children.

3.3.1 Differences and Similarities in the Views of Clients and Social Workers

In general, clients and workers often view needs, expectations, and the outcomes of the therapeutic relationship differently. It is desirable to acquire a better understanding of the differing views on needs and expectations so that workers and clients might work towards achieving agreed upon outcomes.

Consumer studies in a wide variety of settings have found client satisfaction with the services received, often due to receiving emotional support (Maluccio,1979).

Maluccio (1979), in his review of a number of studies, found that workers were more pessimistic about the outcomes achieved than were clients. In fact, most workers were dissatisfied. It appeared that the difference often related to the workers having higher expectations about what ought to be achieved in the course of working with the client. Kogan (1957) noted that workers felt clients discontinued service due to resistance or lack of interest, whereas clients said it was because problems got better or because of practical problems such as transportation.

The area of expectations and needs reveals many discrepancies between clients and workers. Mayer and Timms (1970), in their study in a family service agency, discovered that a substantial group of dissatisfied clients were unhappy about the assistance they had received regarding material help. Beck and Jones (1973), in a national study of family service agencies, found that workers were less aware of environmental problems and changes in family relationships, but more aware of personal and mental health problems. Other studies have also noted the importance to clients of material assistance and practical support (Magura, 1982; Packman, 1986; Phillimore, 1981; Westcott, 1995; Williams, 1997). Sainsbury et al. (1982) observed that, from the client's perspective, workers overestimated the helpfulness of insightful work and giving of advice, and underestimated the importance of material and financial help and negotiations with other services.

Maluccio (1979) reported evidence of workers being more concerned about client deficits than strengths. He also found workers were more focused on content, while clients placed greater emphasis on the process that occurred during their involvement in counselling. Mayer and Timms (1970), Maluccio (1979), Phillimore (1981), and

Sainsbury (1981) all observed that clients and workers saw the objectives of the helping process differently. Westcott (1995) found clients concerned about their relationship with the worker and what the worker could provide materially, and workers were more concerned about promoting changes in the family and their effectiveness.

The role of social networks is another area that emerged as significant. Maluccio (1979) concluded that workers attributed positive outcomes to the therapeutic relationship, whereas clients referred to resources in their social networks and the role of their life experience. Clients tended to view the influence of their kinship system as positive, but workers saw that system as negative. Initially, clients often reported that their social network was inadequate and inaccessible. Their views changed during the course of counselling. Mayer and Timms (1970) and Sainsbury (1975) also received reports from clients about the helping role of informal social networks.

Maluccio concluded that more extensive research was required for several reasons: (a) to discover the role of informal helping networks; (b) to examine client/worker discrepancies around problem definition, goals and outcomes and; (c) to learn how both client and worker expectations influence therapy.

3.3.2 Perceptions of Child Protection Clients About Services and Needs

Fine et al. (2001) completed a literature review on the views of parents and children about their experiences in receiving services from a child protection agency. They noted that they were not able to find studies that dealt with client perspectives about the type and nature of services clients desired. They reviewed 26 studies, most of which were qualitative, and 13 of which had been conducted in Canada. The views of parents were

solicited in 12 of the studies. In summary, many clients had negative feelings towards child protection agencies, but often felt positive about their relationship with child protection workers. Parents and youth wanted to be treated in a respectful and caring manner. Parents desired to be supported in meeting the needs of their children. A significant minority of parents felt agencies had infringed on their rights and the rights of their children. Parents and youth wanted more involvement in decision making. It appeared that client concern was more about lack of responsiveness from child protection agencies in providing services than it was about having to be involved with mandated services.

In addition to the studies reviewed by Fine et al. (2001), several other child protection studies will be elaborated upon as various points of convergence are found between the client perception literature in both the child protection and social service fields. Packman (1986) examined, through the eyes of social workers and parents, social work decisions about admissions to care (n=266). She identified three groupings of parents: those whose children were admitted to care involuntarily, those whose children were admitted voluntarily, and those whose children were not admitted to care. On a number of questions, the perceptions of parents and social workers were close. However, on matters of parental health, and the social environment and housing, the social workers were not aware of the seriousness with which parents viewed those areas as problems. The majority of parents had hopes that the social workers could help them with certain issues, primarily in the areas of emotional support, child behaviour, and instrumental problem. At the time of a decision about whether their child should be admitted to care, two thirds of the parents saw the social worker as sharing their view of the problem, and

felt they had influenced the decision. Six months after the initial decision concerning admission, two thirds of the parents of children who were either admitted without consent, or were not admitted to care at all, were unhappy with the help they received. The reasons given for the dissatisfaction included the decision being the wrong one for the child or family, and the social worker not having been helpful during the six month period covered by the study.

A second study, by Williams (1997), was designed to find out the views of parents and children about the degree to which they felt a partnership had developed with the social worker who was working with their family (n=122). Williams (1997) examined elements of partnership dealing with satisfaction, participation in decisions, and information shared by the social worker. Overall, 63% of the parents were satisfied with services received and 37% were dissatisfied, in contrast to the Packman (1986) study, in which the level of dissatisfaction was much higher. Of those satisfied, emotional support, admission to care, and help with material goods were most frequently mentioned. The unmet needs parents mentioned had to do with the provision of material goods, housing, and frequency of social worker contact. A number of parents spoke of intrusiveness, interference, and being afraid they would not be allowed to participate in decisions about their children. However, 73% said they had participated in decisions to some degree. Parents who were unhappy about the information given to them by their social worker accounted for 83% of those who participated. Many felt the social worker knew information about material goods available, but had not shared it with them. Differences in how social services are delivered in the United Kingdom may partially explain why parents

receiving services under the Children Act so strongly identified the importance of having a social worker who could help them with material and housing problems. Still the findings should not be discounted as irrelevant to the Ontario context.

Frensch and Cameron (2003) completed a study in Ontario (n=15) in which they interviewed both child protection clients and workers to determine similarities and differences in their views about services. They found that the strongest area of convergence had to do with the need expressed by workers and parents to establish better connections. The challenge of raising children and of maintaining relationships, poor employment situations, and difficulty in securing adequate housing emerged as important themes with the clients. The workers did not appear to fully grasp the impact of those problems on the development of child protections concerns. In the interviews, the clients often focused on problem children, and their frustrations with getting help for those children. A tumultuous relationship with the child protection agency also was a source of stress for the families.

In concluding the review of the perceptions of child protection clients, a number of studies have brought to light some of the negative impacts that child protection intervention can produce. Fernandez (1996) conducted a research study in Australia that attempted to understand how parents were affected by child protection involvement. She stated that feelings of grievance, powerlessness, and alienation permeated the responses of parents in the study (Fernandez, 1996). Cleaver (1983) examined 583 cases involving investigations for suspected child maltreatment, and interviewed 30 families as part of the study. She concluded that investigations can cause profound stress for families. Studies

such as the ones mentioned, as well as mechanisms like client satisfaction surveys, can be helpful in gathering information that will allow the child protection system to minimize the negative impact of intrusion into the lives of families.

3.3.3 Concluding Observations on the Views of Clients

Across many studies of family service clients and a number of studies of child protection clients, the theme recurs of a discrepancy between the views of clients and workers about needs, expectations, and outcomes. The need for material help and emotional support surfaces continually, along with the importance of the relationship between worker and client. Help in coping with child behaviour had surfaced in some studies as a critical issue. Clients have consistently viewed the impact on themselves of environmental issues as a more pressing problem than have workers. Some research indicates that informal social support is vital to clients; continued research is needed about how they view the helping role of social networks (Cameron & Vanderwoerd, 1997; Maluccio, 1979; Mayer & Timms, 1970; Sainsbury, 1975). The child welfare studies noted a desire for better partnerships between workers and clients, and for less intrusiveness and greater worker availability.

To reduce the discrepancies, child protection workers can talk to clients about their needs, contract with them around goals, and at some point find out from clients what was helpful or not helpful, and what they felt was accomplished. At this time, limited information exists about how child protection clients perceive their needs because this is not usually a primary focus of child protection work, and because eliciting client identification of their needs and goals is often difficult. Therein lies a great challenge.

3.3.4 Further Steps in Implementing a Client-Centred, Needs-Based Approach

This chapter has proposed that the measurement of need is a cornerstone in the development of a client-centred, needs-based approach. In the taxonomy of needs that was presented, four approaches to measuring needs were described. All of them offer possibilities for advancing our ability to understand the needs of families for whom child neglect is a concern. Expressed need, which consists of the demand for services by clients, does have applicability to child protection settings, but perhaps less for cases of child neglect, as clients do not usually request services in those circumstances. Expressed need is more directly applicable to situations wherein clients come to a child protection agency because of some difficulty they are experiencing with a child in the family. Normative need, which can be measured using various instruments developed by experts, is a critical component. As outlined there are instruments available that measure the functioning of both children and families. The choice of an instrument should consider that needs must be assessed from an ecological perspective. Many instruments would not stand the test of being capable of measuring needs from that perspective. The discussion of comparative need noted that this method is a complex and costly undertaking. However, as a future direction it makes imminent sense to strive to develop indicators of what needs ought to be addressed to reduce the incidence of child neglect. In that way, a determination could be made of what services are needed in geographic areas exhibiting a high incidence of child neglect. Lastly, most of the discussion of needs reviewed what is currently known about felt needs, client needs as seen from their perspective. The research described later in the dissertation affords the opportunity to compare the findings from the literature

review with the findings from an instrument designed to assess, through a parental perspective, the problems and needs of clients whose cases have been opened due to concerns about neglect.

Measuring needs is a cornerstone in the development of a more client-centred, needs-based approach, but there are other considerations. The emphasis in chapter two was on finding a better balance between addressing needs and risks, with an explanation given for why finding ways to respond to different risks and needs in different ways is essential. The next chapter offers an opportunity to examine child protection programs and models, and to evaluate which ones are both effective and involve a needs-based approach.

CHAPTER FOUR

4.0 Child Neglect: Prevention and Intervention Programs and Models

Development of more needs-based approaches must be able to demonstrate that the needs of children and families will be met more effectively. This chapter reviews effective and promising programs and child protection models in order to establish how a more needs-based approach can be incorporated into good service delivery models that are grounded in the best research knowledge available. Furthermore, the review is intended to clarify how the research conducted for the dissertation fits into the larger context of programs and models whose purpose is to meet needs. An ecological perspective is the approach adopted for the review of these programs and models, as it is fundamental to operate within an ecologically based framework in dealing with child neglect.

Prilleltensky, Nelson, and Peirson (2001) conducted a literature review of programs aimed at promoting family wellness and preventing child maltreatment. The review involved the utilization of an ecological and hierarchical structure of wellness. The base of the structure is comprised of societal values, resources, and programs and policies; the midsection includes community, parent and family values, resources, and programs and policies; the hierarchy culminates with values, resources, programs and policies that promote child wellness. The ensuing discussions rely on that structure.

4.1 Literature Review of Child Maltreatment Programs

Although the dissertation is more broadly concerned with exploring child protection models that will, potentially, improve intervention in cases of child neglect, the

review of specific programs is important in that effective programs are integral to the success of an overall child protection model. Some analysis of the broader topic of models for intervention follows the discussion of programs. The review of the literature involved the examination of the literature reviews completed by Cameron and Vanderwoerd (1997), Prilleltensky et al. (2001), and Fallon and Trocmé (1998).

The conceptual framework adopted by Prilleltensky and colleagues was based on both ecological levels of analysis and proactive and reactive approaches to wellness and child maltreatment. The use of ecological levels of analysis was rooted in the recognition that programs are needed at the child, family, community, and societal levels to promote wellness, and to prevent and react to child maltreatment. In dealing with child maltreatment Prilleltensky et al. (2001) adopted the view that both proactive and reactive approaches are required to effectively address the problem. The following review of effective programs relied primarily on the framework just outlined, but is supplemented by the review completed by Cameron and Vanderwoerd (1997) and, Fallon and Trocmé (1998).

Prilleltensky selected the following criteria in conducting the review: proactive and reactive programs; inclusion of unpublished reports and book chapters as well as journal articles; literature in both English and French; the period from 1979 through 1997; programs for families with children ages 0 to 12; and research on programs with a prospective, controlled design. For the literature in English, reviews of the Child Abuse and Neglect and ERIC databases were undertaken using the following key words: *child abuse, child neglect, incest*, and *prevention.* Manual searches of 10 journals known to

have pertinent information were also done. For the literature in French, Prilleltensky reviewed a compilation of descriptive material on over 1,000 promotion and prevention programs in Quebec. CD-ROM Reperes and the IRIS, MEDLINE, and ERIC databases were searched under the following key words: *abus, negligence, enfants maltraites, inceste, violence, jeunes en difficulte, prevention,* and *intervention.* Studies dealing with outcome measures in child maltreatment were selected for further review.

Fallon and Trocmé (1998) conducted an outcomes literature review to outline the indicators most frequently used in the child welfare outcome evaluation literature, to produce an inventory of clinical instruments for review, and to report on the dominant themes in the child welfare outcomes literature. Their methodology consisted primarily of searches on computer databases spanning the years 1985 to 1997. Medline, Psychlit and Sociofile were searched. The searches were conducted using key words pertaining to outcomes in child welfare. One hundred and seven articles were obtained through their searches. In addition, 57 more articles were included based on expert opinion. This dissertation does not describe their findings about outcome indicators as their reviews of effective programs are more relevant to this review.

Cameron and Vanderwoerd (1997) completed a review of the use of family support programs in child welfare. They included intensive family preservation programs, home visitation programs, parent training, informal helping, and comprehensive programs. Their review was based on various reviews completed by Cameron and his colleagues, Rothery (1990a, 1990b), and Schorr (1980).

4.1.1 A Review and Analysis of Child Maltreatment Prevention and Intervention Programs

The review and analysis divides programs into the previously mentioned categories of societal wellness, community wellness, parent and family wellness, and child wellness. Prilleltensky et al. (2001) considered proactive programs, which were either universal in nature or aimed at high risk populations, and reactive programs utilized when child maltreatment had already occurred. In the interest of placing some parameters on a very broad review the universal programs are not described as they were found to have limited applicability to the clients served by child protection systems (Prilleltensky et al., 2001). Few programs narrowly target only neglect. However, this literature review takes into consideration the applicability of the programs reviewed, for preventing and treating child neglect. By way of further clarifying this framework for analysis, appendix 1 provides a good illustration of the kinds of resources, values, policies and programs required to ensure wellness and safety.

Child Focus

The literature includes few child specific programs with the identified focus of preventing or treating child maltreatment (Cameron & Vanderwoerd, 1997; Fallon & Trocmé, 1998; Prilleltensky et al., 2001). The programs identified were all related to child sexual abuse, a form of maltreatment not under consideration, and so the analysis of proactive and reactive programs completed by Prilleltensky et al. (2001) are not reviewed. Some programs in the family wellness category enhance child development, and reference to child development will be made when those programs are discussed.

Family Focus

1) Parent Education and Training Programs

Inadequate parenting skill is one of the major reasons for parental neglect and abuse of children (Whiteman, Fanshel, & Grundy, 1987; Wolfe, Sandler, & Kaufman, 1981). Lack of knowledge of child development, limited skills in responding to difficult behaviours presented by their children, and poor tolerance of the many frustrations encountered in parenting are likely to lead to maltreatment by high-risk parents; consequently, parental education and training programs have become a popular proactive and reactive response.

(a) Proactive- High Risk

Prilleltensky et al. (2001) reported that few studies have been conducted on parenting programs involving parents seen as high risk for child maltreatment.

(b) Reactive

A number of studies have been completed related to circumstances in which there has been maltreatment. A high degree of consistency exists among program models. Instruction is provided to parents in child management and/or stress management and anger control. Generally, the interventions are offered on a group basis, in two hour sessions, over a 6 to 12 week period. Sometimes, an in-home component is present (Prilleltensky et al., 2001).

Prilleltensky et al., (2001) state that a number of controlled studies have demonstrated that parent education has had a positive impact on the behaviour of parents and children in situations in which neglect and physical abuse have been a concern (Barth,

Blythe, Schinke, & Schilling, 1983; Brunk, Henggeler, & Whelan, 1987; Burch & Mohr, 1980; Egan, 1983; Fantuzzo, Wray, Hall, Goins, & Azar 1986; Reid, Taplin, & Lorber, 1981; Whiteman, Fanshel, & Grundy, 1987; Wolfe et al., 1981; Wolfe et al., 1988). Regarding out of home placements, Christopherson (1979) completed a controlled study in which, after two years, the out-of-home placement rate for the intervention group was 18%, and 30% for the control group. Szykula and Fleischman (1985) also found a much lower out-of-home placement rate for the intervention group in their controlled study of parent education. It is noteworthy, however, that the positive results were for *less difficult* families, but for the *more difficult* families there was no difference between the intervention and control groups. Cameron and Vanderwoerd (1997) in their study of evaluations of 20 parent training programs found few instances in which the rate of out-of-home placements was considered. Those studies that did examine this variable did not generally indicate that the rate of out-of-home placements was reduced on account of parenting training. No indication was found that parent training programs reduce the incidence of neglect or abuse (Cameron & Vanderwoerd, 1997; Prilleltensky et al., 2001).

Finally, the results from the evaluations of parent training programs point to them having some value, but needing to be combined with other supports and interventions for multi-stressed and socio-economically disadvantaged families (Cameron & Vanderwoerd, 1997; Fallon & Trocmé, 1998).

2) Family Support Programs

(a) Proactive-High Risk

Several evaluations of home visitation programs for high-risk parents and their

pre-school aged children have been conducted. Cameron and Vanderwoerd (1997) described finding a wide variation in how these programs are delivered, which accounted for much variability in the successful delivery of the programs.

Prilleltensky et al. (2001) point to the Prenatal/Early Infancy Project, undertaken by David Olds and his colleagues, as being exemplary. The original home visitation program took place in 1978 in a highly economically disadvantaged, semi-rural area in the state of New York. It was a controlled study that provided home visitation by registered nurses, beginning prenatally, and continuing until the baby was 2 years old. The visits focused on educating parents, promoting informal supports, and connecting the client to formal supports.

To summarize some of the key findings from this study, a significant reduction in verified neglect and physical abuse occurred among most high-risk mothers from the intervention group as compared to the same population within the control group. Children in the intervention group were seen less often in the hospital emergency room during the 1st year of life, and during their 2nd year suffered fewer accidents and poisonings than did the control group (Olds et al., 1986). At the time of the 15 year follow-up, 80% of the original 400 participants agreed to be involved. The women in the intervention group had a significantly lower level of verified neglect and physical abuse incidents over the course of 15 years than did the control group (Olds et al., 1997). In their reviews Prilleltensky et al. (2001), and Cameron and Vanderwoerd (1997) concluded that Olds did demonstrate that his home visiting program was influential in reducing the incidence of neglect and physical abuse.

The evidence is contradictory regarding the efficacy of other home visitation programs in reducing the incidence of child abuse and neglect and out-of-home placements (Cameron & Vanderwoerd, 1997). The strongest indications about the efficacy of these programs are in the self reports from parents on their changed attitudes on child development and parenting, as well as in the observations about their hands-on parenting. Some studies have shown a positive impact on physical health, such as increased birth weight and reduced health problems. As well, some studies have shown improved child development when the program focus was on the development of the parent-child relationship (Cameron & Vanderwoerd, 1997). Barrera and Ainlay (1983) noted that pre-term infants who had received home visiting did significantly better on the Bayley Mental and Motor Scales than did pre-term infants who were not in the program.

In summary, the literature review on home-visiting shows that these programs have been extensively evaluated, and to a large degree have been shown to be capable of producing positive results. The literature concludes that the program design and implementation is a critical influence in the success of a program. The lessons learned point to successful programs having three to four visits per month, a duration of one to three years, highly trained professional visitors, and linkage to a variety of formal and informal supports. These were conclusions reached by Cameron and Vanderwoerd (1997) and Prilleltensky et al. (2001).

(b) Reactive

Prilleltensky et al. (2001) explain that most reactive programs providing family support are aimed at school aged children who have been maltreated. They maintain that

family preservation programs constitute the most widely used approach in the reactive category. For the most part, these programs are intended to prevent out-of-home placements, and to reduce the incidence of neglect and abuse. Such programs are normally delivered when a family is in crisis. Family preservation is a short-term model (4 to 10 weeks), that is very intense (8 to 10 hours per week), in which the family receives clinical services as well as help in obtaining concrete services to address their social needs. The thinking behind family preservation programs has been that families will be more amenable to change in times of crisis. The short-term nature of the model raises questions about its ability to produce change that can endure over time. If one examines family preservation from an ecological perspective, then it seems likely that the problems of multi-stressed, socio-economically disadvantaged families require attention to personal, family, and environmental issues over a prolonged period of time, for long lasting change to be produced. The reviews by Cameron and Vanderwoerd (1997), and Rivera and Kutash (1994) of the evaluation literature on family preservation concluded that those programs can have some success in averting placements, but that the success does not appear to be sustained due to the short-term nature of the programs, and the complexity of the family problems with which the programs must grapple. They note lack of evidence demonstrating significant improvement in personal and family functioning. The literature points to the problem of ensuring such programs are targeted at children who are at high risk for placement. Cameron and Vanderwoerd (1997) suggest that these programs have had their best results when the programs have been effectively delivered to a high-risk population at immediate risk of being placed or who have been placed, and when the goal

is to return children home as soon as possible.

Community Focus

Informal helping refers to the positive support available through the social networks of clients, and includes friends, relatives, neighbours, and peers in the workplace. Existing networks may be functioning well, or they may be weak, and require professional help to expand and strengthen them.

3) Self Help and Social Support Programs

(a) Proactive- High Risk

In their review of self help and social support programs, Prilleltensky et al. (2001) explained that some programs have been devised to serve only high-risk parents. However, the boundaries around membership are not always clearly delineated as there must be a greater degree of self selection about participation than is the case for more formal programs. Prilleltensky et al. (2001) reviewed a program for parents of premature infants (see Minde et al, 1980); one for low income parents (see Slaughter, 1983); and programs for teenage mothers (see De La Rey & Parekh, 1996; Henninger & Nelson, 1984). The three programs had comparison groups. Prilleltensky et al. (2001) reported the following findings about the intervention groups in the three studies. The evaluation of the program for parents of premature infants found understanding of the baby's condition enhanced; increased comfort in being able to care for the baby; more interaction with the baby; and improved knowledge of community resources. The findings about the program for low-income parents were that the teaching style of the mothers improved as did their ability to provide more structured play for their children. Participants in the program for

teenage mothers developed more friendships, increased educational or work involvement, and acquired a significantly greater level of emotional well being. In summary, Prilleltensky et al. (2001) state that their review found some evidence of self help and social support programs promoting family wellness and increased social support in populations at risk of maltreatment.

(b) Reactive

Several reasons are presented as providing the rationale for the use of informal helping in child welfare. The needs of clients far exceed the resources available to professional helpers to address the needs of parents and children. Informal helping has been seen as a more accessible and less threatening alternative than using services of professionals. Many authors have pinpointed social isolation or inadequate social integration of parents as typical attributes of disadvantaged families, and as a significant contributing factor to child maltreatment (Bertsche & Clarke, 1982; Borman & Lieber, 1984; Breton, 1980; Cameron et al., 1992; Cameron & Rothery, 1985; Polansky, Chalmers, Butttenweiser, & Williams, 1979). As the primary purpose of informal helping is to increase the social support available to participants, it is seen as a potentially powerful intervention for child welfare clients. Lack of social support is a large concern in cases of child neglect. Thus determining the effectiveness of social support programs has a particular relevance to the question of developing a better approach to intervention for child neglect.

Informal helping has had a very limited usage in child welfare. Reviews by Prilleltensky et al. (2001) and, Cameron and Vanderwoerd (1997) identified a small

number of program evaluations. Both reviews identified Parents Anonymous, a self help program in the United States assisting parents who physically abuse their children, and the evaluations of a number of parent mutual aid organizations attached to child protection agencies in Ontario. Parents Anonymous does not pertain to child neglect. However, the findings of both an internal evaluation (Lieber & Baker, 1977) as well as an independent evaluation by Berkeley Planning Associates (1977) revealed a lasting positive impact on the reduction of physical abuse. Thus it was judged to be an effective program.

Cameron, Hayward, and, Mamatis (1992) evaluated three parent mutual aid organizations in Ontario. These organizations used a peer support approach in which child protection clients provided help to each other, and played an increasingly large role in managing the program. These programs were characterized by high levels of client contact, and providing services and/or connecting clients to multiple services. Social, recreational, and personal growth activities were part of the day-to-day life in these programs. Help with parenting, development of academic and employment skills, and learning how to manage the mutual aid organization were the areas of strongest interest for the participants. The evaluation, which was both qualitative and quantitative involved 96 program participants and a comparison group of 60. As it was not possible to select the comparison group randomly, it is not known if the intervention group was representative of the general child welfare population. However, the researchers noted that they had reason to believe that the comparison group was less high risk than the intervention group. Out-of-home placement for the children of program participants was one-half to one-third of the number of children admitted to care from the comparison group. At two out of

three sites, the amount of contact required by child protection workers was significantly reduced in contrast to the comparison group. On personal and family functioning indicators the program participants demonstrated positive change, whereas there was little change in those indicators for the comparison group. Improved access to social support, improved self esteem, improved confidence in coping with stress, coping with limited finances, and home management responsibilities were all noted in the evaluations. Cameron and Vanderwoerd (1997) found that the outcomes from the evaluation of the PMAO were very promising and that, for those clients who were able to work in a group context, the informal network complemented the work being done with formal professional services. As a final note, there was no reference to any follow-up study to determine if the progress achieved by the participants was sustained.

The literature review by Cameron and Vanderwoerd (1997) also made reference to another social support project that was somewhat similar to the mutual aid model. The Social Network Intervention Project provided assigned neglectful families to an intervention group (n = 34), and to a comparison group (n = 17). Assessments were completed on a pre-test basis, and at the 6 month and 12 month points after intervention. The intervention group scored significantly better than the control group on the Childhood Level of Living Scale, Child Neglect Severity Scale, and Indicators of Caretaking Environment for Children Scale. Their social network had significant increases in size and supportiveness. At the termination of the project, 59% of the intervention group's cases had been closed, compared to the control group in which 23.5 % of the cases had been closed.

Prilleltensky et al. (2001) concluded that their reviews found evidence demonstrating that self help and mutual aid groups do improve parenting, and parent/child relationships, and can reduce out-of-home placements and the recurrence of child maltreatment. However, more research is required to evaluate mutual aid groups as few programs have been evaluated, and the sample sizes have not been large for those evaluated. Finally, from the information about the evaluations of these programs, it appears that they frequently address many of the problems generally associated with child neglect.

4) Multi-Component, Community-Based Programs

Up to this point, the programs discussed have focused on a limited number of problems experienced by child protection clients. Multi-component, community-based programs are founded on the premise that the multitude of problems often being experienced by child protection clients requires a broad and comprehensive response. Cameron and Vanderwoerd (1997) state that few outcome studies have been completed on these programs. Given the methodological problems associated with assessing their complex program models, it is more typical to see evaluations of global program effects.

(a) Proactive-High Risk

Few multi-component programs have focused specifically on child neglect. In Quebec, a multidimensional, eco-systemic program was implemented with 29 families who were deemed to be at high risk for child neglect (Ethier, 2000). The families were either assigned to the intervention group which received all the program's services, or a comparison group which received only a psycho-social intervention at a community

service centre. The evaluation found that both groups improved with respect to parent-child relationships, the reduction of parental stress and depression, and the potential for child abuse and neglect. However the intervention group also demonstrated improvement in marital and social relationships on a number of levels.

Prilleltensky et al. (2001) cite the Syracuse University Family Development Research Program developed in 1969 as exemplary. The program which started provision of services to the family prenatally and continued until the child was 5 years old, served a mostly black population of low-income families. The program components included, home visitation, a children's centre, and a parent controlled organization. Home visitation was done by trained non-professionals from a similar background. Extensive child care was provided that included child development programming at the centre. Lally et al. (1988) collected data when the children were 3, 5, and 10 years of age from the intervention group ($n = 65$) and the comparison group ($n = 54$). At 3 years, the intervention group scored significantly higher on intellectual functioning measures. At 3 and 5 years they scored significantly higher on emotional and social functioning measures. By 10 years, only the girls in the intervention group were scoring higher than the comparison group. Their school attendance, behaviour, and grades were better. The research found that the program did not have a positive impact on family income, employment, or housing improvements.

Longitudinal studies of other multi-component programs have been conducted, in which participants have been assigned to control groups. Improved employment, life satisfaction by mothers, and fewer repeat pregnancies were seen in some studies (Andrews

et al.,1982; Rodriques & Cortez, 1988; Seitz et al., 1985). Some studies reported improvements for children in the areas of cognitive development, school adjustment, and absenteeism (Andrews et al., 1982; Johnson & Breckenridge, 1982; Seitz et al., 1985). None of these studies examined how the programs impacted on child maltreatment. Prilleltensky et al. (2001) concluded in their review that these programs have been able to demonstrate a positive impact on child and parental wellness.

(b) Reactive

The common features of comprehensive programs attempted in child welfare have been that they offered a number of services and supports, with very frequent client contact over a long duration. However, the variation in the types of services and supports provided is widespread. Many of the programs were demonstration programs delivered 10 to 20 years ago. The funding for these large scale endeavors is seldom available today. Literature reviews by Cameron and Vanderwoerd (1997), Fallon and Trocmé (1998), and Prilleltensky et al. (2001) indicate that the evaluation designs for many comprehensive programs make it difficult to retrospectively assess the effectiveness of the programs. Cohn and Daro (1987) provided the largest review of comprehensive programs in child welfare. Their review covered 89 demonstration treatment programs. They concluded that the demonstration projects undertaken in the 1980's, as opposed to the earlier ones, showed more ability to reduce the rate of child maltreatment and enhance client functioning. They attributed the improvements to the range of services provided and the better targeting of services to specific categories of child maltreatment. In many of those programs each client could choose a different array of services. Unfortunately, it became

difficult to determine the effects of the different program components. In looking at 11 reviews of comprehensive programs, Cameron and Vanderwoerd (1997) emphasized a number of concerns. Some studies had a large sample, but some studies only had a small number of participants. Most studies did not have control or comparison groups. A wide variation in definitions of child maltreatment and criteria for admittance to programs was found. Typically, the studies lacked information about what services were received, as well as duration of involvement, and frequency of contacts. No attempt to analyze the discrete contributions of program components was undertaken. Cameron and Vanderwoerd (1997) state the findings were consistent across the studies they reviewed, and they concluded that "the research evidence suggested that participants in comprehensive support programs often had lower reported rates of child maltreatment and out-of-home placement than baseline or comparison groups" (p. 213).

If one examines the review of comprehensive programs from the perspective of needs in cases of child neglect, it can be observed that some of these programs had a strong emphasis on making concrete resources available to clients and reducing social isolation. As poverty and social isolation tend to be more associated with child neglect than other forms of child maltreatment, it may be that the programs just mentioned would be more suited to helping neglectful families. Given the variation in the types of comprehensive programs it would be important to study the effects of different programs on specific categories of problems and/or maltreatment.

Societal Focus

Social policies can promote societal wellness and can have a preventive impact on child maltreatment. As this literature review is intended to focus on programs, it does not deal with those social policies. Prilleltensky et al. (2001) determined that there were few programs that focus on societal wellness.

(a) Proactive-High Risk

Prilleltensky et al. (2001) found some evidence that employment programs offered to at-risk parents can promote child and family wellness.

(b) Reactive

The literature review conducted by Prilleltensky et al. (2001) discovered no programs in the societal wellness category in which the objective was to help parents in child neglect situations.

4.1.2 Summary on Program Effectiveness

In their review, Prilleltensky et al. (2001) concluded that parent education, family support, self help and social support, and multi-component/community-based programs have shown some ability to promote family wellness when delivered to high-risk families. The home visiting program developed by Olds et al. (1986) was the only program that showed evidence of being able to prevent neglect and physical abuse. Family preservation programs have had some success in averting placements, but concerns remain about their success rate being exaggerated. Programs that are both intense and long term have been keys to effectiveness. Programs based on solid research, in which the research design has been followed during implementation, have been more successful. Informal support has

been shown to have merit and should continue to be incorporated into well designed child welfare programming. The multi-component programs are attractive in that they aim to be more ecological in their design. However, they are difficult programs to design and to evaluate because of their size and complexity. Prilletensky et al. suggest that new qualitative and quantitative methods for evaluating multi-component programs need to be found. Lastly, the literature review demonstrated that narrowly focused programs will be of limited effectiveness for many child protection clients given that such families are coping with multiple stresses and problems, often beyond the scope and resources of child protection systems.

4.2 Presentation of Needs-Based Models of Intervention

As a means of bridging the gap between theory and practice, the dissertation presents an outline of innovative models that are more client-centred and needs-based, and that continue to be concerned with child safety. In commenting on the potential of the models reference is made to the extent to which their design adheres to the research on program effectiveness. The selection of models to be discussed is based on the results emanating from national reviews of the child protection systems in the United Kingdom and the United States, and reflect the kind of reform that is being recommended in those countries (Daphne & Cullen, 1996; Darlington Social Research Unit, 1995; Melton et al., 2002; Parton, 1997; Waldfogel, 1998).

Problems resulting from the demand for services greatly exceeding the supply of resources at the disposal of their child protection systems are the driving force behind the search for better child protection models in the United States. This problem exists in

Canada as well, but the information about the U.S. is clearer as it has been documented for a longer period of time, through such research as national incidence studies of child maltreatment. In Canada, some reliable data have been issued from the province of Quebec about increases in the reporting of child maltreatment, showing an increase of 100% in reporting from 1982 to 1989 (Gilbert 1997). This information would indicate a need for a considerable increase in resources to handle the reports. More recently, the 1993 and 1998 Ontario Incidence Studies of Reported Child Abuse and Neglect (OIS 1993/OIS 1998) illustrated a large increase in reporting of child maltreatment by professionals, and the number of cases in which maltreatment was substantiated. Substantiated cases of child neglect doubled during the five year period between the studies. Though the situation in Canada does not appear as critical as in the United States, the continued collection and dissemination of data will be instrumental in providing accurate information. Trocmé and Walsh (2002) have expressed concern that, in Ontario, the large increases in substantiated maltreatment, significant increases in the proportion of substantiated cases with previous child protection involvement, and a jump of the population in care from 10,000 to 16,000 children since 1998 may indicate the province is having difficulty providing effective services

Concern exists that the child protections system in the U.S.A. cannot respond to the spiraling demand for services. In 1975, child protection agencies in the U.S.A. received 294,796 reports of suspected abuse or neglect. Twenty years later that number had jumped to 3,140,000 (Waldfogel, 1996).This dramatic escalation in reporting has overwhelmed the child protection system in that country. In response to the concern that

there was a pressing need to find new ways to protect children from abuse and neglect, the Kennedy School of Government at Harvard convened a working group from the child welfare field and academia to look at the problem. They identified the following problems:

1. Overwhelmed CPS (child protection system) agencies and staff inevitably overlook not only some dangers to children, but even some endangered children entirely.
2. Service systems are rarely flexible, intensive, or comprehensive, and serious needs are not addressed. Too many families return to the system because the problems and stresses leading to maltreatment are not resolved.
3. Too many cases are investigated and determined not to warrant further response.
4. CPS staff find their jobs frustrating, harrowing, and ultimately impossible to perform (Farrow, 1997).

In response to those problems, the Kennedy School of Government developed proposals for reform of the child protection system in the United States (Farrow, 1997). Primarily the recommendations focused on a differential response between serious maltreatment or risk of serious maltreatment, and all other child protection cases. About 40% of the cases fall into the serious category. The recommendations also called for the development of the building of community partnerships to protect children. An outline of the model adopted in the state of Missouri is herein presented, along with the evaluation that was conducted during pilot testing. Other jurisdictions in the United States, and in Canada more recently, have implemented a differential response to child maltreatment reports, but Missouri seems to be furthest along in its development. Some reference will be made to other

jurisdictions. Community Safety Partnerships are being piloted in four communities in the United States. An outline of what they are doing, and the findings of the initial evaluation are described. In the Canadian context, efforts to forge community partnerships for child protection have been undertaken, but not on the scale that has occurred in the United States. In Ontario, some child protection agencies have invested in partnerships with schools, the police, children's mental health services, and various other community agencies. In Quebec, promising efforts to apply a multi-dimensional, eco-systemic approach to intervention in cases of child neglect are grounded by the view that community partnerships are required to address the problem (Ethier et al., 2000). However, the discussion will focus on four U.S. communities as they have received the kind of funding required to rigorously test the ability of community partnerships to provide better child protection services. Finally, some of the reforms occurring in the U.K. were touched upon in the discussions about the construction of child neglect, but are further elaborated upon.

4.2.1 Differential Response

In 1994, Missouri embarked on a pilot project that involved a differential response to reports of child maltreatment. At the initial screening level, all reports that did not involve an allegation of a potentially criminal nature were considered for a *family assessment response*, in which client involvement was voluntary, but still maintained a focus on enhancing the child's safety and well being. Any reports that involved behaviour constituting a criminal violation on the part of the caregiver continued to be responded to in an investigative manner. Those screening the initial reports then decided if the cases

eligible for a family assessment response would be dealt with in a voluntary fashion. Those cases eligible for the *family assessment response* could be channeled to the *investigative response* due to concerns about risk, if warranted. In 1998 the differential response was expanded state-wide due to its success. The reasons for moving to this new system were to promote the least intrusive and disruptive means of protecting children, and to provide child protection services in the most effective and efficient manner possible.

The pilot project, evaluated by the Institute of Applied Research from St. Louis, Missouri, was a quasi experimental design with two key components. The first involved the analysis of baseline data compared to demonstration data so that outcomes from the two years prior to the start of the study could be compared to outcomes during the two years of implementation of the pilot study. Second, the evaluation analyzed the results from a number of pilot sites, in relation to comparison sites that were felt to be similar to the pilot sites. The final sample consisted of 516 cases from the pilot areas and 403 from the comparison areas. At the pilot sites, cases could be directed to either the family assessment or the investigative streams, whereas at the comparison sites all cases were directed to the traditional investigative stream. During the evaluation, 69% of the hotline reports were screened into the family assessment stream and 31% into the investigative stream. The evaluation, which followed cases from opening to closing, considered data from all sites over a two year period.

Interpretation of the evaluation results is facilitated by knowing the nine goals of the pilot project. The four central goals included, (a) promoting the safety of the child, (b) preserving the integrity of the family, (c) remedying the abuse, neglect, or the defining

family problems, (d) preventing future abuse or neglect. The supporting goals included (a) successfully assigning cases between the two response modalities, (b) providing less adversarial and more supportive interaction with families in appropriate cases, (c) making more efficient use of investigative resources, (d) improving client satisfaction, (e) assuring that families receive appropriate and timely services. An outline of the major findings from the evaluation follows (see appendix 2 for methods used to evaluate goal achievement).

Safety of Children

The need to determine if child safety was compromised by use of the family assessment approach was the primary goal. The evaluation was able unequivocally to determine that child safety was not compromised. In cases typically screened into the family assessment stream (such as neglect of children's basic needs, lack of supervision, as well as less serious physical and emotional abuse cases), safety was found to improve.

Recidivism and Reduction in Hotline Reports

Hotline reports, referrals for alleged abuse or neglect of children, decreased by about 9% in the pilot areas but not in the comparison areas. In part, the researchers felt this was explained by the changes in the relationship between child protection agencies and other service providers. For example, concurrent with the pilot study an initiative was operated by the child protection system to deliver school based services; this resulted in fewer referrals due to educational neglect as those cases were handled in a more preventative manner.

Recidivism, the frequency of repeated reports of allegations of child abuse or

neglect about the same family, was significantly less at the pilot sites than at the comparison sites, although there was an overall increase at all sites. The results showed an absolute reduction in recidivism in the pilot areas for cases involving children lacking basic necessities, lacking supervision, and experiencing educational neglect, when broken down by type of child welfare problem This reduction occurred amongst the lowest income families. The evaluation saw a connection between the reduced recidivism in the pilot areas and the reduced hot line calls in those areas.

Service Provision Effects

Although the number of hot line reports in the pilot areas declined, the number of families who received service increased to one out of four families in the pilot areas, and remained constant at the rate of one in five reported families in the comparison areas. This finding is encouraging given the concern that marginal child protection issues do not receive attention because of high work loads among child protection workers. Lastly, no difference in the rate of admissions to care between the pilot and comparison sites occurred, but children at the pilot sites spent significantly less time in care once placed.

Timeliness and Appropriateness of Services

Loman and Siegel (1997) determined that the family assessment stream altered the approach and orientation of child protection staff to their work with families. These changes, coupled with procedural changes, resulted in service delivery improvement. The evaluation studied how quickly clients actually began receiving a service as opposed to remaining in an investigative or assessment stage, and found that in family assessment cases the delivery of services occurred much earlier than at the comparison sites. When the

focus is not on determining whether an alleged incident occurred, it appears possible to move to the intervention stage much sooner. For the most part, once services began little difference between pilot and comparison areas was seen as to the level of services. The one significant exception in level of service between the pilot and comparison sites consisted of the pilot sites providing more help for clients in obtaining the basic necessities for living, such as food, clothing, shelter and medical care. Help with these basic necessities is significant partly because, as the literature has shown, child protection clients have identified that kind of aid as a priority (Packman, 1986; Williams, 1997).

Utilization of Community Resources

The linkage of clients to community resources grew tremendously during the project. Improved linkage to schools, practical assistance, friends, neighbours, and extended family stood out for the evaluators. Workers commented on their surprise at the number of resources they discovered. Again, this outcome flowed out of better identification of client needs.

Family Cooperation and Satisfaction

The evaluation found family cooperation with the voluntary family assessment approach was not an issue, noting that pilot families felt their children had benefitted from involvement with the child welfare agency and, unlike the comparison areas, felt they had participated in case decisions affecting them.

Other Findings

Workers in the pilot sites expressed more satisfaction than did their counterparts at the comparison sites, about the child welfare agency, and the help they were providing to

families. Community respondents favoured the differential response approach. Overall the positive impact of the pilot project was a modest improvement. The researchers speculated that, without a more substantial increase in the resources available to deal with child maltreatment, greater improvement could not be realistically expected.

4.2.2 Community Partnerships for Protecting Children

The notion of community partnerships for protecting children is not new. However, in recent years interest in this approach has grown. The most basic tenet of the approach is that the protection of children must be a community responsibility. Brunson and Bouchard (2000) have suggested the key elements for the mobilizing of communities include: (a) a multi-sector coalition, (b) common goals for the protection of children, (c) an ability to collect data about the efficacy of the model as it is implemented in a community, (d) a range of universal, prevention, early intervention, crisis response, and treatment services that are sufficient to meet the needs of a community, (e) and a commitment to make use of the input of parents and citizens in the development of community partnerships.

Prior to presenting Missouri's differential response model, the dissertation noted that the Edna McConnel-Clark Foundation is funding projects to develop Community Partnerships for Protecting Children in four communities. In recent years, a partnership approach has been endorsed given the inability of the resources of the U.S. child protection system to be the sole protector of children (Farrow, 1997; Melton et al., 2002; Waldfogel, 1998). The programs being undertaken in Jacksonville, St. Louis, Cedar Rapids and Louisville are ambitious undertakings to develop full partnerships, at both

formal and informal levels, that will culminate in constructing a better way of providing child protection. Presently, only the evaluation of phase one, 1996 to 2000, has been completed. The evaluation of phase two extends from 2000 to 2004. The projects have been evaluated by the Chapin Hall Centre for Children at the University of Chicago. As a final evaluation of these projects has not been completed, their findings will not be presented in the same detail as the differential response The Community Partnerships for Protecting Children are multi-component projects, the goals of which are to prevent child abuse and neglect, and to reduce the recurrence of abuse and neglect. The data collection in phase one of these long-term projects focused mostly on processes, as the first few years were intended as a time to put in place various structures, and to launch various activities and processes that ultimately would produce the desired outcomes. The data collection strategies included surveys, personal interviews, observations and document reviews.

Loman and Siegel (1997) reported the following findings from the phase one evaluation:

Key Accomplishments

1. Evaluation found strong child protection system leadership in organizing community partnerships, but partnerships had not yet made much progress in moving to shared responsibility for child safety.

2. There was progress with the utilization of differential responses to reports of child maltreatment, the use of comprehensive assessments that evaluate risks, needs and strengths, and the use of a case planning tool completed with the client.

3. St. Louis and Louisville developed a system for flagging chronic and serious maltreatment cases.

4. The use of neighbourhood hubs for service delivery was seen as integral to the development of partnerships with professionals and families. Residents felt better about dealing with the child protection system at the hubs, and the evaluators found the hubs to be a good vehicle for promoting professional partnerships, and involvement of residents living in the hub area.

5. Some integration of key agencies transpired. At the systemic level, integration involved joint training, shared assessments, and participation of agencies in the decision making processes about the project. At the case level, collaboration increased between agencies. Integrated team meetings amongst key agencies in the hubs had promoted integration at the case level.

6. Service users had some positive comments about the Community Partnerships for Protecting Children, saying that it brought residents together in neighbourhoods, provided access to information and resources, and caused them to feel better treated and respected by child protection workers.

Issues for the Future

Many site strategies were still not firmly established nor had they reached a sufficient number of families, workers, or organizations to effect meaningful change. Promoting resident involvement to act in a helping capacity with child protection clients was found to be a struggle. Some scepticism existed amongst child protection staff about the ability of this reform effort to be more sustainable than previous reform efforts. Concern was expressed by child protection staff that they did not have time to devote to the higher expectations for more service delivery in the community partnership approach. Further development and refinement of hub service delivery was seen as critical.

4.2.3 Reforms in the U.K.

Earlier this thesis explained that the intent of the Children Act (1989) was to focus more on needs of children and parents, and less on an intrusive approach. Part of the impetus for this change was the finding that many children with considerable needs were not receiving the services they needed. Struggling families were often excluded simply because they were not identified as eligible for child protection services, and even those deemed eligible suffered from the lack of a strong focus on meeting their needs.

A number of research projects released by the Department of Health in 1995 as part of an evaluation of the implementation of the Children Act (1989) found that the *lighter touch* envisioned by the legislation had not come to pass. New guidelines were issued which have produced some changes. Local authorities are now charged with the responsibility of developing children's strategy plans that involve the coordination of social, health, and education services. One of the required objectives is to shift resources

from child protection services to prevention services. A criticism of the reforms has been their failure to provide substantially more resources for services to children. Without the necessary funding, it is likely that children and families will continue to receive insufficient services to meet their needs, and that workers at the front line will become overwhelmed by the greater demands placed on them.

4.2.4 Summary Discussion on Needs-Based Models of Intervention

By no means does the foregoing presentation exhaust all the models that could be considered. However, it does represent some of the best current thinking in the U.S. and the U.K. on how to respond to the deficiencies of the child protection systems in those countries.

The differential response stands out as having numerous attributes. It pays appropriate attention to child safety, and offers features that are improvements on how intervention currently occurs in child neglect cases. The evaluation demonstrated not only that the model allowed clients to identify their instrumental needs as a priority, but that child protection staff then worked with clients on those needs. More families received service; response times were quicker; and recidivism improved. The differential response, having made considerable progress towards achieving its expected goals, was rated highly by clients, social workers, and the community, who felt it was a better way to deliver services than other approaches.

If one examines the differential response in relation to what is known about effective programs in child protection, it is clear that it does not provide a long-term, intensive, and multi-component response. Without considerable additional resources, one

would not expect it to do so. It was difficult to determine if Missouri's differential response incorporated an ecological context into its development as the evaluation did not articulate the conceptual framework for the model. The credibility of the model would increase if that were done. However, those espousing the use of a differential response speak of implementing it as first step towards community partnerships for protecting children, a more expensive, complex and ecologically based model. Loman and Siegel (1997) felt that considerably more resources would have to be injected into the child protection system in Missouri for the differential response to reach its potential. Nonetheless, it does appear to offer an improvement over the child protection system that existed previously in Missouri. It continues to operate state-wide. Use of the differential response, or some variation of it, is proliferating throughout the United States. In Canada, the Alberta Response Model was adopted by the Alberta child welfare system in 2001. Many low-risk families are being linked to community-based services by child protection services. An evaluation of the model is under way.

The community partnerships projects appear to have made a good start, but have much work to do. Relating community partnerships to the literature review on effective child welfare programs, the partnerships projects fit into a multi-component, community-based programs category (Prilleltensky et al., 2001). The use of a differential response, the integration of services, the attempts to involve residents, and the use of hub models of service delivery all have as an underpinning the desire to meet needs. However, the key outcome will be to measure how successful these projects are as they attempt to move to a shared responsibility for child safety. The development of informal support networks

within those projects is moving ahead very slowly. The broadness of scope in the goals of the Community Partnerships for Protecting Children will make comprehensive success difficult.

Reform in the U.K. bears some similarity to the U.S. experience. It possesses elements of a less intrusive approach for most child protection cases, and an objective of fostering community partnerships, and including more client participation. Ultimately, it has been plagued by insufficient funding, as has the Missouri experience to some degree. Without additional funding, not only will the reforms not reach their potential but detractors will then blame failure on the reforms being a case of misguided social policy. Since devoting attention to both needs and risks is enshrined in the U.K.'s child protection legislation, it may well be that sufficient support for a more balanced approach is strong enough to weather the storms encountered as that approach is implemented. It appears, from the problems that afflicted the implementation of the Children Act (1989), that there was no clear plan as to how a more needs-based approach ought to be implemented in the United Kingdom. The legislation's intention of both meeting the needs of children and families, and ensuring children are safe is laudable, and appears now to be making some progress, but is still constrained by a weak plan for evaluating the efficacy of the child protection model.

It is well known that intensive and comprehensive services for situations of neglect are often required. Generally, it is cost that prohibits their wider application. Thus it becomes a choice between case management and family support, while the client may really require both approaches. Through the examination of what is involved in client-

centred, needs-based approaches, the desire has been to outline possibilities for a framework that can be put in place with various service delivery models, be they comprehensive or not. Naturally, more client-centred, needs-based approaches are going to have greater effectiveness when comprehensive services can be made available. This chapter presented service delivery models that offer the promise of a better balance in the way needs and risks are addressed, and that allow for much greater inclusion of client perceptions about their needs and their children's needs. The following chapter presents the design and methods for the research completed for the dissertation. The study explored both risks and needs from the perspectives of both clients and social workers, with a view to expanding knowledge of the nature of needs and risks for the purpose of using the knowledge to enrich assessment and intervention, and to help establish greater flexibility in responding to both needs and risk.

CHAPTER FIVE

5.0 Methodology

5.1 Design

The research was an exploratory, descriptive and comparative study that used a questionnaire survey to determine client perception of problems and needs. The information obtained from the instrument used to measure client perception of needs is compared with the child protection worker's perception of risks as depicted in risk assessments about the participants and their children. The research study was undertaken as part of the exploration of how a better balance can be created for assessing and addressing both risks and needs in cases of child neglect. The study proceeded from the assumptions that much could be learned by comparing client and social worker perceptions, and that there is a complementarity between the constructs of need and risk. The research asked parents to describe their problems, their children's problems and the needs they possessed in relation to the problems. In comparing their responses to how child protection workers view the problems of these families the intention was to acquire some insight into areas of highest and lowest risk and need for the population being studied. By delineating the areas of highest and lowest risk and need it is expected that the knowledge acquired will help with evaluating how to address both needs and risks. In addition, similarities and differences in the perceptions of clients and child protection workers were analyzed with a view to ameliorating case planning and goal setting by learning about shared expectations and areas of disagreement.

5.2 Research Questions

1. Through the analysis of a needs questionnaire completed by clients and a risk assessment completed by child protection workers, what knowledge can be gained about the areas of highest and lowest need and risk in cases of child neglect in a rural setting, for the purpose of more effective assessment and planning?

2. Through the comparison of a needs questionnaire completed by clients and a risk assessment completed by child protection workers, what knowledge can be gained about the similarities and differences in the perceptions of clients and workers, that may be useful in helping to establish agreed upon expectations between clients and workers about the objectives of intervention?

3. In cases of child neglect, are parents able to recognize the personal and environmental problems affecting their ability to create a stable and nurturing family life?

4. What information, useful to child protection workers who are assessing the risk and protective factors within families, can be elicited about parental strengths and resources from a survey designed to assess client perception of problems and needs?

5.3 Sampling Frame

The sampling frame for the needs survey included the adult population from all child neglect cases, which were open or had recently been closed at the time of the data collection period, at Family and Children's Services of Renfrew County. Data were collected from July 1, 2004 to December 1, 2004. The rationale for choosing to examine both open and recently closed cases was based on the supposition that there might be some differences in needs and risks between cases still requiring intervention and recently

closed cases that no longer require intervention. There were186 open cases and 63 closed cases that fit the criteria for inclusion in the survey. Overall, Family and Children's Services opened 1,175 child protection cases in the 12 months preceding the study, of which there were 323 child neglect cases opened. Only cases in which the child neglect concerns had been substantiated were included in the study. Family and Children's Services is mandated to provide child protection services for the population of Renfrew County. It is a geographically large county located in eastern Ontario. It has a population of about 100,000, mostly rural in nature, and is characterized by the existence of socio-economic problems. Most of the employment is derived from logging, farming, small business, and public-sector jobs.

In determining which cases were considered to involve child neglect, the province of Ontario's Eligibility Spectrum was relied upon (OACAS, 2000). It is a guide used by Ontario's child protection workers in making decisions about the opening of a case. The cases which were coded as child neglect cases were:

(a) Harm by Omission

inadequate supervision

neglect of child's basic physical needs

caregiver response to child's physical health

caregiver response to child's mental, emotional, developmental condition

caregiver response to child under 12 who has committed a serious act

(b) Emotional Harm

caregiver causes and /or caregiver response to child's emotional harm or risk of emotional harm (only cases involving a lack of caregiver response were included)

(c) Caregiver Capacity

caregiver with problem

caregiving skills

All of the above categories refer to situations in which the child is harmed or is at risk of being harmed due to something the parent is not doing, as opposed to situations of abuse in which the parent is actively doing something to endanger or harm the child.

5.4 Data Collection

5.4.1 Planning

1. In planning the research study, the principal investigator met with the managers from Family and Children's Services on several occasions to explain the research and solicit their commitment. They recognized the value of the research, both for its potential for making changes in the delivery of services in that agency, as well as for making changes within Ontario's child protection system. The research proposal was approved by the executive director of that agency.

2. Prior to administering the needs questionnaire to the sample of 77 participants, the questionnaire was pre-tested with a group of 10 participants. It was found that they understood the questions and were able to respond to the questions being asked.

3. The data collection for the needs survey involved the use of an other-administered questionnaire with either the writer, as principal investigator, or a research

assistant available to provide some assistance and to provide some general instructions. The research assistant was a recent Master's of Social Work graduate hired as a social worker by Family and Children's Services, but who had not yet been assigned a regular caseload in order that she could assist with the completion of the research.

4. Written instructions for the research assistant were provided so that she could properly assist clients. In the training and instructions for the research assistant, provided by the principal investigator, emphasis was placed on being non-directive when providing assistance to clients, and on making it very clear that completion of the survey was confidential and voluntary. As part of the training the principal investigator explained the research proposal to the research assistant, and the assistant was expected to become familiar with the proposal. Most of the attention in the training was related to the Client Perception of Problems/Needs Scale. The principal investigator explained the meaning of each question and allowed the assistant to seek clarification on any aspects of the scale that seemed unclear. There was discussion with the research assistant about what kind of input she would need to provide to clients in the completion of the survey. While the input was to be non-directive, it was decided that, when needed, the two questionnaire administrators would offer enough explanation to be sure the client understood all questions. The use of the written instructions and training were also intended to promote consistency in the procedures used by the administrators in assisting the client with the completion of the needs questionnaire.

5. During the course of the data collection the principal investigator met on a regular basis with the research assistant to ensure there was consistency in how the

questionnaire was being administered. Completed questionnaires were also reviewed by the principal investigator regularly to ensure that there was consistency in how the data were being collected.

5.4.2 Recruitment

1. Participants were drawn from a list of both open cases and cases closed for six months or less, at the time the needs questionnaire was completed. All cases were ones for which a risk assessment had been completed as a result of a decision by the agency that ongoing services were required, due to significant child protection concerns. Participants were recruited from 186 open cases and 63 closed cases. In total 249 clients were contacted. The likely refusal rate for the needs questionnaire was not precisely known. However, lessons learned from a pilot study completed in 2002 led to the decision that all eligible clients ought to be contacted in order to obtain 100 completed questionnaires. As the study was a descriptive/exploratory study there was not the same degree of need to carefully calculate the sample size as would be the case for other designs. Nonetheless, the preference was to obtain a large enough sample to establish credibility for the results emerging from the analysis of the data.

2. Recruitment was conducted in several stages. Child protection staff at Family and Children's Services were asked to advise the eligible clients on their caseloads that they would be contacted by a member of the research team about completing a needs survey for research being pursued in the School of Social Work at McGill University.

3. A letter was then sent to those clients explaining the study and inviting them to participate. When clients are involved with the child protection system due to concerns

about neglect they are usually not voluntary clients. Hence, the researcher was concerned that clients might worry about repercussions if they did not choose to participate or that, if they did participate, the information provided by them might cause the agency to see them in a more critical light. To minimize those potential concerns, the confidential and voluntary nature of their participation was strongly emphasized in the covering letter.

4. After the mailing of the covering letter the research assistant or principal investigator then contacted all eligible clients by phone to explain the purpose of the research, to answer any questions, and to set up a time to meet if the clients were agreeable. The interviews were conducted either in the client's home or in the office, which ever option was preferred by the client. Again, confidentiality and the voluntary nature of participation was emphasized at the phone invitation stage. In several circumstances, both parents in a household were available and willing to complete a questionnaire. Interviews were conducted separately to avoid any contamination of the responses.

5.4.3 Procedures for Needs Questionnaire

When the research assistant or principal investigator met with a client who had agreed to complete the needs survey, the participant consent form was reviewed with the participant and signed prior to the completion of the questionnaire. The McGill University consent form addressed the purpose of the research, provided a description of it, explained potential harms and benefits, confidentiality, the right of exclusion or withdrawal, and outlined how the research results would be used. The client was provided with a copy of the Client Perception of Problems/Needs Scale. The questionnaire administrators read the

questions, provided some explanation when needed, and recorded the responses. In doing so in the event of literacy issues, any embarrassment to the client was spared, and it was ensured that the client understood the questions, and that complete and legible responses were recorded. The administrators explained the rating scale at different points during the course of the interview in order to be confident the client was clear about how to the rating scale worked. After the client had selected a rating for a question, the administrator asked the client to give an example to illustrate the chosen rating. The example was recorded in a blank box beside each rating. When the client was inclined to offer a more lengthy explanation about a need or problem the administrator was expected to make notes to capture as much of the explanation as possible. The client was also asked to talk about any strengths or resources upon which he or she relied in dealing with the problem and need that had been identified. Again these responses were recorded in a summary box by the administrator- (see appendix 4, Client Perception of Problems/Needs Scale). At the conclusion of the interview, the client was offered a copy of the completed needs questionnaire as well as the summary report on the research findings once it became available.

5.4.4 Procedures for Risk Assessment

Data collection from the Ontario Risk Assessment Model was achieved by means of examining the risk assessments found in the case records of the clients who participated in the research. The consent form allowed the principal investigator to obtain a copy of the risk assessment.

5.5 Response Rates

Out of the 249 clients who were eligible to participate 77 completed the questionnaire. From the 186 open cases, 59 clients completed a questionnaire. From the 63 closed cases, 18 clients completed a questionnaire. Thus 31% of clients who were eligible did participate. A review of the cases of the non-respondents found that the reason for not participating was known for 37% of the cases. In most cases the attempts to solicit participation through both letter and follow-up phone calls resulted in the researchers being unable to make a contact with the potential participant. For the 64 cases in which the reason for not participating was known, 22 clients stated an unwillingness to participate; they offered little explanation but some displayed a sense of being disgruntled with Family and Children's Services. There were 8 clients who said they were too busy, 9 who had moved away, 8 who did not show up for scheduled appointments, and 8 cases in which it was deemed unwise to contact the potential clients due a high degree of hostility towards the agency or severe mental health problems. The remainder fit into no particular category. They included such reasons as the client being incarcerated, recently deceased, and being in a rehabilitation program. While it was not possible to be sure that selective sample loss did not occur, the evidence does not point to that problem. A comparison of risk and demographic data for respondents and non-respondents did not show significant differences between the two groups.

5.6 Instruments

There were two instruments used, one to measure client perception of their problems and needs and one to measure social worker perception of risks. The instrument

used to measure risks as seen by the child protection worker was the risk assessment from the Ontario Risk Assessment Model (OACAS, 2000), completed by all child protection agencies in Ontario- (see appendix 3). It consists of 22 risk factors, a comprehensive family assessment, and risk analysis leading to the selection of an overall risk rating. It is a consensus model used by child protection staff as a guideline for decision making about risk but not actually used to predict risk. Only the 22 risk factors were considered for the research, as it is that part of the risk assessment that was compared with the needs survey. When completing a risk assessment a child protection worker assigns a level of risk ranging from high to low on a 5 point Likert scale for each of the risk factors. The Ontario Risk Assessment Model was chosen for this study to measure the social worker's perception of risks for several reasons; it was adopted in Ontario after extensive review of risk assessment instruments by the provincial government and the child protection field; it is readily available for research purposes; and child protection staff in Ontario have been extensively trained on how to administer it. Although the psychometric properties of Ontario's risk assessment have not yet been established, most of the variables selected for inclusion in the instrument are well known as concerns in cases of child maltreatment (English, 1999; Magura & Moses, 1986). Some information is available about inter-rater reliability with the scale. A study completed at the Children's Aid Society in London, Ontario (n = 1,042) found that there was a high degree of consistency in the risk ratings chosen by new workers, experienced workers, and a team trained by the researchers to complete risk assessments (Leshied et al., 2003).

The second instrument is the Client Perception of Problems/Needs Scale- (see

appendix 4). Needs assessments of a target population usually include an assessment of the target population's characteristics, problems, and their expressed needs (Rubin & Babbie, 2001). The needs questionnaire that was designed for the research adopted that approach. It is also premised on the view that needs are value judgements that a person has a problem that can be solved (McKillip, 1987). The recognition of needs implies a judgement that there are solutions or that a solution is desirable. Thus it is possible a client may perceive that he or she is experiencing a problem, but either fails to recognize the possibility of a solution or does not desire to find a solution. Bearing in mind the considerations about problems and solutions, the needs questionnaire was constructed so that participants could identify both problems and needs.

The focus of the survey is to ask parents about their needs and the needs of their children related to the effective parenting of their children and the promotion of a healthy family life. The survey asks parents about their problems and the problems of their children, and then asks the parents about their need for help with the problems. The rating scale allows the participant to identify if there is a problem, but also allows for the option of indicating whether or not there is a need for help with the problem, and the nature of the help desired.

The Client Perception of Problems/Needs Scale is a questionnaire that was designed for the dissertation and has been adapted from the Ontario Risk Assessment Model to capture the problems and needs of parents who are seen to be neglecting their children. While the Ontario Risk Assessment Model has been designed to measure risk, it is relevant to the measurement of needs. Many of the constructs incorporated into a

psychosocial assessment of risk are also constructs required to understand needs (Clifford, 1998). The researcher is not suggesting that the Ontario Risk Assessment Model is a needs assessment instrument but, given its relationship to needs it is amenable to adaptation for the purpose of assessing needs in cases of child neglect. A comparison of the major textbooks on psychosocial assessment covering the period of 1975 to 2002 showed that most of the factors that are found in the Ontario Risk Assessment Model and the Client Perceptions of Problems/Needs Scale are also factors considered when conducting psychosocial assessments (Keefler, 2002). Client behaviour, physical health, mental health, social roles, coping, motivation, relationships, social history and social support were the common variables that emerged from this review. Problems related to the foregoing factors can create both risks and needs.

In designing the Client Perception of Problems/Needs Scale, 4 of the 22 risk factors contained in the Ontario Risk Assessment Model were eliminated as they were not very adaptable to being transformed into needs. The factors excluded were the following: *child's vulnerability*, which is a risk rating based on the age of the child; *access to child by perpetrator*; *intent and acknowledgment of responsibility for abuse/neglect*; and *history of abuse/neglect committed by caregiver*. Including these factors would not have provided any useful information in better understanding needs and appeared likely to have the potential for alienating clients, and hindering their participation in the study, due to the pejorative connotations that the questions seemed likely to engender. Otherwise, the scale asked clients to rate all the needs associated with the risk factors contained in the risk assessments completed by the child protection workers with whom they were working.

Several questions were formulated in addition to the questions adapted from the Ontario Risk Assessment Model. The questionnaire begins with two general questions about needs having to do with effective parenting, and promoting a healthy family life. The two questions allowed participants the opportunity to identify the most important problems and needs they were experiencing in a much more open-ended way than is permitted in the rest of the questionnaire. The last five questions in the questionnaire are about how socio-economic disadvantage impacts on the care provided to the children of the participants and their overall family life. The questions concern the affordability of food, recreation and social activities for the children, housing, finding a job that can support the family, and the need for training or further education. As poverty is a significant factor in cases of child neglect, and as the Ontario Risk Assessment Model includes few poverty related variables, it was seen as essential to incorporate key variables related to the impact of poverty on child care. It is well known that child neglect is strongly associated with families receiving social assistance, inadequate housing and living conditions, and limited education (Boehm, 1964; Daro, 1988; Trocmé & Wolfe, 2001). It is also well known that child development is often negatively impacted upon by child neglect (Perry, 2001). The choice of socio-economic variables for the questionnaire has therefore been cognizant of the key socio-economic variables connected with child neglect as they relate to parents being able to meet the needs of their children. In addition to the considerations already mentioned, in selecting the variables for the instrument to be used in the study, the Child Well Being Scales were reviewed (Magura & Moses, 1986). These scales were designed for child protection agencies to evaluate the child's caretaking

environment and individual adjustment. The dimensions were selected on the basis of their relevance to the child protection mandate, and on the basis of comprehensiveness. The Child Well Being Scales have been found to have validity and reliability (Magura & Moses, 1986). As part of establishing their validity, the scales were assessed for content validity, criterion-related validity, and trait validity. Virtually all problem areas selected for the Client Perception of Problems/Needs Scale are concerns identified in the Child Well Being Scales completed by child protection workers and the companion Parent Outcome Interview completed by parents.

The Client Perception of Problems/Needs Scale has quantitative and qualitative components. The quantitative component of the scale asks clients to rate the level of each problem and need. The qualitative component of the scale requires the clients to provide an explanation for their rating of each factor, and for information about the strengths and resources relied upon by the client in dealing with problems and needs. The inclusion of these qualitative components was expected to offset the weaknesses of the survey method, around issues of inflexibility, superficiality, artificiality, and validity (Rubin & Babbie, 2001).

5.7 Data Analysis

The approach adopted for the analysis of the data was to examine what information could be discerned from it in response to the research questions. All quantitative statistical analysis used the Statistical Package for the Social Sciences (Nie et al., 1975). First, the psychometric properties of the Client Perception of Problems/Needs Scale and the Ontario Risk Assessment scale are reported.

The analysis of the psychometric properties of the two scales reports on the item-total correlation, internal consistencies, and the results of the factor analysis. The item-total correlation indicates how a specific item correlates with the rest of the items in the scale. Internal consistency is a measure which helps determine if a scale is confusing or has multiple interpretations by respondents. Internal consistencies are measured by Cronbach's alpha, which is based on the average covariance among the items within a scale. Since the items within a scale measure a common entity, it is expected that the co-variance should be positive. Cronbach's alpha is, in effect, the proportion of variability in responses that is the result of differences in the respondents. Factor analysis is a statistical technique that is employed with a set of items in a scale to determine the degree to which the items in the scale constitute subsets that are independent of one another. The items in the scale, that are correlated with one another but independent of other subsets of items are lumped together into factors. The factors reveal the common underlying dimensions of the scale.

Distributions of the demographic data are considered using descriptive statistics. The variables under consideration are *marital status*, *age*, *gender*, *source of income*, *type of residence*, *number of case openings*, *reason for opening*, and *case status*. Ethnicity is not included in this study as the geographic area under consideration has an ethnically homogeneous population. The analysis examines any patterns in both the responses to the needs questionnaire and the assessment of risk by child protection workers that seem to be associated with the foregoing variables.

The analysis of quantitative data for the two scales is comprised of the examination of the ratings chosen by clients in their response to the Client Perception of

Problems/Needs Scale, and the ratings selected by child protection workers in completing risk assessments for the same client group. The statistical procedures aim to answer the first three research questions. Using descriptive statistics, the overall mean for each risk factor contained in the risk assessments and the overall mean for each need factor contained in the Client Perception of Problems/Needs Scale were calculated so that an understanding of the areas of highest risk and highest need could be achieved. Understanding the areas of lowest risk and lowest need for this sample of child neglect cases may also identify risk and need factors which are not of great concern or that may possibly be protective factors. Conversely, the areas of highest need and risk may assist child protection workers in how to better target services provided to clients so that the most serious problems are the focus.

The itemization and ranking of the most frequent needs identified by clients and the itemization and ranking of the most frequent risks identified by child protection staff are presented using descriptive statistics. The clients' perceptions of needs are compared to the workers' perceptions of risk so that similarities and differences are illustrated. Examining whether there exists any correlation between client perception of needs and child protection worker perception of risk and needs is measured using Kendall's tau, as both instruments consist of variables at the ordinal level of measurement. For any correlations, the statistical significance and strength of the association are reported.

The approach to the analysis of the qualitative data consists of an evaluation of the narrative portion of the needs questionnaire. In the case of the needs survey, the client provided an explanation for the rating chosen for each problem/need factor. The intention

is to make judgements as to whether the narrative explanations provided by clients support the ratings chosen by them. Also, the needs survey sought comments about the strengths and resources available to the clients in dealing with the problems affecting them and their families. Again, the plan is to present patterns and themes in what clients have said about strengths and resources.

Hammersley and Atkinson (1997) recommend an initial reading of the data to determine how the data fit with common sense knowledge, official accounts and previous theory, as well as to look for inconsistencies and contradictions. Themes about the nature and type of needs that might be contained in the narrative are reported. Content analysis was the method adopted to scrutinize how well the narrative supported the ratings chosen by clients. Categorizing and tabulating the occurrence of selected content was undertaken with a view to developing impressions about the credibility of the responses of the clients. Coding the manifest content of the narrative was the focus. Rubin & Babbie (2001) describe manifest content as the visible, surface content of any communication.

The frequencies of participant needs, their strengths and resources, and the evaluation of the credibility of their responses were tabulated for the purposes of analysis. The complementarity between the rating chosen by the client and the client's explanation for the rating choice was assessed for credibility under the headings: *high credibility*, *low credibility*, and *unclear*. The credibility rating was based on whether participants provided a logical and reasonable explanation for the ratings they had chosen for each question on the problems/needs scale.

CHAPTER SIX

6.0 Results

The findings are organized as follows:

1. The variables for analysis: frequency, coding and percentage in the sample
2. The correlation matrix for the 25 items of the Problems/Needs Scale
3. The results of factor analysis for the Problems/Needs Scale
4. Internal consistencies for the Problems/Needs Scale
5. The correlation matrix for the 22 items of the Risk Assessment
6. The results of the factor analysis for the Risk Assessment
7 Internal Consistencies for the Risk Assessment
8. Descriptive Statistics from the Problems/Needs Scale
9. Descriptive Statistics from the Risk Assessment Scale
10. Correlation Between the Problems/Needs Scale and the Risk Assessment Scale
11. Qualitative Results from Analysis of the Problems/Needs Scale

6.1 Variables for Analysis

The demographic and case information variables are displayed in table 1. Appendix 5 contains the frequencies, coding, and percentages for the variables from the Client Perception of Problems/Needs Scale, as does Appendix 6 for the Ontario risk assessment scale. After the presentation of the psychometric properties of both scales, the variables are analyzed as part of the reporting on descriptive statistics.

Table 1

Demographic and Case Variables for Analysis:
Frequency Coding and Percentage in the Sample

Variable	Coding	Frequency	Percentage in Sample
Marital Status			
married/common law	1	39	50.6
single	2	14	18.2
separated/divorced	3	23	29.9
widowed	4	1	1.3
Age of Adult			
under 20	1	2	2.6
20 to 29	2	30	39.0
30 to 39	3	27	35.0
over 40	4	18	23.4
Gender of Adult			
female	1	66	85.7
male	2	11	14.3
Type of Residence			
private rental	1	43	56.6
public housing	2	21	27.6
home ownership	3	12	15.8
Source of Income			
employed	1	23	29.9
social assistance	2	50	64.9
other	3	4	5.2
Age of Child			
0 to 3 years	1	32	20.5
4 to 7 years	2	41	26.3
8 to 11 years	3	37	23.7
12 to 15 years	4	46	29.5
Gender of Child			
female	1	76	48.0
male	2	80	52.0

Variable	Coding	Frequency	Percentage in Sample
Family Size			
1 child	1	25	32.9
2 children	2	29	38.0
3 children	3	17	22.4
4 or more children	4	5	6.6
Previous Openings			
no previous openings	0	0	0
1 previous opening	1	16	20.8
2 previous openings	2	20	26.0
3 or more previous openings	3	41	53.2
Reason for Case Opening			
inadequate supervision	1	11	14.3
neglect of child's basic needs	2	5	6.5
caregiver response to child's physical health	3	2	2.6
caregiver response to child's mental, emotional, developmental condition	4	2	2.6
caregiver response to child under 12 who has committed a serious act	5	0	0
caregiver response to child's emotional harm or risk of emotional harm	6	9	11.7
caregiver with problem	7	34	44.2
caregiving skills	8	14	18.1
Case Status			
open	1	59	76.6
closed	2	18	23.4

6.2 Correlation Matrix for Client Perception of Problems/Needs Scale

Table 2 shows the inter-correlation among the 25 items in the Client Perception of Needs/Problems Scale. The 25 items displayed in the matrix have been alphabetically indexed from A to Y. The definition for each of the indexed variables is included below the table. The correlation coefficients range from -.16 to .65. The lowest correlation is a negative one between item P (living conditions) and item T (severity of neglect). The highest correlation is between item U (affordability of groceries) and item V (affordability of recreation). A number of significant correlations were found between variables that can be divided into three broad problem areas pertaining to socio-economic, personal, and child functioning/parent-child interaction issues.

Table 2
Correlation Matrix for 25 Items of the Client Perception of Problems/Needs Scale

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
A	1.00																								
B	**.51	1.00																							
C	**.44	.10	1.00																						
D	.17	.06	-.12	1.00																					
E	**.38	**.29	-.02	.19	1.00																				
F	**.27	.16	*.23	-0.1	.14	1.00																			
G	**.31	.22	.09	-.05	.20	**.30	1.00																		
H	*.25	0.11	**.32	*.23	-.08	.09	**.40	1.00																	
I	**.28	*.20	.15	-.08	**.39	*.21	*.21	.13	1.00																
J	**.26	.06	*.25	-.01	*.25	**.31	.11	.08	**.28	1.00															
K	*.23	.18	.12	.12	**.26	*.25	.14	*.21	**.36	**.39	1.00														
L	*.24	.15	.18	**.33	*.25	.06	.08	.17	.15	*.22	.15	1.00													
M	.17	.01	.15	**.26	.07	*.24	.02	-.04	.14	*.21	.17	.06	1.00												
N	**.28	*.25	*.22	.13	-.01	-.02	**.28	**.34	.09	*.22	.12	.05	.19	1.00											
O	.06	.14	.03	-.01	.16	.12	.17	.08	.19	*.23	.16	.03	.10	.11	1.00										
P	.03	.03	.02	.09	-.00	.00	-.00	-.05	.07	-.12	-.07	-.07	*.02	.02	.13	1.00									
Q	-.03	-.01	**.31	-.06	.13	.18	.06	.13	.20	.12	.04	-.03	.13	*.21	**.33	.11	1.00								
R	.15	**.26	*.20	.13	.12	.11	**.26	**.36	.08	-.01	.13	*.25	.05	**.29	**.32	-.05	*.26	1.00							
S	.18	.16	.08	.07	.02	-.09	.15	.15	.08	.00	.08	.11	-.03	.10	-.05	.07	-.01	.11	1.00						
T	.18	*.20	.18	-.02	**.36	.17	**.28	.15	**.48	.09	.14	.14	-.01	.14	**.29	-.16	**.38	**.46	.06	1.00					
U	.13	**.34	.13	.13	.01	.12	.21	.12	.14	.02	.08	.18	.15	*.23	.19	*.25	.10	-.02	.03	.02	1.00				
V	*.21	**.41	*.20	.07	.15	.18	.17	.12	.04	*.20	-.07	*.24	.07	.08	.10	.19	.16	.10	.03	.05	**.59	1.00			
W	.06	*.25	.05	-.03	.03	.15	**.29	.11	.10	.06	-.08	.13	.03	*.22	.12	**.33	.09	.01	.15	-.05	**.65	**.54	1.00		
X	.15	*.21	-.01	**.28	.19	.05	.04	.15	.14	.04	-.07	**.26	*.23	*.25	.00	*.20	*.21	*.20	*.21	*.21	**.46	**.40	*.25	1.00	
Y	.03	*.21	.00	.01	.11	.03	-.02	-.05	.03	-.14	-.15	*.20	-.02	-.01	-.05	**.28	.11	.03	**.36	-.08	**.33	**.28	**.42	**.45	1.00

* correlation is significant at .05 level
** correlation is significant at .01 level

Variables	Definitions
A	Most important problem affecting parenting
B	Most important problem affecting family life
C	Abuse/neglect of caregiver
D	Alcohol/drug use
E	Caregiver's expectations of child
F	Caregiver's acceptance of child
G	Physical capacity to care for child
H	Mental capacity to care for child
I	Child's response to caregiver
J	Child's behaviour
K	Child's mental health
L	Child's physical health
M	Family violence
N	Ability to cope with stress
O	Availability of social supports
P	Living conditions
Q	Family identity and interactions
R	Caregiver's motivation
S	Cooperation between client and social worker
T	Severity of abuse/neglect
U	Affordability of groceries
V	Affordability of recreation and social activities
W	Affordability and satisfaction with housing
X	Finding a job
Y	Job training

6.3 Factor Analysis

As the Client Perception of Problems/Needs Scale is a new instrument, specifically designed for this study it was essential to explore the dimensions of the scale. Common factors were obtained through principal component analysis with iteration to estimate the communalities; this was followed by orthogonal rotation using the varimax criterion. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was used. It yielded a measure of .57, placing the sample size in the marginally adequate range, as measures below .50 are

unacceptable (University of Newcastle upon Tyne, 2002). Generally, the rule of thumb is that 4 to 10 subjects per scale item are required (Norman & Streiner, 1994). The intention was to try to administer 100 questionnaires, which would have met the requirement of at least 4 cases per item, as there are 25 items in the Client Perception of Problems/Needs Scale. However, as the study is descriptive and exploratory in nature, attempting to establish findings about the structure of the scale, and to establish how well the items fit together was seen as a valid preliminary line of inquiry.

The initial solution produced 10 factors, too many to draw any conclusion's about the scale's dimensions, and not in keeping with the conceptualization of the scale, or showing any evidence of relationships among items. Since the investigation was exploratory 5, 4, and 3 factor solutions were fitted to the data. The 5 and 3 factor solutions were difficult to interpret. From a conceptual perspective, the 4 factor solution provided a more parsimonious and interpretable structure for the scale. Factor 1 encompasses the environmental issues impacting on the participant. Factor 2 encompasses the personal issues impacting on the participant. Factor 3 is child related, encompassing the interaction between parent and child, and the child's functioning. Factor 4 does not appear to represent any dimension, and only three dimensions to the scale emerge with any clarity. However, the 3 factor solution fails to pull out those dimensions in the same way that occurs with the 4 factor solution. Finally, the dimensions displayed with the 4 factor solution fit with how the participants seemed to interpret the questions during the administration of the questionnaires. Fabrigar et al. (1999) note that, of the various considerations for determining how many factors to extract, the most important criterion

is for the solution to be interpretable and theoretically sensible. Only the 4 factor solution met that criterion. An oblique rotation was also performed on the 4 factors, with almost identical results to the orthogonal rotation, except for the order of the factors. The orthogonal rotation is presented as its ordering of the factors fit better with the prioritization of problems and needs identified by participants.

Table 3 depicts the communalities for the 25 items of the Client Perception of Problems/Needs Scale. The communality for an item is the proportion of variance for that item that is due to common factors. A higher communality is generally a good indication that an item plays a significant role in the interpretation of a factor. However, communalities must be interpreted in relation to the interpretability of the factors (Fabrigar et al., 1999). Also shown in Table 3 are the eigenvalues and the percentage of variance accounted for by each of the retained factors. The eigenvalue is the proportion of variance in the 25 items explained by each factor. The four factors explain 43% of the variance in the scale.

Table 4 shows the factor loadings after orthogonal rotation. The size of the loadings is an indication of the relationship between the items and the factors. In SPSS the factor analysis procedure is designed so that the factors are computed in descending order of magnitude, beginning with the first factor accounting for most of the variance. Loadings for the scale range from .34 to .80 with most of them exceeding .50. As loadings of .30 to .40 are typically employed in psychometric research (Magura & Moses, 1986), the loadings for the Client Perception of Problems/Needs Scale are considered to show a significant relationship between the indicator items and the respective factors.

Table 3
Results of Factor Analysis for Problems/Needs Scale Before Axes Rotation

Variable	Communality	Factor	Eigenvalue	Pct of Var	Cum Pct
1. Most important problem affecting parenting	0.51	1	4.63	18.52	18.52
2. Most important problem affecting family life	0.36	2	2.73	10.94	29.45
3. Abuse/neglect of caregiver	0.25	3	1.72	6.88	36.33
4. Alcohol/drug use	0.46	4	1.69	6.78	43.1
5. Caregiver's expectations of child	0.45				
6. Caregiver's acceptance of child	0.39				
7. Physical capacity to care for child	0.33				
8. Mental capacity to care for child	0.53				
9. Child's response to caregiver	0.44				
10. Child's behaviour	0.45				
11. Child's mental health	0.44				
12. Child's physical health	0.41				
13. Family violence	0.18				
14. Ability to cope with stress	0.36				
15. Availability of social supports	0.34				
16. Living conditions	0.31				
17. Family identity and interactions	0.45				
18. Caregiver's motivation	0.56				
19. Cooperation between client and social worker	0.23				
20. Severity of abuse/neglect	0.47				
21. Affordability of groceries	0.65				
22. Affordability of recreation and social activities	0.55				
23. Affordability and satisfaction with housing	0.66				
24. Finding a job	0.49				
25. Job training	0.49				

Table 4

Problems/Needs Items: Pattern Matrix of Factor Loadings After Orthogonal Rotation

INDICATOR-ITEM	FACTOR 1	FACTOR 2	FACTOR 3	FACTOR 4
B. Most important problem affecting family life	**0.34**		0.31	
P. Living conditions	**0.54**			
U. Affordability of groceries	**0.80**			
V. Affordability of recreation	**0.71**			
W. Affordability of housing	**0.80**			
X. Finding a job	**0.56**			0.38
Y. Job training	**0.65**			
C. Abuse/neglect of caregiver as child		**0.45**		
G. Physical capacity to care for child		**0.53**		
H. Mental capacity to care for child		**0.66**		0.3
N. Ability to cope with stress		**0.55**		
O. Availability of social supports		**0.39**		-0.33
Q. Family interaction		**0.51**		-0.37
R. Caregiver motivation		**0.73**		
T. Severity of neglect		**0.61**		
A. Most important problem affecting parenting			**0.53**	0.39
E. Caregiver's expectations of child			**0.64**	
F. Caregiver's acceptance of child			**0.53**	
I. Child's response to caregiver			**0.61**	
J. Child's behaviour			**0.66**	
K. Child's mental health			**0.61**	
M. Family violence			**0.39**	
D. Alcohol/drug use				**0.68**
L. Child's physical health				**0.55**
S. Cooperation between client and social worker				**0.41**
Eigenvalue	4.63	2.73	1.72	1.69

Factor Correlation Matrix

	1	2	3	4
Factor 1	1			
Factor 2	0.01	1		
Factor 3	-0.08	-0.03	1	
Factor 4	0.01	0.05	0.01	1

6.4 Reliability

The reliability of the scale was determined by examining its internal consistency, shown in Table 5. Factor 1, representing environmental issues, had a corrected item-total correlation in the range of .31 to .69. The internal consistency was calculated using Cronbach's Alpha. The coefficient alpha of .79 indicated the items fit well together. Factor 2, representing the personal problems of the participant, had a corrected-item total correlation in the .29 to .52 range. A coefficient alpha of .70 indicated the items fit well together. Factor 3, representing the child related issues, had a corrected item- total correlation in the .25 to .47 range. Again, with a coefficient alpha of .70 it was found that the items fit well together. In the case of factor 4, the corrected item-total correlation was in the .10 to .30 range, and the coefficient alpha score was .39, indicating an unacceptable level of internal consistency.

Table 5
Internal Consistency and Factor Loadings for the Problems/Needs Scale

Subscales	Corrected Item Total Correlation	Internal Consistency	Factor Loadings
FACTOR 1			
Most important problem affecting family life (finances)	0.36	0.79	0.34
Living conditions	0.31		0.54
Affordibility of groceries	0.69		0.79
Affordability of recreation	0.62		0.71
Affordability of housing	0.63		0.80
Finding a job	0.50		0.56
Job training	0.49		0.65
FACTOR 2			
Abuse/neglect of caregiver as child	0.32	0.70	0.45
Physical capacity to care for child	0.38		0.53
Mental capacity to care for child	0.45		0.66
Ability to cope with stress	0.40		0.55
Availability of social support	0.29		0.39
Family interaction	0.39		0.51
Caregiver motivation	0.52		0.73
Severity of neglect	0.45		0.61
FACTOR 3			
Most important problem affecting parenting (child and personal issues)	0.43	0.70	0.53
Caregiver's expectations of child	0.41		0.64
Caregiver's acceptance of child	0.39		0.53
Child's response to caregiver	0.47		0.61
Child's behaviour	0.47		0.66
Child's mental health	0.46		0.61
Family violence	0.25		0.39

Subscales	Corrected Item Total Correlation	Internal Consistency	Factor Loadings
FACTOR 4			
Alcohol/drug use	0.29	0.39	0.68
Child's physical health	0.10		0.55
Cooperation between client and social worker	0.30		0.41

6.5 Correlation Matrix for Risk Assessment

Table 6 shows the inter-correlation among the 22 items of the Risk Assessment scale. The items have been indexed alphabetically from A to V, with the definitions for the indexed items included, following the table. The correlation coefficients range from -.33 to .66. The lowest correlation is a negative one between item G (child's vulnerability) and item I (child behaviour). The highest correlation is between item C (caregiver's expectations of child) and item Q (caregiver's motivation). The most significant correlations pertain to family violence and other parental problems, stress and other parental problems, and the relationships between the variables about parental acceptance and expectations of the child and variables concerned with child functioning.

Table 6

Correlation Matrix for 22 Items of the Risk Assessment Scale

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
A	1.00																					
B	**.33	1.00																				
C	.15	**.30	1.00																			
D	.12	**.28	**.60	1.00																		
E	-.11	-.05	.06	.05	1.00																	
F	*.25	**.30	.09	.05	.11	1.00																
G	-.04	-.13	-.01	-.15	-.09	-.01	1.00															
H	-.09	.17	**.44	**.51	-.03	.13	*-.20	1.00														
I	.17	.18	**.41	**.42	.04	.01	**-.33	**.49	1.00													
J	*.24	-.01	.17	*.24	.04	*.20	.07	.15	**.34	1.00												
K	.07	.14	.17	-.00	.04	.14	*.22	-.03	-.11	.05	1.00											
L	.14	**.47	*.20	.17	-.19	-.14	.00	.12	*.23	-.06	.03	1.00										
M	.08	**.39	**.39	**.35	-.04	.05	.01	**.35	0.24	-.03	.14	**.54	1.00									
N	.08	*.20	*.21	.14	.07	.12	-.01	.04	-.00	.16	.19	.13	.19	1.00								
O	.12	.13	.08	-.01	-.11	.02	.17	.13	.08	.01	.06	*.24	**.45	-.07	1.00							
P	*.24	**.33	**.63	**.43	.08	.12	.07	**.40	**.30	.12	.04	**.32	**.58	**.28	**.27	1.00						
Q	**.39	**.41	**.66	**.56	-.11	*.22	.13	**.30	**.35	.15	.16	**.29	**.47	.15	**.29	**.63	1.00					
R	**.34	.19	**.56	**.50	*-.21	*.22	.06	.17	.13	.07	.12	.15	.17	.18	-.00	**.41	**.58	1.00				
S	.01	-.10	.19	-.04	.01	-.09	-.15	-.08	.11	.18	.04	-.08	.05	.04	-.04	.13	-.10	.15	1.00			
T	-.07	-.13	.02	-.02	*.20	-.17	.06	.02	-.13	**.30	.09	.10	-.06	-.02	-.12	-.02	-.11	.05	*.21	1.00		
U	.02	-.02	-.04	-.03	-.08	.02	*.22	.10	-.12	**.39	.15	-.02	.00	-.02	.02	.04	.07	.03	-.01	**.53	1.00	
V	.15	*.21	**.39	.18	.09	*.25	-.00	.17	**.26	.05	.14	.11	**.33	.16	.13	**.45	**.39	**.33	.08	-.18	-.04	1.00

* correlation is significant at .05 level

** correlation is significant at .01 level

Variables	Definitions
A	Abuse/neglect of caregiver
B	Alcohol/drug use by caregiver
C	Caregiver's expectations of child
D	Caregiver's acceptance of child
E	Physical capacity to care for child
F	Mental capacity to care for child
G	Child's vulnerability
H	Child's response to caregiver
I	Child's behaviour
J	Child's mental health
K	Child's physical health and development
L	Family violence
M	Ability to cope with stress
N	Availability of social supports
O	Living conditions
P	Family identity and interactions
Q	Caregiver's motivation
R	Caregiver's cooperation with intervention
S	Access to child by perpetrator
T	Intent and acknowledgment of responsibility
U	Severity of abuse/neglect
V	History of abuse/neglect by present caregiver

6.6 Factor Analysis

The factor analysis for the risk assessment also used principal component analysis, and followed the same steps as described in conducting the factor analysis of the Client Perceptions of Problems/Needs Scale. To date, no testing has been completed of the psychometric properties for the risk assessment used by Ontario's child protection system. Again, the size of the sample dictates that the findings be considered preliminary. As there are 22 risk factors, a sample size of at least 88 cases would have been required to provide definitive results. However the measure of sampling adequacy (KMO) is considered to be within an acceptable range at .65.

The initial solution produced by the factor analysis procedure yielded an eight factor solution, which is considered to be too many factors to successfully determine the dimensions of the scale. The scale is designed so that it is divided into five sub-categories which deal with issues concerning the caregiver, the child, the family, the client's response to agency intervention, and issues of abuse and neglect. In trying to uncover the underlying dimensions of the scale, it therefore seemed appropriate to look for evidence of those five sub-categories. Five, four, and three factor solutions were selected. The factors produced with the five and four factor solutions did not breakdown in any logical way, from a clinical perspective or in any other apparent way. The three factor solution resulted in almost all the variables loading on to the first factor, with no logic emerging from the three factor solution. In returning to the eight factor solution, one sees some evidence of logic in that structure. Factor 1 deals primarily with child and family issues. Factor 2 comprised the risk factors *substance abuse, family violence, stress*, and *social support.* The stress variable loads most significantly on to this factor, but also loaded on other factors as was anticipated. There appears to be a good fit among the four variables. Lack of social support is a major source of stress. Stress, lack of social support, family violence, and substance abuse are often associated with each other (Leshied et al., 2003). Factor 3 consists of two of the abuse and neglect sub-categories combined with the *child's mental health.* There is not any incompatibility in combining these variables. Certainly in the child protection field they are seen as influencing each other. Factor 4 combines the *child's vulnerability* and *child's physical health.* The design of the risk assessment stipulates that the child's vulnerability decreases as the child gets older. Often concerns about a child

physical health and development decrease with age, too. Factor 5 combines *historical abuse of the caregiver* with the *mental health of the caregiver*. Again, some logic exists in the pairing of the two variables, as historical abuse and neglect often have a life long impact on the mental health of the victim. Factors 6, 7, and 8 are factors that stand alone. One can see reasons as to why the last three factors may not be seen by child protection staff as being associated with the rest of the variables in the risk assessment. In examining the risk assessments from the study sample it is evident that the *physical health of the caregiver* is not, on an aggregate basis, seen as a significant issue by child protection staff. Therefore it is not as likely to have any degree of relationship with other items. As the client's *living conditions* is the only environmental item in the risk assessment, it is understandable that it might not be associated with other items from the risk assessment. *Access to child by the perpetrator* is a more independent item because of the particular way the term perpetrator is used in the context of conducting risk assessments with the Ontario Risk Assessment Model. Any caregiver in an open child protection cases is viewed as a perpetrator. Also, the parent is automatically given the highest risk rating for the perpetrator variable when the child and parent are living together. It's interaction with other risk factors is not normally considered when risk ratings are being assigned by the child protection worker. Given the foregoing explanation, it is not surprising that it would be a variable that would stand on its own. Overall, it is difficult to see what dimensions the eight factors actually represent. It is evident that there is some relationship amongst a number of the indicator-items and the related factor. However, based on the preliminary factor analysis conducted on a sample of 77 risk assessments, it was not possible to

establish any clarity about the scale's dimensions. Additionally, a factor analysis was conducted on the risk assessments for all child protection cases open at Family and Children's Services as of July 2004 (n = 295). The initial nine factor solution produced using oblique rotation did not establish clarity about the scale's dimensions.

Table 7 shows the communalities for the twenty two items of the risk assessment scale. Also, shown are the eigenvalues and the percentage of variance accounted for by each of the retained factors. Table 8 shows the factor loadings after orthogonal rotation. Loadings for the scale range from .40 to .89 with most of them exceeding .50. As loadings of .30 to .40 are typically employed in psychometric research (Magura & Moses, 1986) the loadings for the risk assessment scale can be considered to show a significant relationship between the indicator items and the respective factors.

Table 7

Results of Factor Analysis for Risk Assessment Scale Before Axes Rotation

Variable	Communality	Factor	Eigenvalue	Pct of Var	Cum Pct
1. Abuse/neglect of caregiver	0.75	1	5.08	23.07	23.07
2. Alcohol/drug use by caregiver	0.72	2	2.04	9.28	32.35
3. Caregiver's expectations of child	0.78	3	1.88	8.53	40.88
4. Caregiver's acceptance of child	0.75	4	1.69	7.67	48.55
5. Physical capacity to care for child	0.63	5	1.33	6.05	54.61
6. Mental/emotional capacity to care for child	0.64	6	1.29	5.87	60.47
7. Child's vulnerability	0.70	7	1.22	5.55	66.02
8. Child's response to caregiver	0.73	8	1.13	5.16	71.17
9. Child's behaviour	0.72				
10. Child's mental health	0.76				
11. Child's physical health and development	0.47				
12. Family violence	0.76				
13. Ability to cope with stress	0.78				
14. Availability of social supports	0.57				
15. Living conditions	0.74				
16. Family identity and interactions	0.70				
17. Caregiver's motivation	0.81				
18. Caregiver's cooperation with intervention	0.82				
19. Access to child by perpetrator	0.83				
20. Intent and acknowledgement of responsibility	0.77				
21. Severity of abuse/neglect	0.74				
22. History of abuse/neglect by present caregivers	0.50				

Table 8

Risk Items: Pattern Matrix for Factor Loading After Orthogonal Rotation

Indicator Items	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6	Factor 7	Factor 8
C - caregiver's expectations	**0.86**							
D - caregiver's acceptance	**0.77**							
H - child's response	**0.55**			-0.43				-0.32
I - child's behaviour	**0.40**			-0.70				
P - family interactions	**0.69**					0.33		
Q - motivation	**0.76**				0.31			
R - cooperation	**0.74**						-0.32	
V - history of abuse by caregiver	**0.47**							
B - use of alcohol/drugs		**0.70**			0.38			
L - family violence		**0.75**					-0.31	
M - stress	0.40	**0.56**				0.53		
N - social support		**0.51**					0.32	
J - child's mental health			**0.72**		0.35			
U - severity of neglect			**0.82**					
T - acknowledgement of responsibility			**0.74**					
G - child's vulnerability				**0.70**		0.32		
K - child's physical health				**0.55**				
A - abuse of caregiver					**0.78**			
F - parent's mental health					**0.67**		0.34	
O - living conditions						**0.86**		
E - physical capacity to care for child							**0.78**	
S - access by perpetrator								**0.89**

Eigenvalue		5.07	2.04	1.87	1.68	1.33	1.29	1.22	1.13

Factor Correlation Matrix

	1	2	3	4	5	6	7	8
Factor 1	1							
Factor 2	.03	1						
Factor 3	**.24	.06	1					
Factor 4	-.03	-.04	-.13	1				
Factor 5	.07	-.10	.02	-.02	1			
Factor 6	.01	-.10	.07	.07	.06	1		
Factor 7	-.03	.05	.10	-.06	.03	.13	1	
Factor 8	-.03	.04	-.02	-.03	.13	.00	.01	1

** correlation is significant at .01 level

6.7 Reliability

The approach taken in determining the reliability of the risk assessment scale was to examine its internal consistency, as was done for the Client Perception of Problem/Needs Scale. A full analysis of reliability would also involve determining the inter-rater reliability of the scale as it is administered by many different raters. The corrected item-total correlation for factor 1 was in the .41 to .75 range. The score on Cronbach's Alpha, which also measures internal consistency, was .83. The corrected item-total correlation for factor 2 was .21 to .54. The alpha coefficient was .64. The corrected item-total correlation for factor 3 was .39 to .58. The alpha coefficient was .67. Factor 4 had a corrected item-total correlation of .22 and coefficient alpha of .36. Factor 5 had a corrected item-total correlation of .37 and alpha coefficient of .37. The internal consistency of factors 4 and 5 is a concern. As factors 6, 7, and 8 are single factors, it is not possible to measure internal consistency.

Table 9
Internal Consistency and Factor Loadings for Risk Items

Subscales	Corrected Item Total Correlation	Internal Consistency	Factor Loadings
FACTOR 1			
Caregiver's expectations of child	0.75	0.83	0.86
Caregiver's acceptance of child	0.64		0.77
Child's response to caregiver	0.50		0.55
Child's behaviour	0.47		0.40
Family Interaction	0.66		0.69
Caregiver's motivation	0.70		0.76
Caregiver's cooperation with intervention	0.52		0.74
History of abuse by caregiver	0.41		0.47
FACTOR 2			
Use of alcohol/drugs by caregiver	0.50	0.64	0.70
Family violence	0.52		0.75
Ability to cope with stress	0.54		0.56
Availability of social support	0.21		0.51
FACTOR 3			
Child's mental health	0.39	0.67	0.72
Severity of neglect	0.51		0.82
Acknowledgement of responsibility	0.58		0.74
FACTOR 4			
Child's vulnerability	0.22	0.36	0.70
Child's physical health	0.22		0.55

Subscales	Corrected Item Total Correlation	Internal Consistency	Factor Loadings
FACTOR 5			
Abuse/neglect of caregiver	0.25	0.37	0.78
Parent's mental capacity to care for child	0.25		0.67
FACTOR 6			
Living conditions			0.86
FACTOR 7			
Physical capacity to care for child			0.78
FACTOR 8			
Access to child by perpetrator			0.89

6.8 Descriptive Statistics for Client Perceptions of Problems/Needs Scale

There are some salient attributes about the demographic data. Table 1 shows that a substantial majority of the participants were female, with women representing 83.5% of the sample and men representing 13.9%. Those owning homes represented 15.5% of the sample, and those living in public or non-profit housing represented 26.6% . Social assistance recipients represented 63.3% of the sample. From a socio-economic perspective, the population in the study had a similar profile to the population of child neglect cases described in the Canadian Incidence Study of Child Abuse and Neglect (Trocmé et al., 2001). The age categories for the children in the study are the same ones used in the Canadian Incidence Study (CIS). The ages of the children are spread across all four age groupings as was the case for the CIS. Cases had been previously opened, three or more times, for 51.9% of the participants. Repeated openings of child protection cases are a typical pattern and reflect a degree of chronicity of family problems. Finally, the reason for case opening bears some consideration. *Caregiver with a problem*, accounting for 43% of the sample, and *caregiving skills*, accounting for 17%, are the two largest categories. They are not the traditional categories that one might expect for child neglect. For the most part, they are not precise about the harm or risk of harm to the child. Lack of parental skills, and parents who have issues with substance abuse, mental health, physical health, and intellectual disability are the concerns identified by the two categories. For the most part, these categories appear to be less concrete about the risk posed to the child than traditional child neglect categories, such as lack of supervision, failure to provide food, safe and sanitary living conditions or medical attention. At 60% of the sample these

cases represent the majority of child neglect cases open at Family and Children's Services of Renfrew County. There is no reason to believe that the wide use of these two categories as the reason for case opening is atypical of the categorization used by other child protection agencies in Ontario. Given their lack of precision in specifying the nature of neglect, it is difficult to draw conclusions about the nature of neglect occurring in the study sample by relying to any great extent on the reason for case opening.

Four demographic variables, *gender*, *age*, *source of income*, and *case status,* were selected for analysis using the cross-tabulation procedure. The sample was rather small to be broken into sub-samples but it was deemed important to detect any differences in participant responses according to those variables. Men reported less personal and economic problems than did women, but it must be remembered that men only accounted for 13.9% of the sample. Alcohol and social support issues decreased with age, but the caregivers' physical health and mental health, and their concerns about child behaviour issues increased as participants got older. With respect to case status, participants whose cases were either open or closed held similar views about the need for professional services to deal with problems. However, participants whose cases were closed were more likely to perceive that they had no important problems. As expected, those on social assistance had many more personal and socio-economic concerns than did employed participants, with mental health issues among the participants on social assistance being most notable. Given the size of the sub- sample of social assistance recipients (n = 50) and of those employed (n = 23), this finding was not tested for statistical significance. From a practical standpoint, the finding does appear to have substantive significance

Table 10 describes the problems and needs identified by the clients who participated in the study. The needs are in a descending order according to the severity of the problems and needs. A 4 point Likert scale was presented to the participants, with a rating of 4 indicating there was an important problem for which there was a need for help from a professional service, 3 indicating they were experiencing an important problem for which they needed help from friends and family, 2 indicating an important problem with which they could cope on their own, and 1 indicating there was no important problem. The mean was calculated for each problem/need by averaging the ratings chosen on the Likert scale.

Table 10
Participant Identification of Problems and Needs

	N	Mean	Std. Deviation
Most important problem affecting parenting (child's problems)	77	2.99	1.22
Most important problem affecting family life (finances)	77	2.94	1.06
Ability to cope with stress	77	2.70	1.11
Child's behaviour	77	2.64	1.34
Child's mental health	77	2.62	1.42
Affordability of recreation and social activities	77	2.36	1.30
Affordability of groceries	77	2.26	1.36
Physical capacity to care for child	77	2.23	1.38
Mental capacity to care for child	77	2.22	1.38
Job training	77	2.21	1.32
Abuse/neglect of caregiver	77	2.19	1.27
Caregiver's expectations of child	77	2.10	1.23
Finding a job	77	2.08	1.30
Availability of social supports	77	1.97	1.14
Affordability and satisfaction with housing	77	1.96	1.33
Child's physical health	77	1.96	1.37
Family violence	77	1.82	1.23
Caregiver's motivation	77	1.70	0.96
Family identity and interactions	77	1.69	1.04
Child's response to caregiver	77	1.57	1.07
Alcohol/drug use	77	1.57	1.14
Cooperation between client and social worker	77	1.55	1.01
Living conditions	77	1.47	0.87
Severity of abuse/neglect	77	1.43	1.02
Caregiver's acceptance of child	77	1.35	0.86

The most significant problems and needs identified by the participants related to *parenting, child problems, lack of finances, coping with stress*, and the *mental and physical health of the parent*. Any problem and need with a mean greater than 2 was considered as more significant in that ratings above that point indicated the participant had an important problem with which he or she needed help-(see Appendix 4). The greatest problems and needs related to the two open ended questions of the Client Perception of Problems/Needs Scale. Slightly more than half the responses connected to the question about the most important problem affecting parenting, related to dealing with child problems, lack of services for the child, and insufficient parenting skills. However, this question also elicited responses about the personal issues of the parents, lack of finances, and a number of responses that could not be categorized. Greater uniformity in responses was evident when participants were asked about the most important problem affecting their family life. Almost half the participants talked about problems related to insufficient finances. They referred to lack of income, access to affordable and satisfactory housing, unemployment, and inability to afford to leave bad neighbourhoods. Again, there was some overlap with the first question, with concerns expressed about their personal problems affecting family life, lack of services for their child, and a number miscellaneous concerns. For three of the questions, participants clearly expressed that they did not perceive problems and needs. They felt there were very few issues related to cooperation with their child protection worker, with harming their child in any way, or with their acceptance and caring for their child. Further analysis of the perceived problems and needs is elaborated upon in the examination of the qualitative data and in the comparison with

the child protection workers' assessments of risk. The analysis now turns to an examination of the descriptive statistics for the risk assessment.

6.9 Descriptive Statistics for Risk Assessment

Table 11 outlines the risks identified by child protection workers in the risk assessment portion of the Ontario Risk Assessment Model. The risk assessments are ratings completed by the assigned child protection worker for each of the participants in the study. The risk assessment is a 5 point Likert scale. A risk rating of 4 is considered to be high risk, a 3 is moderately high risk, a 2 is intermediate risk, a 1 is moderately low risk, and a rating of 0 is low or no risk.

Table 11
Child Protection Worker Identification of Risks

	N	Mean	Std. Deviation
child's vulnerability	77	2.22	1.119
ability to cope with stress	76	2.20	0.864
family identity and interactions	77	2.09	1.126
access to child by perpetrator	76	2.09	1.663
abuse/neglect of caregiver	73	2.04	1.513
caregiver's expectations of child	77	1.77	0.944
availability of social supports	75	1.73	0.977
severity of abuse/neglect	72	1.61	1.157
family violence	73	1.59	1.200
caregiver's motivation	77	1.56	0.786
intent and acknowledgement of responsibility	70	1.51	0.944
mental/emotional capacity to care for child	76	1.51	1.089
history of abuse/neglect by present caregivers	76	1.45	1.159
child's behaviour	77	1.43	1.240
child's response to caregiver	77	1.31	1.161
alcohol/drug use by caregiver	74	1.19	1.289
caregiver's cooperation with intervention	77	1.17	1.069
child's mental health	75	1.16	1.220
caregiver's acceptance of child	77	0.87	1.174
physical capacity to care for child	77	0.75	1.160
child's physical health and development	77	0.49	0.995
living conditions	74	0.49	0.798

The risk factors have been arranged in descending order of risk, based on a mean calculated for each of the risk factors. The order speaks for itself. In trying to interpret the data, one way of looking at it is to suggest that the risk factors with a mean greater than 2 are the ones deemed to be of greatest concern to child protection staff. A mean greater than 2 indicates that the risk rating exceeds the intermediate risk rating, the mid-point of the risk scale. *The child's vulnerability, parental ability to cope with stress, family interactions, childhood abuse\neglect of the caregiver, the caregiver's expectations of the child, availability of social support, and severity of neglect* are the areas of highest risk using the schema just described. As mentioned in the factor analysis of the risk assessment, the access by the perpetrator variable is difficult to interpret since it is most often given the high-risk rating simply because the child is living with a parent who is a client of the child protection system. Interestingly, perusing the list of most serious risk factors shows that it does not contain some of the most prominent issues in child neglect cases identified in the Canadian Incidence Study, such as poverty, mental health, and substance abuse (Trocmé et al., 2001). Thus, it was not immediately apparent how the list of most serious risk factors would impact on child neglect. It is also informative to look at the lowest risk factors as they represent issues about which the child protection worker was minimally concerned and that presumably do not require attention by the worker. *Acceptance of the child by the parent, living conditions, physical capacity to care for the child* and the *child's physical health and development* fall between 0 and 1 on the risk scale, meaning that they are somewhere between low or no risk, and moderately low risk. The identification of risks by child protection workers for the sample of 77 cases was also

compared with the risk assessments completed on all child protection cases open at Family and Children's Services as of July 2004- (n = 295). Although the larger sample includes all categories of child maltreatment, the results were almost identical except that the means for the risk factors in the larger sample were slightly more elevated.

In concluding the analysis of the descriptive statistics for the risk assessment, a cross-tabulation procedure was applied to the gender, age, source of income, and case status variables to examine their relationship with the risk assessment variables. The analysis found that women had more mental health issues than the men, as did clients on social assistance compared to those who were employed.

6.10 Correlation Between Client Perception of Problems/Needs Scale and Risk Assessment

Table 12 shows the inter-correlations between the 25 items of the Problems/Needs scale and the 22 items of the Risk Assessment scale. The items from the Problems/Needs scale have been alphabetically indexed from A to Y, and the items from the Risk Assessment scale have been alphabetically indexed from AA to VV. The definitions for all of the indexed variables are also included. As can be seen in table 12, the correlation coefficients range from - .27 to .42. The highest correlation was between the needs variable U (affordability of groceries) and the risk variable OO (living conditions). The lowest correlation was between the needs variable R (caregiver's motivation) and the risk variable KK (child's vulnerability). There were many correlations found to be statistically significant at either the .05 or .01 level. The correlations are modest but significant. A probable explanation for the large number of modest correlations is that with many single

items they are prone to measurement error. Many of the significant correlations concerned items involving the child, parent-child relationships, and socio-economic issues. The most significant correlations were between variables that exist in both scales. *Abuse of the caregiver during childhood, caregiver physical health, child behaviour, child mental health and emotional development, child physical health* and *living conditions* were items from both scales that directly correlated with each other. Since there were a number of modest correlations between identical and/or related items from both scales, it appears that clients were recognizing concerns related to the concerns of social workers. However, it also appears that the Problems/Needs scale was frequently tapping into concerns that differed from the concerns of the social workers who completed the risk assessments.

Table 12

Correlations Between Client Perception of Problems/Needs Scale and Ontario's Risk Assessment Scale

	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM
A	.03	.06	.17	**.27	.19	.12	-.09	.19	.16	.16	**.27	.04	.12
B	-.01	-.10	.03	.08	.17	-.03	-.00	.05	.11	.06	.14	.04	.09
C	*.23	-.15	-.07	.04	.06	*.23	.02	.06	-.02	.09	.11	-.17	-.05
D	-.12	.13	.11	.18	-.02	-.02	-.02	.13	.03	-.03	.08	.14	.03
E	.16	.12	.18	.16	.06	-.12	-.07	.18	.19	.05	.15	.03	.16
F	-.03	-.13	.08	.18	-.01	.06	-.07	.08	*.23	*.21	.03	.02	.05
G	-.05	.13	-.01	.07	**.33	.05	-.03	-.03	.04	-.03	-.02	.03	-.03
H	-.00	.09	-.08	.12	*.21	.17	-.11	-.01	.08	-.02	.01	.01	-.17
I	.02	-.04	.08	**.31	.03	.15	-.02	.08	.16	.16	-.03	.03	.04
J	*.20	.15	**.31	**.36	-.06	.13	-.10	**.32	**.33	**.26	.08	.07	**.32
K	-.03	-.06	.11	.19	.13	.12	-.15	**.31	**.29	**.26	-.10	.06	.09
L	.10	.15	**.29	.15	-.05	.17	.08	.09	.01	.12	**.39	.01	.09
M	-.02	-.13	.17	.12	.01	.07	-.01	*.23	**.28	**.33	.06	.17	.12
N	.00	.08	.02	.12	.09	.11	-.13	.14	.03	-.03	-.01	.08	.12
O	-.00	-.00	-.12	.05	.07	.13	-.21	-.14	.12	.09	-.01	-.12	-.08
P	.03	-.15	-.06	.06	.07	.08	.16	-.02	-.02	.07	*-.23	.13	.10
Q	.13	-.14	-.14	-.01	.13	**.29	-.08	-.07	-.11	.05	-.01	-.12	.02
R	.08	.12	.04	-.02	**.31	**.26	-.27	.00	.05	.06	.17	-.01	-.01
S	.15	-.12	.08	.06	.08	.12	*.24	.01	-.14	.01	.12	-.08	-.08
T	.15	-.06	-.01	.04	-.04	.19	-.20	-.02	.09	.06	.15	-.01	.06
U	-.02	-.07	-.09	-.01	.07	.09	.16	-.08	-.01	.07	-.02	.02	-.01
V	.05	-.08	.00	.04	.07	-.00	-.04	.03	.11	.18	.02	-.01	.03
W	-.01	-.12	-.06	.08	.05	-.00	.10	-.10	-.11	.01	-.10	-.07	.01
X	-.03	.03	.08	.07	.07	.10	-.08	.08	.08	.11	.20	.00	.01
Y	-.01	-.08	-.09	.01	.06	-.03	.21	-.07	-.20	-.08	.01	.00	.05

	NN	OO	PP	QQ	RR	SS	TT	UU	VV
A	-.18	.13	.12	.10	.02	.03	-.04	.02	.05
B	-.08	.09	-.02	.05	-.01	-.03	-.04	.04	-.07
C	*-.20	*.25	-.06	-.00	.07	.05	-.07	-.18	-.06
D	-.09	.03	-.02	.04	.05	.00	.18	.08	.05
E	-.02	-.01	.04	.07	-.05	.08	-.08	.01	.05
F	-.10	.11	-.13	.09	.00	.03	-.05	-.13	-.01
G	.02	-.08	.07	-.04	-.03	.15	-.25	-.05	.11
H	-.16	.12	-.04	.01	.02	.02	-.14	-.11	.07
I	.04	.09	-.02	.10	.13	-.02	-.19	-.13	.11
J	-.01	.11	.19	*.23	.22	.09	.08	-.07	**.28
K	.09	.02	.06	.04	.01	-.04	-.03	-.10	.08
L	.04	.12	.06	.14	.20	*.24	*.22	.11	.13
M	.00	.20	.15	.08	.13	.09	.12	.08	.05
N	-.12	.16	.11	.15	.05	.02	-.07	.05	-.06
O	-.04	.13	-.14	-.02	-.11	.13	-.17	-.02	.14
P	.03	**.28	.14	.04	.14	.02	-.04	.04	.09
Q	.07	.10	.02	-.07	.09	.14	.01	.05	-.02
R	.06	.10	.02	-.04	-.08	*.21	-.05	.07	.14
S	.14	.05	.08	.05	.14	.14	*.20	.07	.13
T	.12	.04	-.04	.03	.06	.19	-.05	-.01	.06
U	-.06	**.42	-.16	.02	.08	.05	-.14	-.04	.01
V	-.03	.19	-.18	-.08	.01	*.21	-.05	-.02	-.06
W	-.05	*.24	-.08	.03	0	.12	-.12	-.02	.06
X	.10	*.25	.01	-.03	.19	*.22	.07	-.04	-.03
Y	.11	.14	.07	-.07	.09	.12	.06	.02	.01

* correlation is significant at .05 level
** correlation is significant at .01 level

Problems/Needs Variables	Definition
A	Most important problem affecting parenting
B	Most important problem affecting family life
C	Abuse/neglect of caregiver as a child
D	Alcohol/drug use by caregiver
E	Caregiver's expectations of child
F	Caregiver's acceptance of child
G	Physical capacity to care for child
H	Mental capacity to care for child
I	Child's response to caregiver
J	Child's behaviour
K	Child's mental health
L	Child's physical health
M	Family violence
N	Ability to cope with stress
O	Availability of social supports
P	Living conditions
Q	Family identity and interactions
R	Caregiver's motivation
S	Cooperation between client and social worker
T	Severity of abuse/neglect
U	Affordability of groceries
V	Affordability of recreation and social activities
W	Affordability and satisfaction with housing
X	Finding a job
Y	Job training

Risk Variables	Definition
AA	Abuse/neglect of caregiver
BB	Alcohol/drug use by caregiver
CC	Caregiver's expectations of child
DD	Caregiver's acceptance of child
EE	Physical capacity to care for child
FF	Mental capacity to care for child
GG	Child's vulnerability
HH	Child's response to caregiver
II	Child's behaviour
JJ	Child's mental health
KK	Child's physical health and development
LL	Family violence
MM	Ability to cope with stress

NN	Availability of social supports
OO	Living conditions
PP	Family identity and interactions
QQ	Caregiver's motivation
RR	Caregiver's cooperation with intervention
SS	Access to child by perpetrator
TT	Intent and acknowledgment of responsibility
UU	Severity of abuse/neglect
VV	History of abuse/neglect by present caregiver

6.11 Similarities and Differences Between the Perceptions of Clients and Social Workers

Table 13 provides a comparison of how workers and clients saw the highest and lowest needs and risks for the cases studied.

Table 13
Comparison of Risks and Needs

	Worker	Client
High Need/Risk	ability to cope with stress	ability to cope with stress
	family interaction	child's behaviour
	abuse\neglect of caregiver	child's mental health
	caregiver's expectations of child	affording recreation/social activities
	availability of social supports	affording groceries
	severity of abuse/neglect	physical capacity to care for child
Low Need/Risk	acceptance of child by parent	cooperation between client and worker
	living conditions	living conditions
	physical capacity to care for child	severity of abuse/neglect
	child's health and development	acceptance of child by parent

In comparing the scales, two of the risk variables, *child's vulnerability* and *access to child by perpetrator* have not been included on the list of highest risk factors as they do not help explain the problems of parents and children as seen by the child protection workers. Likewise, two variables from the problems/needs scale have not been included on the list of highest problems and needs. The *most important problem affecting parenting* and the *most important problem affecting family life* variables have been excluded

because the high needs variables presented express most of the concerns elicited in response to the two questions.

The one area of similarity with respect to the most serious concerns pertains to the issue of stress. Both workers and clients identified that stress is one of the most important problems facing the clients. The childhood abuse or neglect of the caregiver is on the list of highest risk factors. While it is not on the list of highest needs factors, it was one of the more serious concerns identified by clients. Many of the clients had been or, at the time, were involved in counselling due to the impact on them of past maltreatment. Apart from the complementarity that exists around the issue of stress, the two groups diverged in their opinions about the greatest areas of concern. The participants were most concerned about needs having to do with their children's behaviour and mental health as well as socio-economic needs, whereas child protection staff focused more on factors related to harm/risk of harm to the child, family interaction and parenting. With respect to the variables that had the lowest ratings by clients and social workers, both groups expressed few concerns in two areas. Neither group felt that living conditions of the family, nor the parental acceptance and nurturing of the clients' children, was a significant concern.

6.12 Summary of the Quantitative Results

The results of the data analysis described the psychometric properties of both the Client Perception of Problems/Needs Scale and the risk assessment scale. The size of the sample was considered to be large enough to conduct a preliminary analysis of the psychometric properties, but a larger sample would have been required to be more definitive. The factor analysis of the problems/needs scale found that a four factor solution

best explained the structure of that scale. The three dimensions of the scale consist of socio-economic problems impacting on the participant, parent/child interaction and child functioning issues, and the personal problems of the participant. The fourth factor did not seem to represent any particular dimension. Yet, a three factor solution did not uncover the three dimensions that seemed apparent when administering the scale. The factor loadings indicated a significant relationship between the indicator items and all the respective factors. With the exception of factor 4, the internal consistency of the scale was found to be satisfactory.

The factor analysis of the risk assessment indicated that an eight factor solution best described the structure of the scale. While the factor loadings indicated that there was a relationship among the variables associated with each of the factors, it was not evident exactly what the factors represented. From a child protection practitioner perspective, one could see a certain logic in the manner the variables were sorted into the eight factors, but it remained unclear whether the eight factor solution best describes the structure of the risk assessment scale. Although three of the factors were determined to have satisfactory internal consistency, two of the factors did not, and for three of the factors it was not possible to measure reliability by means of testing for internal consistency as they were single factors.

In examining the descriptive statistics, the demographic data included various pertinent findings. It was found that, like the Canadian Incidence Study (Trocmé et al., 2001), the population in this study consisted mostly of single women, living in rental accommodations, and who were receiving social assistance. Among them, the 77

participants had 156 children, with the ages of the children evenly distributed across four age categories. The findings about the reason for opening raise questions about the nature of neglect. It was found that 60% of the cases were opened either because of concerns about caregiving skills or because the caregiver had a problem which posed a risk to the child. None of the cases in those two categories were opened because any documented emotional or developmental harm had occurred to a child. It was previously noted that there is a vagueness about these categories which is concerning.

The descriptive statistics explored the similarities and differences in the views of the clients and child protection workers about the problems being experienced by the clients and their families. Both groups agreed that stress was one of the biggest issues facing the clients. Both groups also identified that the parents' affective interaction with their children was not a significant concern. There were also other problems which were neither given a high nor low rating, fitting somewhere in the middle on a severity level, for which there was some complementarity between the two groups. In contrast to the perceptions of the child protection workers, the participants expressed that the help they needed was greatest in dealing with child behaviour and child mental health issues, and in coping with the impact of socio-economic disadvantage. Child protection staff were highly concerned about the risk of harm and the harm being caused to the children in the sample, due to the problems of the parents. Only a small number of clients felt they were harming their children either by omission or commission.

Having summarized the quantitative data analysis, the last results to be presented are the qualitative results from the analysis of the Client Perceptions of Problems/Needs

Scale.

6.13 Qualitative Results from the Client Perceptions of Problems/Needs Scale

The qualitative data provided additional information to that obtained from the quantitative portion of the scale. The presentation of the results provides a description of how the participants saw their needs regarding each problem, some explanation of the strengths and resources they felt they were able to bring to bear in dealing with the problem, and an evaluation of the credibility of their responses. The credibility evaluation is a simple device intended to provide some measure of the credibility of the ratings chosen on the quantitative scale. A rating was seen as credible if the client provided some logical explanation for the rating they had chosen. It was seen as having low credibility if their explanation for choosing the rating or any statements made in the course of the interview clearly contradicted the rating they had provided. No evaluation of credibility was made if there was no explanation given for the rating selected on the scale. For many questions insufficient information was provided to evaluate credibility. The utility of the credibility evaluation is simply meant to denote whether the participant was able to provide some logical explanation for rating selection. The following is the analysis for each of the 25 questions from the scale.

Most Important Problem Affecting Parenting

Clients described having the following needs: to improve their parenting skills; to obtain help with child problems; to access more services and support related to child problems; to obtain help with their own personal problems; and to find help in dealing with Family and Children's Services. The needs identified for this question and the

remaining 24 questions have been arranged in a descending order of frequency. In total, 79% of clients felt they were experiencing an important problem affecting their parenting.

With respect to strengths and resources, there were 18 people who were making use of professional services out of 40 who stated a need to make use of professional services. There were 12 who stated that they relied on friends and family for help with their issue of concern and 9 who drew upon personal strength. Primarily, the problems with which the participants were most concerned related to parenting and the personal problems of the adults. There was a credibility to the ratings chosen for 56 respondents, and in 21 cases it was not possible to assess due to insufficient information.

Most Important Problem Affecting Family Life

Clients described having the following needs: to obtain help in coping with financial and environmental problems; to get help with their personal problems; and to be able to access services and support for child problems. In total, 89% of clients felt they were experiencing an important problem affecting their family life.

The environmental problems which represented the greatest concern on this question invariably involved finances. Generally people felt that insufficient finances were the most important problem affecting their family life. Housing, unemployment and bad neighbourhoods were also encapsulated under the rubric of environmental problems. People felt they had few strengths or resources to deal with their concerns. There were 57 responses which were deemed as credible, 1 with low credibility, and for 19 there was not enough information to assign a rating.

Some overlap was found in the responses to the foregoing questions about the

most important problems affecting family life and parenting. After careful explanation of the two questions, participants did seem to understand the difference in meaning. Also, in a number of instances they felt that the most important problem for them was the same for both questions. Generally, the family life question evoked responses about the impact of environmental issues on the family while the parenting question evoked responses having to do with parenting concerns. Any revision to the scale would need to consider whether the two questions are sufficiently different to warrant inclusion of both of them.

Abuse/Neglect of Caregiver

Clients described having the following needs: to become less vigilant and over-protective of their children, to use counseling to deal with the impact of past abuse and neglect, to stop taking out their anger on their children, to develop self-esteem, and to become more firm with their children. In total, 56% of clients felt they had an important problem having to do with abuse or neglect they experienced as children.

The rating provided by participants indicated 43 had as children experienced abuse or neglect that had affected them, while only a small number were able to articulate a need. Sixteen participants were using or had used counseling, many of whom emphasized the importance of counseling given the large impact of their history of child maltreatment. Some of their comments speak for themselves. One participant stated, "I was never good enough." Another had this to say: " I've come a long way, but I'm afraid of failure, afraid to get back into the real world." Several noted that their abuse had occurred during their time in foster care. Forty responses were deemed to be credible, 6 had low credibility, and 31insufficient information to assess credibility.

Alcohol/Drug Use

In the ratings given by respondents, 60 stated that alcohol and drugs were not a problem for them or their partners, whereas the child protection workers felt that there was little or no problem for 35 of the same individuals. However, of the 60 who stated that substance abuse was not currently a problem, 11 acknowledged having had a problem in the past. Thus, some discrepancy is apparent in how clients and workers view the problem, with clients being less willing to acknowledge the existence of a problem with alcohol and/or drugs. There were 7 people who mentioned that they were in counseling and 7 who mentioned they were attending either Alcoholics Anonymous or Narcotics Anonymous. In 24 of the cases the rating was judged to have credibility, 2 cases having low credibility, and 51 for which there was insufficient information to assess the credibility.

Caregiver's Expectations of Child

Clients described having the following needs: to develop fairer expectations of their children, to become more firm, to become more consistent, to become less protective, to become more patient, and to increase knowledge and skills. In total 54.5% of clients identified having an important problem about the expectations they have of their children.

Very few strengths and resources were reported. The ones mentioned were counseling, reading, a family resource centre and friends and family. There were 51 credible responses, 2 responses with low credibility, and 24 for which there was

insufficient information to assign a rating.

Caregiver's Acceptance of Child

A few clients indicated they needed to show more affection to their children, or to be more available for their children, both physically and emotionally. However, 63 out of 77 participants felt there was no problem with their acceptance of their child. When asked for examples of how they showed caring and affection towards their children, participants noticeably warmed up to the question. The majority of them were willing to share what they did, most providing three or more examples with little hesitation. Understandably, physical affection was most frequently mentioned. Family activities, reading to child, walks, going to the park, fishing, watching movies together, cooking together, arts and crafts, games, and verbalizing love and praise were also frequently mentioned.

As participants shared comments like, "I'm the neighbourhood mom," "It's the little things you do for them," "If you show them love they can show love to others," and "I pay attention when they're talking and showing me something," the healthy, normal attributes of families became more apparent in the interview. Instead of focusing on their problems, the focus moved to seeing their strengths. When some mentioned things such as, providing extra care for a sick child, sometimes cooking something special that is a child's favourite meal, having gone frog hunting with the kids the day before the interview, or how they liked going out to make snowmen with their children, another side of the participants came to the surface. One of the significant issues in cases of child neglect is parents being emotionally unavailable to the child or not providing appropriate stimulation. The self-reporting of the participants in this study presents another

perspective on the parent/child relationship. Lastly, there were 51 responses rated as credible, 1 response with low credibility, and 25 that could not be rated due to lack of information.

Physical Health of Parent

Clients described having a number of physical health problems consisting of headaches, asthma, back problems, arthritis, cancer, Crohn's disease, stomach problems, hypoglycemia, hepatitis, sleep disorder, kidney problems, anemia, epilepsy, blindness, myotonic dystrophy, diabetes, paralysis of legs, and physical disability.

Turning to strengths and resources, there were 10 participants who mentioned medication as helping with their problem, 8 who were under a doctor's care, 2 who relied on family for help, and 1 who noted that getting lots of rest was helpful. It was surprising that the use of more professional services was not reported given that 39 people in the sample had physical and medical problems. With so many of the participants having health problems, one must be aware the problems may have affected their parenting. Finally, 34 responses were rated as credible, and 43 responses could not be assessed due to lack of information.

Mental Health of Parent

Participants reported needing help dealing with: depression, anxiety, bi-polar disorder, borderline personality, post traumatic stress disorder, anger, social phobia, schizophrenia, and obtaining an assessment. The count was not unduplicated, meaning some individuals reported suffering from more than one problem or disorder. Most of the 39 people reporting mental health issues were simply feeling overwhelmed by stress. The

strengths and resources described were as follows: 12 were using medication, 8 were seeing a counsellor, 5 were seeing a doctor, 6 relied on family and friends, and 1 had found a native sweat lodge to be helpful. There were 36 responses rated as credible, 2 rated as having low credibility, and 39 that could not be assessed due to lack of information.

Child's Response to Caregiver

Most participants did not find this question related to them as they were comfortable with how their children responded to them. In the few situations for which participants did mention a problem the description of needs seemed to indicate some of the children's emotional needs were not being met. Clients described their children as needing to develop trust, to become more affectionate, to become more respectful, to be less clingy, to become more secure, and to be less affectionate outside the family. There were 31 cases for which there was some credibility to the responses, 1 that had low credibility and 45 for which the credibility could not be assessed.

Child's Behaviour

The needs described by clients included counseling for the child, help with school problems, anger, substance abuse, and delinquency. The strengths and resources mentioned were as follows: 11 mentioned counseling, 4 had obtained residential care for their child, and a few had received help through friends and family, respite care, Family and Children Services, a parenting course, and a day treatment program. As 35 participants stated that they needed professional services to deal with child behaviour problems it is noteworthy that only 21 had done so. There were 56 responses evaluated as

credible, 2 that were seen as having low credibility, and 19 for which there was not enough information to evaluate credibility.

Child's Mental Health

The child mental health needs described by parents included the need for the following: counseling; help with attention deficit and hyperactivity disorder; residential care; help in dealing with past trauma; obtaining the help of an aboriginal healer; and child assessment. There were 7 parents who indicated that their children were involved in counseling, 2 whose children were taking medication for a mental health problem, and 1 parent who had obtained residential care for a child. It is striking that 38 parents stated that there was a need to access a professional service to deal with a child mental health problem but only 10 families who had accessed a professional service. It also seems noteworthy to mention that, out of the 48 cases in which the parent stated a concern about a child's mental health, there were few disorders that had been diagnosed. Concerning credibility, 37 responses were deemed to be credible, and 40 responses for which there was not enough information to evaluate the rating selected by the parent.

Child's Physical Health and Development

Parents indicated they needed help for their children in dealing with the following areas: learning disability, speech therapy, developmental delay, respiratory problems, fetal alcohol syndrome, orthopedics, vision problems, myotonic dystrophy, diet due to a weight problems, medical assessment, heart problems, and special needs due to a previous brain tumor.

The list of needs described was not unduplicated as some children had more than

one need. In total there were 27 children with 30 problems and needs. Concerning strengths and resources, parents reported 3 children seeing the family physician on a regular basis, 2 on medication, 6 children seeing a specialist physician, 8 receiving some type of professional service other than a physician, and 1 about to undergo an assessment for a medical problem. The rating selected by the parent was seen as credible for 27 cases, as having low credibility in 2 cases, and as not having enough information to assess credibility in 38 cases.

Family Violence

In total, 36.4% of the participants reported some problem with family violence either currently or in the past. Past situations continued to cause difficulties for some of the participants. There were no reports of physical spousal violence occurring at the time the questionnaire was administered. However, in a number of instances domestic violence had occurred in the client's past, resulting in separation. A number of those reporting family violence indicated the problem involved children in the family being violent with other members of the family. The strengths and resources relied upon were counseling, family advice, police, and a shelter for women. Very few were feeling a present need for help. There were 34 cases for which the rating was deemed to be credible, 4 that had low credibility, and 39 for which there was insufficient information to assess the credibility.

Coping With Stress

Participants described having the need for the following attainments: learning coping skills, obtaining medical help, developing better support networks, attending counseling, controlling of anger, coping with the impact of medical problems, getting a

break from parenting, and improving self-care. In total 83% of participants expressed that coping with stress was an important problem.

Coping with stress was clearly one of the items in the questionnaire that resonated the most with participants. It was a highly significant issue for which they availed themselves of many resources and relied on various strengths and strategies. In coping with stress, 22 relied on professional support, 24 relied on friends, family, and spouses, and 3 used medication. Coping strategies included self-talk, walks, cleaning house, cooking, television, baths, gardening, swimming, writing poetry, listening to music, reading, arts and crafts, getting a break, computer games, and smoking. Given the variety and extensiveness of the coping strategies that had been adopted by the participants, it was clear that they were working on the issue of stress. The high credibility of their responses was a reflection of the participants being able to articulate the problem and how they were dealing with it. There were 68 responses deemed to have high credibility, 1 seen as having low credibility, and only 8 for which there was insufficient information to assess the credibility.

Availability of Social Support

Participants described the following: a need for support from friends, a need for support from friends and family, a need for more family support, the need for a caregiver for the child while parents were at work, a need for professional support, and a need for respite from parenting. In total 49.4% of clients felt that insufficient social support was an important problems for them.

In reporting strengths and resources participants sometimes reported having more

than one source of support. There were 20 who reported receiving family support, 6 who reported support from friends, 9 who had support from friends and family, 12 who turned to professionals for support, 5 who got support by going to a family resource centre, and 3 who were supported by their church. It should be noted that there were 6 individuals who stated that they found family were either interfering or unhelpful. Lastly there was a high level of credibility to the ratings provided by participants with 59 responses having high credibility and 18 responses for which there was not enough information to assess credibility.

Living Conditions

Participants expressed the following needs: to resolve safety concerns, to get the landlord to do repairs and maintenance, to have adequate space, to have adequate heating, to live in a better neighbourhood, and to have a cleaner home. In total 29.9% of participants expressed that the living conditions of their dwelling was an important problem.

For the most part those who were concerned about their living conditions seemed somewhat concerned. There were only a small number of dwellings where living conditions could be considered a major issue. As the interviewers spent time in the homes of almost all participants, evaluating the credibility of their responses was made easier. The credibility of participant responses was deemed to be high for 73 cases, and low in only 4 cases.

Family Relationships

Clients described needs about resolving estrangement with extended family,

resolving step parent issues, resolving marital issues, resolving custody/access disputes, and resolving parent/child relationship difficulties. In total 39% of the participants felt they were experiencing an important problem in their family relationships.

Strengths and resources seemed quite sparse in the responses to this question. Only 13 participants felt that they needed either professional help or help from friends or family to deal with relationship issues within the family. There were 30 responses in which the rating selected by the clients was seen as credible, 3 that were seen as having low credibility, and 44 for which there was insufficient information to assess the credibility.

Caregiver's Motivation

Participants described the following needs: to reduce the impact of physical health problems on their energy level, to get more sleep in order to increase energy, to reduce the impact of mental health issues on their level of energy, to reduce the number of problems they were experiencing, to resolve marital issues, to reduce stress, and to resolve problems with Family and Children's Services.

Participants were asked whether they had the energy needed to work on problems facing them. While there were 35 who felt there was a problem with finding the necessary energy, 24 of that number felt they could cope with the problems on their own. It would appear that physical health is the leading reason for having energy problems in the sample studied. Participants mentioned the following strengths and resources: getting enough rest, family support, counselling, getting quiet time, being a determined person, music, painting, and use of medication. There were 38 responses with high credibility, 1 with low credibility and 38 that could not be assessed.

Cooperation Between Client and Social Worker

In total, 29.6% of participants expressed that cooperation between them and their child protection worker was an important problem. Those who had concerns about the level of cooperation with Family and Children's Services were concerned about the agency's expectations and level of intrusion into their lives, about lack of contact with them by the social worker, and about the social worker being difficult to reach. There were 22 who had concerns, most of whom were dealing with the problem on their own. Some had contacted a lawyer and one person had spoken to the office of the provincial ombudsman. In total 55 of the 77 respondents had no concerns about the level of cooperation between themselves and their social worker. Positive comments about their level of satisfaction with the social worker were expressed by 17 of the 55 participants who had no concerns. On the face of it, there were few concerns about the cooperation between client and social worker. It may be that some felt constrained about expressing negative opinions about Family and Children's Services given that the research was being conducted by staff from that agency. However, there was no evidence to suggest such reluctance. Certainly, in the case of the 17 participants who expressed positive opinions it was clear that they felt they had established a good working relationship with the social worker from the child protection agency. There were 30 responses judged as credible, and 47 for which there was insufficient information to rate credibility.

Harm Caused by Caregiver

Very few participants identified that there was anything they were doing or not doing that was harmful to their children. Primarily, most who were concerned felt they

needed to provide better emotional care for their children. In total 16.9% felt they had been responsible for causing some harm to their child. Only 17 of the ratings selected by participants were viewed as credible, 2 had low credibility, and there was insufficient information to assess credibility for 58 of the questionnaires.

Affordability of Groceries

Clients described the following: a need for an increase in social assistance to manage grocery bills, a need to use food banks, a need for more help than is provided through food banks, a need to find a higher paying job, the need for a food bank that is open more often, a need to be able to afford better food, and a need for help from family. In total 50.6% of the participants stated that affording groceries was an important problem.

There were a number of strengths and resources reported by participants. These included 15 who used the food bank, 14 who got help from friends and family, 1 who got food vouchers from Family and Children's Services, 2 who said they work hard at budgeting, 1 who grew a garden, 2 who bought in bulk, 1 who hunted, 1 who got help from a family resource centre, 3 who received help from a church, and 2 parents who said they managed by doing without food so their children would have enough to eat. As seen in the quantitative data, affordability of groceries is one of the most significant areas of need for the population involved with the study, with the majority of the participants reporting that they needed help. There were 42 ratings seen as credible, 1 considered to have low credibility, and 34 for which there was insufficient information.

Affordability of Recreation and Social Activities

Clients described the following: the need to be able to afford organized sports for their children, the need for transportation to bring their children to activities, a need to be able to afford social activities for themselves and their children, and a need to be able to afford more recreation for their children. In total 61% of the participants stated that affording recreation and social activities was an important problem for them.

The strengths and resources utilized by the participants included 6 who were able to send their children to summer camp through the camp fund at Family and Children's Services, 6 who got help from family to pay for recreation for their children, 4 who were able to access recreation for their children through local churches, and 8 who reported accessing less costly or free recreation. This low-cost or free recreation included joining organized baseball, playing basketball, going to the beach, skating, sledding, camping, and use of a youth centre. Hockey and dance lessons were the organized activities that many parents could not afford for their children. Affordability of recreation and social activities emerged as one of the highest needs for participants in the study. They expressed regret that they could not provide more activities for their families. There were 52 cases in which the rating given by the participant was seen as credible, 1 that had low credibility and 24 in which it was not possible to judge credibility due to insufficient information.

Affordability and Satisfaction with Housing

Participants described the following: a need for assistance in being able to afford housing, a need to be able to afford to buy home, a need to find the means to manage their mortgage, a need to be able to afford to rent a dwelling, a need for more income to afford

to live in a better neighbourhood, and a need to find a way to pay for the cost of utilities. In total 37.7% of clients indicated that affording satisfactory housing was an important problem.

There were 21 individuals who received the assistance of either public or non-profit housing in order to afford satisfactory housing. Several people mentioned getting some help with housing costs from churches, several had done extensive repairs to a sub-standard dwelling, and several had received help from family. One family was looking after someone's vacant home as the clients could not afford to rent anywhere, and one individual was seeing a financial counsellor due to debts. In addition to the 29 participants reporting a problem, there were 7 who indicated they had significant difficulties or would have them if it were not for fortuitous circumstances. For example, one family on social assistance was living in a home provided by grandparents, and another was paying a low rent because a friend was the landlord. There were 39 ratings chosen by participants deemed to be credible, 2 deemed to have low credibility, and 36 with insufficient information to assess credibility.

Finding a Job

Clients described the following needs: to resolve mental health issues so as to be employable, to find a job, to resolve physical health issues before considering work, to find affordable child care, to obtain transportation so as to increase employment options, to resolve child behaviour issues before seeking employment, to find permanent employment, to find a better paying job, to overcome shyness when attending interviews, and to get teeth fixed so that appearance would no longer a barrier to finding employment.

In total, 49.4% of clients expressed that finding a job was an important problem for them.

There were scarcely any strengths or resources reported by respondents. Several had used employment services. One person mentioned she enjoyed waitressing because she liked to be with people. Another mentioned she loved her work as a cook even though it was hard work and low pay. However, a high percentage of the participants faced a variety of real or perceived employment barriers. It is also important to understand the reasons a number of the individuals did not see themselves as having a problem finding a job. There were 7 women on social assistance who were not working because they were at home caring for their babies. Due to physical or mental disability there were 18 participants, representing 23% of the sample, who were in receipt of a disability pension from the provincial government. The credibility of the ratings chosen by the participants showed 53 with credibility, and 24 with insufficient information to assess the credibility.

Job Training

Participants described the following needs: to develop more skills, to obtain more education, to participate in aptitude testing, to acquire the financing required for college, to overcome social phobia, and to overcome the issue of limited opportunities for learning a trade in Renfrew county. In total 54.5% of the participants expressed that lack of training was an important problem for them.

Various strengths and resources surfaced. There were 2 people completing high school, 1 accepted at college, 3 going to college, 3 in adult education, 1 in a correspondence course due to her social phobia, 1 who had obtained her license to sell insurance, 1 taking a writing course and art classes and many who had ideas of what they

would like to study at college some day. It seemed that many had dreams about what kind of training they would like to take, but few had any concrete plans. In total, 42 participants identified that they would like to have more training. It was deemed that the rating selected by the participant had some credibility in 42 of the cases, low credibility in 2 cases, and 33 cases with insufficient information to assess the credibility.

6.13.1 Summary of Qualitative Results

The qualitative data provided a more in-depth understanding of the problems and needs of the participants, and served either to provide a picture of the strengths and resources available to the clients or to underscore the situations where there were few strengths and resources upon which they could capitalize. The participants described experiencing many stressors, with their own mental and physical health, the behaviour and mental health of their children, and socio-economic issues heading the list of stressors. Those with mental and physical health problems appeared to be getting some help if they felt it was required. The degree of severity of physical health as a stressor did not become apparent. However, the qualitative data showed that there were many different physical health problems with no one problem predominating. Physical health did emerge as a significant factor for those complaining of having issues with low energy. On a comparative level, Packman (1986) completed a study in which physical health problems emerged as one of the more important issues for a population of child protection clients. It is noteworthy that 18 of the 77 participants were being financially sustained through a disability pension for physical or mental health problems. It may well be useful to conduct further research on the impact of physical health issues on the functioning of child

protection clients. It appeared that, for the child behaviour and mental health problems being reported by the participants, the families were accessing a limited number of professional services. Although, many participants suggested that they required a professional service to help with those child related problems, the study did not establish the reasons that more services were not being utilized. Potential barriers to greater use of children's mental health services include a lack of availability or accessibility of the services, limited awareness about the services, and negative parental attitudes about those services. It would be important to learn the reasons that the frequency of utilization of children's mental health services did not seem to be commensurate with the seriousness of the problems being reported by parents.

Turning to the socio-economic considerations, it became apparent through the qualitative analysis that affording food, recreation, and social activities for the family was most difficult for the participants, and that they felt they required more income and more access to food banks to meet their needs and those of their children. Many relied on help from food banks and family to manage. Finding a job and obtaining training were problems to which almost half of the participants attached a considerable degree of importance, with about 30% expressing a desire for help from some professional service. The qualitative data indicated that they had many real and/or perceived barriers to obtaining employment. Many talked about training in a wishful way, but with relatively few having concrete plans to pursue the training. While the prospects for finding satisfactory employment and actually pursuing training did not look promising, it would be a mistake to disregard the relevance of linking child protection with employment and training in some fashion.

Prilleltensky (2001), in a review of programming in child protection found there was some evidence to suggest that employment programs had a salutary effect on the promotion of child and family wellness.

Some of the strengths and resources emerging from the qualitative segment of the problems/needs scale provided insight about family functioning that might not easily become apparent in the day to day work of a child protection worker. Although the participants were experiencing many stressors, they also provided testimony about numerous coping strategies they used. There were many who lacked enough social support. However, there were many who outlined social support available to them, both formal and informal support. In response to the questions about stress, social support, and affording groceries, many talked about turning to friends and family. Lastly, there is the matter of how participants demonstrate affection and caring to their children. This matter was discussed in the analysis of the quantitative results for both the risk and problems/needs scale, with the quantitative data suggesting that the affective interaction of parents with their children was not a significant problem. The numerous, warm and easily recounted examples in the qualitative data given by parents about how they express caring and affection to their children suggests that considerable strengths exist within the participating families in regards to nurturing and caring.

Finally, we examine the results from the evaluation of the credibility of the ratings selected by participants for each question on the scale. Very few instances were evaluated as eliciting concern about the credibility of the rating selected by the participant. In many instances, participants had not provided an explanation for their choice and so information

was insufficient to allow any determination of credibility. For the open ended questions, the questions about parental acceptance of the child, child behaviour, stress, social support, and finding a job, a high level of credibility was found as the participants provided extensive comments about those problems. The question regarding living conditions showed a high level of credibility to the participant responses because the interviewers could verify the condition of the dwelling from being present in the home. The evaluation of credibility was not intended to determine if the participant was being open and honest. It did seem to serve the purpose, to some degree, of using the explanations provided by clients to identify if there was some logic to the rating they had chosen on the problems/needs scale. It was not very effective in the many instances in which the client did not feel there was a problem, and therefore saw no need to provide an explanation of their rating for those questions.

CHAPTER SEVEN

7.0 Discussion

7.1 Findings

The findings are arranged according to what has been learned in relation to each of the research questions.

1) Through the analysis of a needs questionnaire completed by clients and a risk assessment completed by child protection workers, what knowledge can be gained about the areas of highest and lowest need and risk for cases of child neglect in a rural Ontario, for the purpose of more effective assessment and planning?

The participants expressed that the help they needed was greatest in dealing with issues of stress, child behaviour/child mental health issues, and in coping with the impact of socio-economic disadvantage, as was the case in other studies in which the views of child protection clients were solicited (Cameron et al., 1992; Packman, 1986; Williams, 1997). As few studies have been conducted on the perceptions of child protection clients, acquiring further information increases our awareness of their problems and needs. The similarities to the results of previous studies lends credence to the proposition that the problems and needs identified by the participants of this study are relevant to both case planning and the planning of services by child protection agencies.

Child protection staff identified that the ability to cope with stress, family interaction, a history of abuse/neglect of the caregiver during childhood, caregiver expectations of the child, availability of social supports, and the severity of neglect by the caregiver were the risk factors about which they were most concerned. An analysis of all

child protection cases open at Family and Children's Services in July 2004 (n=295) found the same risk factors were the areas of highest concern for the staff of that agency. Those findings provide that agency with the ability to target the planning of its services in the direction of developing strategies to reduce the areas of highest risk.

The staff at Family and Children's Services, as well as the child protection system in Ontario are both heavily oriented to the identification and reduction of risk. It is difficult to draw conclusions about harm, and risk of harm, based solely on the data presented. Nevertheless, some observations can be made that may be useful in creating a better balance between the addressing of risk and needs. On an aggregate basis, the risk assessment put most of the risk factors at, or below, the intermediate level of risk. It is instructive to focus on the variables most related to understanding how neglect might be affecting the children in the sample. The risk factor concerning neglect, and risk of neglect had a mean rating of 1.61, slightly below the intermediate level of risk. Child behaviour was 1.43, the mental and emotional development of the child was 1.16, and the child's response to the caregiver was 1.31. The parent's acceptance of the child was rated at .87, less than a moderately low level of risk. Thus, the key variables related to long-term consequences that might occur due to neglect seem to indicate the possibility of mild to moderate harm. There were high-risk parents in the sample. Some of their children were in the care of the child protection system. However, few higher risk cases were found, and no cases in which the case recording indicated a child had been harmed were found. What observations or conclusions can be drawn from those findings? The risk factors indicate a number of children in those families will not likely reach their potential. The risk factors

concerning the parents indicate that they will struggle with being effective parents. The results do not depict a scenario that demonstrates the necessity of investigation and surveillance as the primary response to the problems of the families in the sample. The findings raise questions about the wisdom of relying so heavily on an orientation that emphasizes risk reduction at the expense of engaging and supporting families. A differential response to child maltreatment was evaluated earlier in the dissertation. In jurisdictions where it is used, most cases are not channeled into the traditional investigative child protection response. They are channeled into a voluntary, family assessment and support response, which is more focused on addressing needs while maintaining vigilance about child safety. Only cases screened as high risk are given the investigative/surveillance response. The profile that has emerged from the study of child neglect cases at Family and Children's Services of Renfrew County is compatible with a dual track approach in that there were few high-risk cases as well as a strong indication that most clients had needs for which they desired help from professional services.

Interpretation of the meaning of both the low risk and need factors is fully discussed as part of the findings for the second research question. In the first research question, the acid test was to determine if the identification of low risk and need factors had implications for planning at the case and child protection agency levels. For the purposes of assessment and planning, the areas of low concern may represent areas that do not require intervention by the child protection system, especially when concurrence is found between the views of clients and workers on the same problem. Moreover, the factors may actually represent protective factors in some instances. As protective factors,

they can be thought of as mitigating risk factors, or as strengths that ought to be maintained or enhanced. Responses by clients and workers to the question on both scales about the caregiver's acceptance of the child, and affective interaction with the child provided evidence of strengths that ought to be considered in the assessment and planning processes at Family and Children's Services.

2) Through the comparison of a needs questionnaire completed by clients and a risk assessment completed by child protection workers, what knowledge can be gained about the similarities and differences in the perceptions of clients and workers, that is useful in helping to establish agreed upon expectations between clients and workers about the objectives of intervention?

Significant findings emerged about the differences and similarities in the perceptions of clients and child protection workers. In the presentation of the findings for the first research question, it was noted that neither workers nor participants felt that the emotional acceptance of the child by the parent was a significant concern. Such a low rating of concern by child protection staff about the variable in the risk assessment that deals with issues of nurturing and attachment was one of the most surprising findings in the study. In cases of neglect the literature often refers to inconsistent and limited emotional availability of the parent towards the child (Polansky, 1981; English, 1999). How should the low rating be interpreted? Various interpretations are possible. It may be that acceptance of the child is not a large issue for the subjects of the study. It may be that child protection workers require more training in the assessment of the affective interaction that parents have with their children. It may be that limitations in the design of

the risk assessment scale diminish its ability to accurately capture the affective interaction between the parent and child. In any case, it is a finding that speaks to the need for more research about the nature of the parent-child relationship in the families studied, and which explores both the healthy and problematic aspects of the relationships. As previously stated, the data did provide evidence of strengths in the affective interaction of parents with their children. Another area of similarity was the item about cooperation between client and social worker, about which it was found that few participants expressed any concern. The question in the risk assessment is framed somewhat differently than in the problems/needs scale. The problems/needs scale is more about how participants view the level of cooperation between them and their child protection worker, whereas the risk assessment relates more to clients' cooperation with intervention. Nevertheless, this item also had a relatively low risk rating by child protection staff. Fine and Palmer (2003), in their review of the literature about the views of child protection clients, found that clients often had positive feelings about their relationship with child protection workers, but negative feelings about the child protection system. One would not have expected that child protection workers would have rated client cooperation with intervention as a relatively low concern. However, the finding was not entirely unexpected. It is not unusual for child protection workers to be successful in engaging clients in the helping process. Lastly, one would typically expect, in a population for whom child neglect was the issue, that the living conditions of the home would be a significant concern for child protection staff. Neither workers nor clients found living conditions to be a significant problem. For the most part in the course of interviewing, the principal investigator and the research

assistant did not see physical living conditions that appeared to be unsafe or unsanitary, but they were often both simple and dreary. If one were to speculate, it is possible that unique factors about Renfrew county, such as a lower cost of living and the receipt of help from extended family networks, may explain some of the reasons that living conditions did not emerge as a more serious concern. The identification of problem areas, in which there is potential for workers and clients to plan and work together, is likely to lead to better outcomes for children. Responses to the variables related to stress, acceptance of the child, cooperation, living conditions, and historical abuse of the caregiver provide some insights about areas of common ground. Caregiver expectations of their children, the mental health of the parent, and the need for social support were also matters about which both workers and participants expressed significant concerns.

Several substantial differences surfaced that warrant discussion. Clients rated the harm they had caused to their children as very low, but workers placed that variable as one of the highest risk factors. As well, workers rated the health of the parent and the child as two of the lowest risk factors, whereas participants rated those variables (especially their own physical health) as higher areas of concern. The most substantial differences in perspective pertain to the issues of the parent harming the child due to neglect, the behaviour and mental health of the child, and the socio-economic difficulties of the participants. On the issue of harm, one sees a sharp difference of opinion between workers and clients. Most clients did not feel they had been harmful to their children; this suggests that social workers will require considerable sophistication in their intervention to deal with the concerns they have about children being harmed due to neglect. It is clear that the

subjects of this study did not want to be seen as neglectful. In examining the explanations given by workers in their rating of the risk factor having to do with the severity of abuse or neglect, almost all of them spoke to a substantial risk of harm rather than indicating that harm had occurred. However, the nature of the risk of harm was often not clearly specified. It was expected that participants would be reluctant to acknowledge that their behaviour might be, in any way, harmful to their children. Most parents are trying to provide the best care possible for their children. Moreover, as clients generally feel their parenting is under scrutiny by the child protection system, one would expect reluctance to disclose being the cause of any harm. It was, however, seen as important to ask the question so that a comparison could be made with the views of child protection workers on the subject of harm. On the issue of the child's behaviour and mental health, the mean risk rating was 1.43 and 1.16 respectively, placing those factors at a significant but less than intermediate risk level. Those variables are two of the most important variables in the risk assessment, for documenting how neglect might be impacting on the child's development. Thus, in the estimation of child protection staff, the impact of neglect on child development stood between a moderately low and an intermediate level. The assumption should not be made that, because parents rated concerns about child behaviour and child mental health at a much higher level on the problems/needs scale than did the workers on the risk scale, parents are considerably more concerned about those issues. The difference may or may not be significant as the two scales are somewhat different from each other. However, it is apparent that support in dealing with child behaviour and child mental health issues are areas in which it is likely that parents and child protection

workers can find common ground, and that the participants felt that child behaviour and mental health issues were serious issues for them. With respect to socio-economic concerns, the results suggest that child protection staff are being asked to devote more time to helping clients with socio-economic stressors like provision of food, recreation, and social activities. It is disturbing, but not unexpected, that so many have difficulty in providing food for their families. As well, the responses to the question about recreation and social activities revealed a problem with children's needs not being met. In cases of neglect, the most serious concern may be that children are not able to reach their potential developmentally. Thus, given the inability of many parents to adequately provide recreation and social activities for their children one must be concerned about the impact of that problem on development.

3) In cases of child neglect, are child protection clients able to recognize the personal and environmental problems affecting their ability to create a stable and nurturing family environment?

The analysis of the data demonstrated that the participants were able to recognize problems and needs. Magura and Moses (1986), who developed instruments for child protection workers to assess child well being, and for parents to evaluate the outcome of intervention, found that the clients reported problems at least as frequently as the workers. They reported that workers and clients identified many of the same problems. In this study child protection workers identified some of the same problems. However, there were marked differences in how workers and clients viewed the highest areas of need and/or risk. It is not necessary that the different perspectives automatically become an

impediment to successful intervention. The literature reviewed emphasized the desirability of using more than one method to assess needs (Bradshaw, 1972). Having both a professional assessment, and an assessment from the client's perspective provides additional information to the practitioner that can be helpful in formulating a mutually agreed upon set of service objectives, and in better understanding the needs of children and parents.

4) What information about parental strengths and resources can be elicited from a survey designed to assess client perception of problems and needs, that is useful for child protection workers who are asked to assess the risk and protective factors within families?

The qualitative data intended to provide a more in-depth understanding of the views of clients. Their responses served to underscore and elaborate on both the nature and severity of their concerns about stress, their efforts to be effective parents, and the difficulties in coping with the impact of not enough money to meet essential needs. The qualitative data also served to expose various strengths and resources that were not readily apparent. Participants were able to identify many coping strategies they use in dealing with stress. Many of them identified availability of considerable social support from friends and family. Lastly, they often took pleasure in talking about many of the things they do with their children to express affection and caring. The qualitative data should be a reminder of the importance of refining the ability to gather information about strengths and protective factors.

If the child protection system in Ontario is to move beyond risk reduction and towards the enhancement of protective factors, then innovation in learning about needs

and addressing needs is required. The results from this study and the literature explored throughout the dissertation provide knowledge that can lead to the creation of a framework that is mindful of both risks and needs. The introduction to the dissertation referred to the key role that the resiliency research should play in the evolution of child protection. Some of the key messages from that research emphasize the importance of strengthening the caring ability of parents, helping the child to develop a sense of competence, promoting good adjustment to school, and facilitating a social support network (Rutter, 1979). The research that has been presented illustrated some of the facets of the caring ability of the participants, demonstrated the importance to them of promoting competence in their children, and revealed something about the nature of their social support, and how they use it. The challenge and cost of promoting those protective factors while at the same time reducing risk factors is huge. The cost of not taking up the challenge is greater.

7.2 Key Elements of an Improved Framework for Intervention in Cases of Child Neglect

The dissertation has examined how intervention in cases of child neglect might be improved by more judiciously responding to both needs and risks. Throughout the dissertation, key elements of an improved framework for intervention were discussed, both as the means of placing the dissertation research into a context, and to illustrate how the research fits into the possibility of an improved framework. The key elements discussed were as follows: an improved social safety net; effective child protection intervention and prevention programs; a child welfare policy that recognizes the value of

strength and needs-based approaches; the ability to provide different responses to high-risk child protection cases and to the majority of cases which fall into low to moderate risk categories; meaningful inclusion in the delivery of services of the perceptions of clients about their problems and needs; and the recognition by child protection systems, in how they intervene, of the role of poverty in the problem of neglect. The discussion of implications for future policy initiatives and implications for social work practice will reflect on how those key elements should be pursued in the future.

7.3 Limitations of Study

The psychometric properties for the two scales used in the study were not known prior to the study. Unfortunately, the sample size was not sufficiently large to be definitive about the properties that were established. In exploring the properties of the risk assessment and Client Perception of Problems/Needs Scale, the objective was to detect a structure in the relationship between variables, and to evaluate the reliability of the scales by measuring internal consistency. However, establishing the validity of the two scales would require going beyond the factor analysis that was performed. Concurrent validity would need to tested, which would involve assessing the correspondence of scale ratings for the two scales with ratings on comparable scales for which validity had previously been established. In addition, construct validity, which would assess how the instruments fit theoretical expectations, should be tested. With respect to Ontario's risk assessment, there remains the issue of predictive validity. Predictive validity, like concurrent validity, is a form of criterion-related validity. At present, consensus-based models of risk assessment, such as Ontario's risk assessment, have been found to have no predictive validity (English

et al., 1996).

Several concerns relate to sampling. One of the objectives of the study was to describe the needs and risks for a population of child protection clients as perceived by social workers and clients. Before other child protection agencies could rely on the data as being indicative of how clients view needs and how social workers view risks, it would first be necessary to repeat the study in other jurisdictions in Ontario. Due to the sampling design, a question may also exist of how representative the responses are of client perception of need in Renfrew county. It was not possible to utilize any kind of random sampling as it would not have yielded a large enough sample. Thus all eligible clients were contacted by mail, and by phone where possible. In many instances it was not known why clients did not choose to participate. It is possible that those who agreed to participate had a different perception of needs than those who did not participate.

The research study relied to some degree on the quality of the interviewing by the two interviewers. Although the interviewing was not directive, it was important to establish a rapport with the participants, especially for the qualitative segment of the problems/needs scale. It is not known to what extent the responses of participants depended on the establishment of rapport. It is possible that the use of different interviewers would have influenced the results. In fact, it seems likely that, without the establishment of good rapport between interviewer and participant, the acquisition of useful qualitative data would have been jeopardized. In any replication of the study it would be essential to have well trained interviewers, who administer the scale in a consistent, non- directive fashion, but who are skilled in establishing a rapport with the

participants.

The variables chosen for inclusion in the Client Perception of Problems/Needs Scale incorporate the issues that must be considered in conducting social assessment (Clifford, 1998; Keefler, 2002). However, inherent in the design of any instrument are limitations in its ability to capture all dimensions of a construct. The problems/needs scale is intended to establish whether a problem exists and, if so, to determine whether individuals can address the problem on their own, need help from friends and family, or need help from professional services. The scale is able to measure, to some degree, how extensive clients perceive their needs to be, but does not attempt to measure how intensive are the needs. With the exception of one question about cooperation between the client and child protection worker, the scale has not attempted to delve into issues concerning the client's relationship with the child protection system as those issues are substantial enough to warrant separate attention. Finally, the scale has focused on problems and needs from the perspective of the parent. A complete assessment of all aspects of problems and needs within a family would also include the child's perspective.

Fundamental attribution error is also a matter which bears consideration. Fundamental attribution error refers to an actor-observer bias, whereby an observer is more likely to attribute personality-based explanations for behaviour observed in others, while under-emphasizing situational influences. When people are observing their own behaviour the opposite is likely to occur, but to a lesser degree (Jones & Harris, 1967). Those tendencies add credence to the literature, which suggests that social assessment should capture the views of both clients and professionals, as they both express their own

values and biases when asked to assess problems and needs (Clifford, 1998). The results of this research study did show that child protection workers tended to emphasize the personal problems of clients, and that clients tended to emphasize problems external to them. However, the results also demonstrated that clients were able to recognize some of their own shortcomings.

7.4 Implications for Future Policy Initiatives

The basis for the healthy development of children and families is the commitment by a society to put in place the infra-structure that will allow development to flourish. Social, health, education and economic policies are required to create the infra-structure. In Ontario, most parents are able to meet their needs, and their children's needs through the supports and services available within the existing infra-structure. That is not the case for families in which neglect occurs. The social safety net of income support and family support programs must be much stronger than it is for prevention of neglect to improve substantially.

In addition to an improved social safety net, the dissertation identified that child welfare policy ought to reflect a commitment to fund the implementation and evaluation of effective prevention and intervention programs focused on child neglect. Programs that are both intense and long term have been keys to effectiveness. The literature review in chapter four identified that programs based on solid research, in which the research design has been followed during implementation have been more successful. Informal social support has been shown to have merit and should continue to be incorporated into well designed child welfare programming. The multi-component programs are attractive in that

they aim to be more ecological in their design. However, they are difficult programs to design and to evaluate because of their size and complexity. Prilletensky and colleagues (2001) suggest that new methods for evaluating them need to be found that are both qualitative and quantitative. As well, the literature review demonstrated that narrowly focused programs will be of limited effectiveness for many child protection clients given that such families are coping with multiple stresses and problems, often beyond the scope of the child protection system. The results of the study also found families coping with multiple stresses and problems, needing and making use of informal support, and requiring more intense programs than were being provided for them.

One of the thrusts of the dissertation has been to explore how a more client-centred, needs-based approach could be incorporated into the delivery of child protection services to families who are unable to meet the needs of their children, while continuing to recognize that child safety is of paramount importance. A prerequisite for systemic change, involving the inclusion of strength and needs based programs and models in Ontario's child protection services, will be the recognition in child welfare policy of the value and necessity of new approaches. Sole responsibility for the safety of children goes beyond the scope and resources of the child protection system. Studies of what reforms are needed to improve the delivery of child welfare services have recommended the adoption of substantial partnerships with key community agencies and stakeholders as a future direction (Brunson & Bouchard, 2003; Farrow, 1997; Melton et al., 2002; Waldfogel, 1998). The implementation of community safety partnerships in Ontario will require the force of government social policy to give life to that approach, and to establish

a framework to be followed by communities in Ontario. A number of child protection agencies have invested time and energy in the development of partnerships with the communities they serve. Their successful initiatives should be used to assist with the development of a provincial framework that guides the development of community child protection partnerships.

The dissertation examined the use of differential or alternative responses in other jurisdictions, finding that to a large extent they show an ability to better address the needs of families but, at the same time, continue to be vigilant about child safety. The child protection system in Ontario, in concert with policy makers, should review what has been implemented elsewhere to determine if some form of differential response ought to be implemented in Ontario. This exploration could potentially culminate in pilot testing of a model for the purpose of evaluating the advisability of implementing a differential response across the Ontario child protection system.

7.5 Implications for Social Work Practice

The Client Perception of Problems/Needs Scale proved to be an effective instrument in learning more about child neglect in Renfrew County, and for learning more about how parents saw their needs and the needs of their children. That information has the potential to be used in the planning of services at Family and Children's Services of Renfrew County. It has the potential to be used as a case-planning tool by child protection workers. The use of the instrument as a broader agency-planning tool or for individual case planning can lead to greater effectiveness by taking into account the views of clients and setting objectives that recognizes the legitimacy of those views. By extension, the

instrument could be used in other child protection agencies for the same purposes.

The literature reviewed in the dissertation, and the information obtained in the dissertation research, demonstrated the impact of poverty on child neglect and the necessity of the child protection system to become more engaged in dealing with the issue. A service philosophy on child neglect should be articulated at the governance and management levels of child protection agencies. Organization mission statements, strategic plans, and public education should reflect agency commitment to addressing environmental concerns in cases of child neglect if there is a desire to work from an ecological perspective. While child protection agencies are limited in allocating resources to alleviate environmental stresses for clients, those limitations should not be used as the rationale for inaction, as systemic change can be initiated at many levels. Steps can be taken that are not inconsequential. Budgets for emergency assistance for low income clients could be increased for the purposes of preventing children from becoming in need of protection. Data, documenting the role played by financial stressors and other elements of socio-economic disadvantage in admissions to care, could be gathered about children coming into the care of the child protection system. Ultimately, such data would be used for strategic planning, and to influence the funding priorities of government. In general, the record keeping of child protection agencies would be both more balanced and ecologically oriented if it reflected an understanding of how socio-economic disadvantage has impacted on families, and described the attempts agencies have made to help families cope with the stressors and outcomes that go along with poverty.

For changes in practice to take root, training would be required for staff working

in the child protection system, that focuses on the complementarity of needs and risks. The extensive training that is now given to the risk-based approach would also be given to learning to work from a needs and strength-based orientation. However, the prerequisite for teaching child protection workers to assess needs and recognize client strengths are changes at the policy levels of both government and child protection agencies. Decisions must be made first about precisely how the child protection system in Ontario should respond to differing risks and needs in different ways.

7.6 Implications for Future Research

1. Further investigation of the psychometric properties of the risk assessment scale and the Client Perception of Problems/Needs Scale is required as the sample size was not large enough to be definitive about the dimensionality of both scales. In the case of the risk assessment, no clear structure emerged from the factor analysis. For the problems\needs scale, it will be necessary to confirm that the structure revealed in the dissertation research does accurately represent the dimensions of the scale.

2. Repeating the research on a much larger sample, and in various communities in Ontario, would provide the opportunity of identifying whether the risks identified by child protection workers, and the needs identified by clients have more universal application. As the population sample was very rural in nature it is desirable to replicate the study in an urban area to determine similarities and differences between the two environments.

3. In the study, the participants identified that their greatest needs were related to stress, child problems, and socio-economic problems. In order to know what weight should be given to those issues, and to know how intervention should be changed to be

more helpful, it is necessary to try to learn more about the problems and needs. A research design would be required that could explore the issues in more depth.

4. The research found that many participants articulated strengths and resources upon which they relied. It would be worthwhile to gain even more understanding than was possible given the design of the study. Further research that would obtain a more in-depth understanding of those strengths could be instructive in teaching us how to shift intervention towards building capacity.

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APPENDIX 1

APPENDIX 1

An Ecological Conceptualization of Wellness

	Societal Wellness	Community Wellness	Parent and Family Wellness	Child Wellness
Selected Resources	Economic security; housing; health insurance; democratic institutions; culture of peace, harmony, and sustainability	Safety, formal and informal support, solidarity cohesion, social services, high-quality schools, recreational facilities	Affective bonds; intimacy; communication; conflict resolution; quality time; personal space; support from spouse/extended family; interdependence; health; opportunities for personal growth, job satisfaction, recreation	Love, nurturance, self-esteem, cognitive, physical/emotional development, psychological/physical health, acceptance, social skills
Selected Values	• Social justice in provision of resources • Support for strong community structures • Respect for human diversity	• Collaboration and respect for the community • Support for strong community structures • Respect for human diversity	• Caring and protection of health • Opportunities for education and personal development • Self-determination	• Caring and protection of health • Opportunities for education and personal development • Self-determination
Selected Policies	• Policies to reduce child poverty • Initiatives that evaluate impact of policies on child wellness • Fair taxation • Universal health care • Legislation against discrimination	• Public services that support families • Accessible and universal well baby clinics	Flexible working hours and parental leaves that take family needs into account; adequate child allowance; employers and government to provide affordable daycare, recognize financial value of house work	Office of ombudsperson that protects children's rights; free or affordable access to education and child-care
Selected Programs	Adequate financial support and outreach programs to the poor	Leisure and recreation, community development, help phone lines, self-help groups, family resource centers	Self-help groups for parents, home visitation programs, parenting courses	Educational programs to prevent abuse; social skills training, early stimulation programs

APPENDIX 2

APPENDIX 2

Data Collection, Analysis and Units of Analysis For Each Demonstration Goal – Missouri Differential Response

Goals of the Demonstration	Data Collection and Primary Analysis	Units of Analysis
Promote the safety of the child.	Sample case reviews: pilot-comparison contrasts of progress toward child protection for each safety issue identified within each family.	Families
Preserve the integrity of the Family.	Population MIS data: contrast of pilot and comparison for rate of out-of-home placement, type of placement, length of placement and reunification of children.	Families Children
Remedy the abuse/neglect, or the defining family problems.	Sample case reviews: pilot-comparison contrasts of progress toward child protection for each central problem area identified within each family.	Families Children
Prevent future abuse or neglect.	Population MIS data: contrast of rates of new hotline calls for client families in pilot and comparison area for specific categories of CA/N incidents.	Families
Successfully assign cases between the two response modalities.	1. Population MIS data: analysis of relationship between screening criteria, county caseload characteristics and screening outcomes for all CA/N incident reports since the initiation of the demonstration. 2. Worker and supervisor interviews in pilot counties.	Incidents
Provide less adversarial and more supportive interaction with families in appropriate cases.	1. Surveys of families and family interviews: comparison of pilot and comparison family responses on several dimensions associated with this question. 2. Worker survey: pilot and comparison worker responses concerning family attitudes. 3. Community survey: comparison of providers and knowledgeable community members' opinions in pilot and comparison areas.	Families
Make more efficient use of investigative resources.	1. Case review: comparison of data collected on contacts and other activities of investigators in pilot and comparison areas. 2. Worker and supervisor interviews.	Initiating Incident on Client Families
Improve client satisfaction.	1. Surveys of families and family interviews: comparison of pilot and comparison of family responses of several dimensions associated with this question. 2. Worker survey: pilot and comparison worker responses concerning family attitudes. 3. Community survey: comparison of providers and knowledgeable community members' opinions in pilot and comparison areas.	Families
Improve the court adjudication of probable cause cases.	Case specific survey: analysis of information provided from workers on police and court action related to cases.	Cases (families)
Assure that families receive appropriate and timely services.	Case review: comparison of time to first service and measures of service activities in pilot and comparison cases.	Families
Assess organizational impact of enacting the flexible-response approach.	All methods.	Local Office

APPENDIX 3

RISK ASSESSMENT TOOL

Date of Case Opening:
Current Primary Reason for Service:

❑ **Initial** ❑ **Review**

CASE NAME:_____ FILE NUMBER:_____

CAREGIVER #1: _____ CAREGIVER#2:_____

RELATIONSHIP TO CHILD*:_____ RELATIONSHIP TO CHILD*:_____

CHILD (a) _____ AGE: _____LEGAL STATUS:_____

CHILD (b)_____ AGE: _____LEGAL STATUS:_____

CHILD (c) _____ AGE: _____LEGAL STATUS:_____

CHILD (d) _____ AGE: _____LEGAL STATUS:_____

**specify whether in primary caregiving role, or caregiver with access*

CAREGIVER INFLUENCE

CG1. Abuse/Neglect of Caregiver

Caregiver #1	Caregiver #2		
❑	❑	4.	Severe abuse/neglect as a child.
❑	❑	3.	Recurrent but not severe abuse/neglect as a child.
❑	❑	2.	Episodes of abuse/neglect as a child.
❑	❑	1.	Perceived abuse/neglect as a child with no specific incidents.
❑	❑	0.	No perceived abuse/neglect as a child.
❑	❑	9.	Insufficient information to make a rating.

Summary Descriptions Use specific examples to justify your risk ratings. Specify the caregiver(s) or child(ren) to whom the risk factor applies.
CG1.

CG2. Alcohol or Drug Use

Caregiver #1	Caregiver #2		
❑	❑	4.	Substance use with severe social/behavioural consequences.
❑	❑	3.	Substance use with serious social/behavioural consequences.
❑	❑	2.	Occasional substance use with negative effects on behaviour.
❑	❑	1.	Occasional substance use.
❑	❑	0.	No misuse of alcohol or use of drugs.
❑	❑	9.	Insufficient information to make a rating.

CG2.

CG3. Caregiver's Expectations of Child

Caregiver #1	Caregiver #2		
❑	❑	4.	Unrealistic expectations with violent punishment.
❑	❑	3.	Unrealistic expectations with angry conflicts.
❑	❑	2.	Inconsistent expectations leading to confusion.
❑	❑	1.	Realistic expectations with minimal support.
❑	❑	0.	Realistic expectations with strong support.
❑	❑	9.	Insufficient information to make a rating.

CG3.

CG4. Caregiver's Acceptance of Child

Caregiver #1	Caregiver #2		
❑	❑	4.	Rejects and is hostile to child.
❑	❑	3.	Disapproves of and resents child.
❑	❑	2.	Indifferent and aloof to child.
❑	❑	1.	Limited acceptance of child.
❑	❑	0.	Very accepting of child.
❑	❑	9.	Insufficient information to make a rating.

CG4.

CAREGIVER INFLUENCE

CG5. Physical Capacity to Care for Child

Caregiver #1	Caregiver #2		
❑	❑	4.	Incapacitated due to chronic illness or disability resulting in inability to care for child.
❑	❑	3.	Physical impairment or illness which seriously impairs child caring capacity.
❑	❑	2.	Moderate physical impairment or illnesses resulting in only limited impact on child caring capacity.
❑	❑	1.	Very limited physical impairment or illness with virtually no impact on child caring capacity.
❑	❑	0.	Healthy with no identifiable risk to child caring capacity.
❑	❑	9.	Insufficient information to make a rating.

CG5.

CG6. Mental/Emotional/Intellectual Capacity to Care for Child

Caregiver #1	Caregiver #2		
❑	❑	4.	Incapacitated due to mental/emotional disturbance or developmental disability resulting in inability to care for child.
❑	❑	3.	Serious mental/emotional disturbance or developmental disability with seriously impairs child caring capacity.
❑	❑	2.	Moderate mental/emotional disturbance or developmental disability with limited impairment of child caring capacity.
❑	❑	1.	Symptoms of mental/emotional disturbance or developmental disability with no impact on child caring capacity.
❑	❑	0.	No identifiable mental/emotional disturbance.
❑	❑	9.	Insufficient information to make a rating.

CG6.

CHILD INFLUENCE

C1. Child's Vulnerability
Child

a	b	c	d		
❑	❑	❑	❑	4.	Child younger than 2 yrs. old, or older child with special needs.
❑	❑	❑	❑	3.	Child older than 2 years old, not regularly visible in the community.
❑	❑	❑	❑	2.	Child is under 12 years old, attends school, day care, or early childhood development program.
❑	❑	❑	❑	1.	Child is over 12 yrs. old, and younger than 16 yrs. old.
❑	❑	❑	❑	0.	Child is 16 years old or older, with adequate self-sufficiency skills.
❑	❑	❑	❑	9.	Insufficient information to make a rating.

Summary Descriptions Use specific examples to justify your risk ratings. Specify the caregiver(s) or child(ren) to whom the risk factor applies.
C1.

C2. Child's Response to Caregiver
Child

a	b	c	d		
❑	❑	❑	❑	4.	Extremely anxious with uncontrolled fear, withdrawal, or passivity.
❑	❑	❑	❑	3.	Very anxious with negative, disruptive, and possibly violent interaction.
❑	❑	❑	❑	2.	Moderately anxious with apprehension and suspicion toward caregiver.
❑	❑	❑	❑	1.	Marginally anxious with some hesitancy toward caregiver.
❑	❑	❑	❑	0.	Child trust and responds to caregiver in age-appropriate way.
❑	❑	❑	❑	9.	Insufficient information to make a rating.

C2.

C3. Child's Behaviour
Child

a	b	c	d		
❑	❑	❑	❑	4.	Dangerous behaviour problems.
❑	❑	❑	❑	3.	Serious behaviour problems.
❑	❑	❑	❑	2.	Moderate but pervasive behaviour problems.
❑	❑	❑	❑	1.	Minor behaviour problems.
❑	❑	❑	❑	0.	No significant behaviour problems.
❑	❑	❑	❑	9.	Insufficient information to make a rating.

C3.

CHILD INFLUENCE

C4. Child's Mental Health and Development Child						C4.
a	b	c	d			
❑	❑	❑	❑	4.	Incapacitated due to mental/emotional disturbance or developmental delay and unable to function independently.	
❑	❑	❑	❑	3.	Serious mental/emotional disturbance or developmental delay impairs ability to function in most daily activities.	
❑	❑	❑	❑	2.	Moderate mental/emotional disturbance or developmental delay impairs ability to perform some daily activities.	
❑	❑	❑	❑	1.	Symptoms of mental/emotional disturbance with minimal impact on daily activities.	
❑	❑	❑	❑	0.	No identifiable mental/emotional disturbance.	
❑	❑	❑	❑	9.	Insufficient information to make a rating.	

CHILD INFLUENCE

C5. Child's Physical Health and Development

Child a	Child b	Child c	Child d			C5.
❑	❑	❑	❑	4.	Severe physical illness, disability, or lack of physical development; requires medical care.	
❑	❑	❑	❑	3.	Serious physical illness, disability, or lack of physical development; restricts activities without special care.	
❑	❑	❑	❑	2.	Moderate physical illness, disability, or lack of physical development; restricts activities somewhat but overcome with special care.	
❑	❑	❑	❑	1.	Mild physical illness, disability, or lack of physical development; does not restrict activities.	
❑	❑	❑	❑	0.	Healthy and no obvious physical illness, disability, or lack of physical development.	
❑	❑	❑	❑	9.	Insufficient information to make a rating.	

FAMILY INFLUENCE

F1. Family Violence **Family Situation** ❑ 4. Repeated or serious physical violence or substantial risk of serious physical violence in family. ❑ 3. Incidents of physical violence in family; imbalance of power and control. ❑ 2. Isolation and intimidation; threats of harm. ❑ 1. Verbal aggression. ❑ 0. Mutual tolerance. ❑ 9. Insufficient information to make a rating.	**Summary Descriptions** Use specific examples to justify your risk ratings. Specify the caregiver(s) or child(ren) to whom the risk factor applies. **F1.**
F2. Ability to Cope With Stress **Family Situation** ❑ 4. Chronic crisis with limited coping. ❑ 3. Prolonged crisis strains coping skills. ❑ 2. Stabilized after period of crisis. ❑ 1. Resolution without adverse effect. ❑ 0. Free from stress influence. ❑ 9. Insufficient information to make a rating.	**F2.**
F3. Availability of Social Supports **Family Situation** ❑ 4. Effectively isolated ❑ 3. Some support, but unreliable. ❑ 2. Some reliable support, but limited usefulness. ❑ 1. Some reliable and useful support. ❑ 0. Multiple sources of reliable and useful support. ❑ 9. Insufficient information to make a rating.	**F3.**

FAMILY INFLUENCE	
F4. Living Conditions **Family Situation** ❑ 4. Extremely unsafe; multiple hazardous conditions that are dangerous to children and have caused physical injury or illness. ❑ 3. Very unsafe: multiple hazardous conditions that are dangerous to children. ❑ 2. Unsafe: one hazardous condition that is dangerous to children. ❑ 1. Fairly safe: one possibly hazardous condition that may harm children. ❑ 0. Safe: no hazardous conditions apparent. ❑ 9. Insufficient information to make a rating.	**F4.**
F5. Family Identity and Interactions **Family Situation** ❑ 4. Negative family interactions. ❑ 3. Family interactions generally indifferent ❑ 2. Inconsistent family interactions. ❑ 1. Family interaction usually positive. ❑ 0. Family interactions typically supportive. ❑ 9. Insufficient information to make a rating.	**F5.**

INTERVENTION INFLUENCE

I1. Caregiver's Motivation

Caregiver #1	Caregiver #2		
❑	❑	4.	No motivation to meet child's needs.
❑	❑	3.	Very little motivation to meet child's needs.
❑	❑	2.	Motivated to meet child's needs, but caregiver has multiple impediments to solving problems.
❑	❑	1.	Motivated to meet child's needs, but caregiver has some impediments to solving problems.
❑	❑	0.	Motivated to meet child's needs, and caregiver has no impediments to solving problems.
❑	❑	9.	Insufficient information to make a rating.

Summary Descriptions Use specific examples to justify your risk ratings. Specify the caregiver(s) or child(ren) to whom the risk factor applies.

I1.

I2. Caregiver's Cooperation with Intervention

Caregiver #1	Caregiver #2		
❑	❑	4.	Refuses to cooperate.
❑	❑	3.	Cooperates minimally, but resists intervention.
❑	❑	2.	Cooperates, but poor response to intervention.
❑	❑	1.	Cooperates, with generally appropriate response to intervention.
❑	❑	0.	Cooperates with intervention.
❑	❑	9.	Insufficient information to make a rating.

I2.

ABUSE/NEGLECT INFLUENCE

A1. Access to Child by Perpetrator

Caregiver #1	Caregiver #2		
❑	❑	4.	Open access with no adult supervision.
❑	❑	3.	Open access with ineffective adult supervision.
❑	❑	2.	Open access with effective adult supervision.
❑	❑	1.	Limited access with effective adult supervision.
❑	❑	0.	No access to child OR no perpetrator.
❑	❑	9.	Insufficient information to make a rating.

Summary Descriptions Use specific examples to justify your risk ratings. Specify the caregiver(s) or child(ren) to whom the risk factor applies.

A1.

A2. Intent and Acknowledgement of Responsibility

Caregiver #1	Caregiver #2		
❑	❑	4.	Deliberate or premeditated abuse or neglect.
❑	❑	3.	Hides or denies responsibility for abuse/neglect.
❑	❑	2.	Rationalizes abuse/neglect or doesn't understand role.
❑	❑	1.	Understands role in abuse/neglect; accepts responsibility.
❑	❑	0.	Abuse is accidental or neglect is not deliberate.
❑	❑	9.	Insufficient information to make a rating.

A2.

A3. Severity of Abuse/Neglect

Caregiver #1	Caregiver #2		
❑	❑	4.	Extreme harm or substantial danger of extreme harm.
❑	❑	3.	Serious harm of substantial danger of serious harm.
❑	❑	2.	Moderate harm or substantial danger of moderate harm.
❑	❑	1.	Minor harm or substantial danger of minor harm.
❑	❑	0.	No harm or substantial danger of harm.
❑	❑	9.	Insufficient information to make a rating.

A3.

A4. History of Abuse/Neglect Committed by Present Caregivers				A4.
Caregiver #1	Caregiver #2			
❑	❑	4.	Severe or escalating pattern of past abuse/neglect.	
❑	❑	3.	Serious recent incident or a pattern of abuse/neglect.	
❑	❑	2.	Previous abuse/neglect.	
❑	❑	1.	Abuse/neglect concerns.	
❑	❑	0.	No history of abuse/neglect.	
❑	❑	9.	Insufficient information to make a rating.	

RISK ANALYSIS

DATE RISK ASSESSMENT TOOL COMPLETED:_____

CASE NAME:_____

A. List all risk elements which received a rating of 3 or 4 and any other risk elements that rated lower but are significant sources of risk for the child(ren) in this case:

B. List all risk elements which received a rating of 0 or 1 and any others that indicate significant strengths for this case:

C. List all those risk elements for which there was insufficient information to make a rating (#9's):

D. Describe how these risk elements interact with each other:

i. Do any risk elements interact with each other to intensify risk to the children? How?

ii. Do any risk elements reduce the impact of other risk elements on the children? How?

E. If further steps are required to complete the full protection investigation beyond 30 days, describe the preliminary risk reduction plan.

F. Give rating of overall risk for family.

- ❑ High Risk
- ❑ Moderately High Risk
- ❑ Intermediate Risk
- ❑ Moderately Low Risk
- ❑ No/Low Risk

Date Risk Assessment Tool Completed: _____

Worker's Signature: _____

Date Approved: _____

Supervisor's Signature: _____

APPENDIX 4

ID#

CLIENT PERCEPTION OF NEEDS/PROBLEMS SCALE

PERSONAL INFORMATION

Today's Date: ____ / ____ / ____

Marital Status: (circle appropriate answer)

1. Married/Common Law
2. Single
3. Separated/Divorced
4. Widowed

Age: ____

Female ____ **Male** ____

Type of Residence: (circle the area that most closely applies)

1. private rental
2. public housing
3. home ownership

Source of Income: (circle the area that most closely applies)

1. employed
2. social assistance
3. other

CLIENT PERCEPTION OF PROBLEMS/NEEDS SCALE

July 3, 2003

1) Describe the most important problem affecting your ability to parent your child(ren). _____ _____ _____ Rate your need for help with this problem 4 It is an important problem and I need help from a professional service 3 It is an important problem and I need help from friends/family. 2 It is an important problem and I can cope on my own. 1 There is not an important problem and I can cope on my own	**Summary Descriptions** **Please talk about the strengths and resources that help you deal with each problem. Also could you talk about the help you feel you need with each problem**
2) Describe the most important problem affecting your ability to create the kind of family life you feel is important for your child(ren). _____ _____ _____ 4 It is an important problem and I need help from a professional service. 3 It is an important problem and I need help from friends/family. 2 It is an important problem and I can cope on my own. 1 There is not an important problem and I can cope on my own.	

3) If you experienced abuse/neglect as a child, describe your need for help in coping with how that experience has affected you. 4 It is an important problem and I need help from a professional service. 3 It is an important problem and I need help from friends/family. 2 It is an important problem and I can cope on my own. 1 It is not a problem and I can cope on my own.	
4) If drug/alcohol use is a problem for you and/ or your partner, describe your need for help. 4 It is an important problem and I need help from a professional service. 3 It is an important problem and I need help from friends/family. 2 It is an important problem and I can cope on my own. 1 It is not a problem and I can cope on my own.	
5) If you have any problem creating realistic and fair expectations for your child's behavior, describe your need for help. 4 It is an important problem and I need help from a professional service. 3 It is an important problem and I need help from friends/family. 2 It is an important problem and I can cope on my own. 1 It is not a problem and I can cope on my own.	

6) If you have any difficulty being able to show affection and caring towards your child, describe your need for help. 4 It is an important problem and I need help from a professional service. 3 It is an important problem and I need help from friends/family. 2 It is an important problem and I can cope on my own. 1 It is not a problem and I can cope on my own.	
7) If you have any physical health problems, describe your need for help. 4 It is an important problem and I need help from a professional service 3 It is an important problem and I need help from friends/family. 2 It is an important problem and I can cope on my own. 1 It is not a problem and I can cope on my own.	
8) If you have any mental health problems, describe your need for help. 4 It is an important problem and I need help from a professional service. 3 It is an important problem and I need help from friends/family. 2 It is an important problem and I can cope on my own. 1 It is not a problem and I can cope on my own.	

9) If you have any concerns about your child's response to your affection and efforts to show him/her that you care, describe your need for help. 4 It is an important problem and I need help from a professional service. 3 It is an important problem and I need help from friends/family. 2 It is an important problem and I can cope on my own. 1 It is not a problem and I can cope on my own.	
10) If you have any concerns about your child's behavior, describe your need for help. 4 It is an important problem and I need help from a professional service. 3 It is an important problem and I need help from friends/family. 2 It is an important problem and I can cope on my own. 1 It is not a problem and I can cope on my own.	
11) If you have any concerns about your child's mental/emotional health, describe your need for help. 4 It is an important problem and I need help from a professional service. 3 It is an important problem and I need help from friends/family. 2 It is an important problem and I can cope on my own. 1 It is not a problem and I can cope on my own.	

12) If there are any problems regarding your child's physical health and development, describe your need for help. 4 It is an important problem and I need help from a professional service. 3 It is an important problem and I need help from friends/family. 2 It is an important problem and I can cope on my own. 1 It is not a problem and I can cope on my own.	
13) If violence in the family is a problem, describe your need for help. 4 It is an important problem and I need help from a professional service. 3 It is an important problem and I need help from friends/family. 2 It is an important problem and I can cope on my own. 1 It is not a problem and I can cope on my own.	
14) If you have any issues being able to cope with stress, describe your need for help. 4 It is an important problem and I need help from a professional service. 3 It is an important problem and I need help from friends/family. 2 It is an important problem and I can cope on my own. 1 It is not a problem and I can cope on my own.	

15) If you are concerned about the support available to you from friends, family and other sources, describe your need for help. 4 It is an important problem and I need help from a professional service. 3 It is an important problem and I need help from friends/family. 2 It is an important problem and I can cope on my own. 1 It is not a problem and I can cope on my own.	
16) If the physical living conditions of your home is a concern, describe your need for help. 4 It is an important problem and I need help from a professional service. 3 It is an important problem and I need help from friends/family. 2 It is an important problem and I can cope on my own. 1 It is not a problem and I can cope on my own.	
17) If you have any concerns about relationships with members of your family, describe your need for help. 4 It is an important problem and I need help from a professional service. 3 It is an important problem and I need help from friends/family. 2 It is an important problem and I can cope on my own. 1 It is not a problem and I can cope on my own.	

18) If you have difficulty finding the energy to work on problems that are affecting your family, describe your need for help. 4 It is an important problem and I need help from a professional service. 3 It is an important problem and I need help from friends/family. 2 It is an important problem and I can cope on my own. 1 It is not a problem and I can cope on my own.	
19) If finding a way to work cooperatively with your F.C.S. social worker is a problem, describe your need for help. 4 It is an important problem and I need help from a professional service. 3 It is an important problem and I need help from friends/family. 2 It is an important problem and I can cope on my own. 1 It is not a problem and I can cope on my own.	
20) If your child has recently been harmed or could be harmed by things you are doing or not doing, describe your need for help. 4 It is an important problem and I need help from a professional service. 3 It is an important problem and I need help from friends/family. 2 It is an important problem and I can cope on my own. 1 It is not a problem and I can cope on my own.	

21) If being able to afford to pay the grocery bills for your family is a problem and/or is often a problem, describe your need for help. 4 It is an important problem and I need help from a professional service. 3 It is an important problem and I need help from friends/family. 2 It is an important problem and I can cope on my own. 1 It is not a problem and I can cope on my own.	
22) If being able to afford recreation and social activities for your family is a problem and/or is often a problem, describe your need for help. 4 It is an important problem and I need help from a professional service. 3 It is an important problem and I need help from friends/family. 2 It is an important problem and I can cope on my own. 1 It is not a problem and I can cope on my own.	
23) If finding affordable and satisfactory housing for your family is a problem or has been a problem, describe your need for help. 4 It is an important problem and I need help from a professional service. 3 It is an important problem and I need help from friends/family. 2 It is an important problem and I can cope on my own. 1 It is not a problem and I can cope on my own.	

24) If finding a job that pays enough to support your family is a problem, describe your need for help. 4 It is an important problem and I need help from a professional service. 3 It is an important problem and I need help from friends/family. 2 It is an important problem and I can cope on my own. 1 It is not a problems and I can cope on my own.	
25) If you are concerned that you lack the training or education you need to qualify for a job, describe your need for help. 4 It is an important problem and I need help from a professional service. 3 It is an important problem and I need help from friends/family. 2 It is an important problem and I can cope on my own. 1 It is not a problem and I can cope on my own.	

APPENDIX 5

Problems/Needs Variables for Analysis: Frequency, Coding, and Percentage in the Sample

Variable	Coding	Frequency	Percentage in Sample
1 - Most important problem affecting parenting			
not a problem and can cope on my own	1	16	20.8
important problem and can cope on my own	2	9	11.7
important problem and need help from friends and family	3	12	15.6
important problem and need help from professional service	4	40	51.9
2 - Most important problem affecting family life			
not a problem and can cope on my own	1	7	9.1
important problem and can cope on my own	2	24	31.2
important problem and need help from friends and family	3	13	16.9
important problem and need help from professional service	4	33	42.9
3 - Abuse/neglect of caregiver			
not a problem and can cope on my own	1	34	44.2
important problem and can cope on my own	2	15	19.5
important problem and need help from friends and family	3	7	9.1
important problem and need help from professional service	4	21	27.3
4 - Alcohol or drug use			
not a problem and can cope on my own	1	60	77.9
important problem and can cope on my own	2	3	3.9
important problem and need help from friends and family	3	1	1.3
important problem and need help from professional service	4	13	16.9
5 - Caregiver's expectations of child			
not a problem and can cope on my own	1	35	45.5
important problem and can cope on my own	2	18	23.4
important problem and need help from friends and family	3	5	6.5
important problem and need help from professional service	4	19	24.7

Variable	Coding	Frequency	Percentage in Sample
6 - Caregiver's acceptance of child			
not a problem and can cope on my own	1	63	81.8
important problem and can cope on my own	2	7	9.1
important problem and need help from friends and family	3	1	1.3
important problem and need help from professional service	4	6	7.8
7 - Physical capacity to care for child			
not a problem and can cope on my own	1	38	49.4
important problem and can cope on my own	2	10	13.0
important problem and need help from friends and family	3	2	2.6
important problem and need help from professional service	4	27	35.1
8 - Mental capacity to care for child			
not a problem and can cope on my own	1	40	51.9
important problem and can cope on my own	2	6	7.8
important problem and need help from friends and family	3	5	6.5
important problem and need help from professional service	4	26	33.8
9 - Child's response of caregiver			
not a problem and can cope on my own	1	56	72.7
important problem and can cope on my own	2	9	11.7
important problem and need help from friends and family	3	1	1.3
important problem and need help from professional service	4	11	14.3
10 - Child's behaviour			
not a problem and can cope on my own	1	24	31.2
important problem and can cope on my own	2	15	19.5
important problem and need help from friends and family	3	3	3.9
important problem and need help from professional service	4	35	45.5

Variable	Coding	Frequency	Percentage in Sample
11 - Child's mental health			
not a problem and can cope on my own	1	29	37.7
important problem and can cope on my own	2	9	11.7
important problem and need help from friends and family	3	1	1.3
important problem and need help from professional service	4	38	49.4
12 - Child's physical health			
not a problem and can cope on my own	1	50	64.9
important problem and can cope on my own	2	3	3.9
important problem and need help from friends and family	3	1	1.3
important problem and need help from professional service	4	23	29.9
13 - Family violence			
not a problem and can cope on my own	1	49	63.6
important problem and can cope on my own	2	10	13.0
important problem and need help from friends and family	3	1	1.3
important problem and need help from professional service	4	17	22.1
14 - Ability to cope with stress			
not a problem and can cope on my own	1	13	16.9
important problem and can cope on my own	2	23	29.9
important problem and need help from friends and family	3	15	19.5
important problem and need help from professional service	4	26	33.8
15 - Availability of social supports			
not a problem and can cope on my own	1	39	50.6
important problem and can cope on my own	2	12	15.6
important problem and need help from friends and family	3	15	19.5
important problem and need help from professional service	4	11	14.3

Variable	Coding	Frequency	Percentage in Sample
16 - Living conditions			
not a problem and can cope on my own	1	54	70.1
important problem and can cope on my own	2	16	20.8
important problem and need help from friends and family	3	1	1.3
important problem and need help from professional service	4	6	7.8
17 - Family identity and interactions			
not a problem and can cope on my own	1	47	61.0
important problem and can cope on my own	2	17	22.1
important problem and need help from friends and family	3	3	3.9
important problem and need help from professional service	4	10	13.0
18 - Caregiver's motivation			
not a problem and can cope on my own	1	42	54.5
important problem and can cope on my own	2	24	31.2
important problem and need help from friends and family	3	3	3.9
important problem and need help from professional service	4	8	10.4
19 - Cooperation between client and social worker			
not a problem and can cope on my own	1	55	71.4
important problem and can cope on my own	2	11	14.3
important problem and need help from friends and family	3	2	2.6
important problem and need help from professional service	4	9	11.7
20 - Severity of abuse/neglect			
not a problem and can cope on my own	1	64	83.1
important problem and can cope on my own	2	3	3.9
important problem and need help from friends and family	3	0	0.0
important problem and need help from professional service	4	16	13.0

Variable	Coding	Frequency	Percentage in Sample
21 - Affordability of groceries			
not a problem and can cope on my own	1	38	49.4
important problem and can cope on my own	2	6	7.8
important problem and need help from friends and family	3	8	10.4
important problem and need help from professional service	4	25	32.5
22 - Affordability of recreation and social activities			
not a problem and can cope on my own	1	30	39.0
important problem and can cope on my own	2	14	18.2
important problem and need help from friends and family	3	8	10.4
important problem and need help from professional service	4	25	32.5
23 - Affordability and satisfaction with housing			
not a problem and can cope on my own	1	48	62.3
important problem and can cope on my own	2	5	6.5
important problem and need help from friends and family	3	3	3.9
important problem and need help from professional service	4	21	27.3
24 - Finding a job			
not a problem and can cope on my own	1	39	50.6
important problem and can cope on my own	2	15	19.5
important problem and need help from friends and family	3	1	1.3
important problem and need help from professional service	4	22	28.6
25 - Job training			
not a problem and can cope on my own	1	35	45.5
important problem and can cope on my own	2	16	20.8
important problem and need help from friends and family	3	1	1.3
important problem and need help from professional service	4	25	32.5

APPENDIX 6

Risk Variables for Analysis: Frequency, Coding and Percentage in the Sample

Variable	Coding	Frequency	Percentage in Sample
Risk Assessment Caregiver Influence			
CG 1 - Childhood Abuse/Neglect of Caregiver			
no/low risk	0	17	22.2
moderately low risk	1	12	15.6
intermediate risk	2	13	16.9
moderately high risk	3	13	16.9
high risk	4	18	23.4
insufficient information to do rating	-	4	5.2
CG 2 - Alcohol or Drug/Use by Caregiver			
no/low risk	0	3.2	41.6
moderately low risk	1	15	19.5
intermediate risk	2	12	15.6
moderately high risk	3	11	14.3
high risk	4	4	5.2
insufficient information to do rating	-	3	3.9
CG 3 - Caregiver's Expectations of Child			
no/low risk	0	10	13.0
moderately low risk	1	14	18.2
intermediate risk	2	38	49.4
moderately high risk	3	14	18.2
high risk	4	1	1.3
insufficient information to do rating	-	0	0.0
CG 4 - Caregiver's Acceptance of Child			
no/low risk	0	41	53.2
moderately low risk	1	18	23.4
intermediate risk	2	9	11.7
moderately high risk	3	5	6.5
high risk	4	4	5.2
insufficient information to do rating	-	0	0.0
CG 5 - Physical Capacity to Care for Child			
no/low risk	0	49	63.6
moderately low risk	1	9	11.7
intermediate risk	2	11	14.3
moderately high risk	3	5	6.5
high risk	4	3	3.9
insufficient information to do rating	-	0	0.0

Variable	Coding	Frequency	Percentage in Sample
CG 6 - Mental/Emotional/Intellectual Capacity to Care forChild			
no/low risk	0	20	26.0
moderately low risk	1	12	15.6
intermediate risk	2	29	37.7
moderately high risk	3	15	19.5
high risk	4	0	0.0
insufficient information to do rating	-	1	1.3
Risk Assessment Child Influence			
C 1 - Child's Vulnerability			
no/low risk	0	2	2.6
moderately low risk	1	18	23.4
intermediate risk	2	35	45.5
moderately high risk	3	5	6.5
high risk	4	17	22.1
insufficient information to do rating	-	0	0.0
C 2 - Child's Response to Caregiver			
no/low risk	0	2.5	32.5
moderately low risk	1	20	26.0
intermediate risk	2	16	20.8
moderately high risk	3	15	19.5
high risk	4	1	1.3
insufficient information to do rating	-	0	0.0
C 3 - Child's Behaviour			
no/low risk	0	26	33.8
moderately low risk	1	12	15.6
intermediate risk	2	22	28.6
moderately high risk	3	14	18.2
high risk	4	3	3.9
insufficient information to do rating	-	0	0.0
C 4 - Child's Mental Health			
no/low risk	0	30	39.0
moderately low risk	1	19	24.7
intermediate risk	2	14	18.2
moderately high risk	3	8	10.4
high risk	4	4	5.2
insufficient information to do rating	-	2	2.6

Variable	Coding	Frequency	Percentage in Sample
C 5 - Child's Physical Health and Development			
no/low risk	0	56	72.7
moderately low risk	1	12	15.6
intermediate risk	2	4	5.2
moderately high risk	3	2	2.6
high risk	4	3	3.9
insufficient information to do rating	-	0	0.0
Risk Assessment Family Influence			
F 1 - Family Violence			
no/low risk	0	16	20.8
moderately low risk	1	22	28.6
intermediate risk	2	14	18.2
moderately high risk	3	18	23.4
high risk	4	3	3.9
insufficient information to do rating	-	4	5.2
F 2 - Ability to Cope With Stress			
no/low risk	0	2	2.6
moderately low risk	1	12	15.6
intermediate risk	2	35	45.5
moderately high risk	3	23	29.9
high risk	4	4	5.2
insufficient information to do rating	-	1	1.3
F 3 - Availability of Social Supports			
no/low risk	0	7	9.1
moderately low risk	1	24	31.2
intermediate risk	2	29	37.7
moderately high risk	3	12	15.6
high risk	4	3	3.9
insufficient information to do rating	-	2	2.6
F 4 - Living Conditions			
no/low risk	0	48	62.3
moderately low risk	1	19	24.7
intermediate risk	2	5	6.5
moderately high risk	3	1	1.3
high risk	4	1	1.3
insufficient information to do rating	-	3	3.9

Variable	Coding	Frequency	Percentage in Sample
F 5 - Family Identity and Interactions			
no/low risk	0	7	9.1
moderately low risk	1	12	15.6
intermediate risk	2	37	48.1
moderately high risk	3	9	11.7
high risk	4	12	15.6
insufficient information to do rating	-	0	0.0
Risk Assessment Intervention Influence			
I 1 - Caregiver's Motivation			
no/low risk	0	8	10.4
moderately low risk	1	24	31.2
intermediate risk	2	39	50.6
moderately high risk	3	6	7.8
high risk	4	0	0.0
insufficient information to do rating	-	0	0.0
I 2 - Caregiver's Cooperation with Intervention			
no/low risk	0	25	32.5
moderately low risk	1	26	33.8
intermediate risk	2	15	19.5
moderately high risk	3	10	13.0
high risk	4	1	1.3
insufficient information to do rating	-	0	0.0
Risk Assessment Abuse/Neglect Influence			
A 1 - Access to Child by Perpetrator			
no/low risk	0	20	26.0
moderately low risk	1	13	16.9
intermediate risk	2	12	15.6
moderately high risk	3	3	3.9
high risk	4	28	36.4
insufficient information to do rating	-	1	1.3
A 2 - Intent and Acknowledgment of Responsibility	0	9	11.7
no/low risk	1	28	36.4
moderately low risk	2	22	28.6
intermediate risk	3	10	13.0
moderately high risk	4	1	1.3
high risk	-	7	9.1
insufficient information to do rating			

Variable	Coding	Frequency	Percentage in Sample
A 3 - Severity of Abuse/Neglect			
no/low risk	0	16	20.8
moderately low risk	1	17	22.1
intermediate risk	2	20	26.0
moderately high risk	3	17	22.1
high risk	4	2	2.6
insufficient information to do rating	-	5	6.5
A 4 - History of Abuse/Neglect Committed by Present Caregivers			
no/low risk	0	2.2	28.6
moderately low risk	1	16	20.8
intermediate risk	2	21	27.3
moderately high risk	3	16	20.8
high risk	4	1	1.3
insufficient information to do rating	-	1	1.3

APPENDIX 7