

Perception of Risk Among Child Protection Workers¹

Catherine Sullivan, B.A., Paul C. Whitehead, Ph.D., Alan W. Leschied, Ph.D., Debbie Chiodo, M.A., and Dermot Hurley, M.S.W.

The University of Western Ontario

London, Ontario CANADA

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Abstract

Differences in ratings of the severity of risk for children involved in the child welfare system among less experienced and more experienced child protection workers are examined. Sixty-three child protection workers from a southwestern Ontario CAS participated: twenty-seven with less than three years of experience and thirty-six with more than three years of experience. Child protection workers read two scenarios and were asked to determine the extent of risk present to the child and indicate if that child should be admitted to CAS care. The findings indicate that child protection workers with different levels of experience do not differ in their perceptions of risk and in their decisions with regards to managing risk in the community. Implications for case management and social work training are discussed.

KEYWORDS: Risk assessment, child protection workers, child welfare.

Introduction

Demand for child protection services in Canada has escalated over the past ten years. The number of physical assaults in Canada on children reported to the police increased by 38% from 1998 to 2000, and the number of sexual assaults increased by approximately 16% Statistics Canada (2001). Over the past ten years the number of cases coming to the attention of Ontario's Children's Aid Societies (CASs) has increased significantly as well (Trocmé et al., 2001). Rivers et al. (2002) report there was a 44% increase in the number of children suspected of being abused or neglected between 1993 and 1998.

In part, this increase in the demand for service from child protection agencies has led to the hiring of many new and largely inexperienced child protection workers. It has been suggested that less experienced child protection workers may be more likely to admit children to care either because they perceive risk differently than more experienced child protection workers or that they lack confidence in managing risk in the community (Drury-Hudson, 1999). These findings have implications for the decisions made regarding cases and placement of children in foster and group home care. This study assesses whether the perception of risk among less experienced CAS workers is a relevant contributor to the increase in admissions to care in Ontario's child protection system.

1.1 Risk Assessment

Risk assessment has been defined in various ways. Wald and Woolverton (1990) suggest that risk assessment is "a process for assessing the likelihood that a given person (usually a parent) will harm a child in the future" (p. 486) and that risk assessment uses information about a given person or situation in estimating the likelihood that a person will engage in a particular behaviour. Risk assessments are also used to document a family's history in order to assess the basis for intervention (Steven, 1993). Several authors suggest that the systematic collection of child and family relevant data can increase the accuracy in predicting future harm (Cash, 2001; Doueck, et al., 1993; English & Pecora, 1994; & Steven, 1993).

1.2 Variability in Child Protection Decision-Making

There is a meager amount of research about child protection workers making decisions in the management of child protection cases. Rossi, Schuerman & Budde (1999), compare the decisions of social workers and social work experts. They find that while social workers and experts used the same characteristics to make decisions, their decisions are driven by a focus on different characteristics. Mandel et al. (1994) find that social workers, compared to police officers, disagree with the removal of a child from their home when there is inadequate information to justify such a decision suggesting that social workers considered the factors of the case in a more critical manner. In a follow-up study, Mandel (1995) notes that, compared to a group of untrained assessors, (undergraduate psychology students) trained social workers are more likely to make additional requests for information, make fewer assumptions, and generate more hypotheses.

Specifically relevant to this study is the research that focuses on the variability in child protection decisions related to the degree of experience of the social worker that could influence the decision to admit a child to care (Drury-Hudson, 1999; Gold, Benbenishty & Osmo, 2001; Mandel, Lehman & Yuille, 1994, 1995; O'Hare, Collins, & Walsh, 1998). The preponderance of evidence suggests that inexperienced social workers may be more prone to over-estimate risk thereby increasing the admissions of children in care. Cash (2001) and Munro (1999) suggested that less experienced social workers may not have sufficient experience on which to draw to develop their “practice wisdom” – the use of intuition – and to apply professional judgment in guiding decisions. Schuerman, Rossi, and Budde (1999) find low agreement regarding decisions to place children outside of home among social workers of varying experience. These authors suggested that training in data collection and analysis could standardize the decisions that social workers are routinely asked to make. Gold et al. (2001) report the only study that indicates that social workers with more experience (three years or more) are more likely to advocate for removing a child from the home compared to social workers with less experience.

1.3 Ontario's Model for Risk Assessment

Ontario's CASs implemented the revised Risk Assessment Model (ORAM) for child protection (Ontario Association of Children's Aid Societies, 200) to increase the consistency in case management decisions by guiding the collection of information and narrowing the focus to a specific set of risks. The focus of the ORAM is "to promote and support a structured and rational approach to case practice, without replacing professional judgment" (Ontario Association of Children's Aid Societies, 2000, p. 1). As a model of risk assessment, the ORAM attempts to strike a balance between consensus-based and actuarial models in an effort to enhance the judgment of individual child protection workers (Munro, 1999).

1.4 Purpose of the Present Study

Due to the increased number of cases referred and the increased number of admissions to care among Ontario's CASs in recent years, many new child protection workers have been hired. This increase in hiring, coupled with normal turnover rates, has led to increased numbers of less experienced child protection workers being hired while the ORAM has been introduced. In the context of increasing numbers of inexperienced CAS workers entering the field of child protection at the present time, and the concern for the increasing numbers of children admitted to CAS care, the purpose of this study is to investigate whether ratings of risk and recommendations for admitting a child to care vary as a function of experience.

1.5 Hypotheses

Two principle questions are investigated.

1. The first is whether less experienced CAS workers rate risk to a child higher than more experienced CAS workers.
2. The second is whether less experienced CAS workers are more likely to recommend admitting a child to care than more experienced CAS workers.

Method

2.1 Participants

The participants are 63 CAS workers, from the CAS of London and Middlesex, a large child protection agency in southwestern Ontario. The participants are divided into two categories of experience: those with less than three years experience ($n = 27$), and those with more than three years experience ($n = 36$). Less experienced CAS workers had worked, on average, for almost one and a half years, ($M = 1.48$, $SD = .77$); the experienced group worked for an average of almost eight years ($M = 7.96$, $SD = 6.39$).

2.2 Materials

Scenarios: A total of eight scenarios were used as the basis of the risk assessment². The content of the scenarios reflected actual cases following the review of several hundred child protection files. Each scenario described a child and family situation based on file information. Each participant was asked to review two scenarios and complete the ORAM on two of eight vignettes. The Risk Assessment tool includes five assessment categories called *influences*, related to the caregiver, child, family, intervention, and abuse/neglect (Figure 1). Within each of these *influences* are related risk *elements*. There are 22 risk elements examined by the Risk Assessment tool. Each risk element includes five scales of severity ranging from zero (0) to four (4). The Risk Assessment Scales are further defined by descriptions called *anchors*. The anchors help assign a rating by providing a narrative description that defines the status or functioning of a child, caregiver, or family.

CAS workers were asked to provide risk ratings based on the 22 risk elements measured on a scale of 0 = no/low risk to 4 = high risk. CAS workers were asked to record their decision regarding whether the child should be admitted to CAS care or supervised within the community.

For the purpose of the current study, a Risk Analysis was derived based on a ‘cumulative risk assessment score’ comprised of a total score of the 22 risk elements. It is important to note that the application of Risk Assessment for Ontario CASs does not

² Copies of all eight scenarios can be obtained from the second author. Two scenarios are included in Appendix A.

include a cumulative risk assessment score, but was computed in the present study for the purpose of analyses.

2.3 Procedure

Each CAS worker rated the extent of risk present to the child on two of eight vignettes using the ORAM. The vignettes described somewhat ambiguous situations so that it would not be obvious whether the child was being maltreated. CAS workers were also asked to recommend whether the child should be admitted to CAS care. Participants were randomly assigned to read a package of two scenarios. The participants were instructed to read the first scenario and provide their risk ratings and admission to CAS care decisions and then complete the second scenario in a similar fashion.

Results

3.1 Question One: Examination of the Variability in Risk Scores

The Risk Analysis was based on a cumulative risk assessment score. The cumulative risk assessment score for each case was obtained by adding the ratings that each CAS worker assigned to the 22 risk elements in the ORAM. Variability in risk ratings was identified reflecting that CAS workers were not assigning the same risk. No significant differences were found between the cumulative risk scores of less experienced and more experienced CAS workers ($t(122) = -.51, ns; M = 43.28, SD = 7.24; M = 44.06, SD = 9.81$).

3.2 Question Two: Examination of Variability in Decisions Regarding Admission to CAS Care

An analysis of covariance (ANCOVA) was performed to determine if the two groups of CAS workers differed in their recommendation to admit a child to CAS care. The ANCOVA controlled for the cumulative risk assessment score in determining if the two groups were making different decisions about admitting a child to care. There was no significant difference between less experienced ($M = 1.64, SD = .48$) and more experienced social workers ($M = 1.75, SD = .44$) in their endorsement of taking a child into care ($F(1,122) = 2.56, ns$; see Table 1).

Table 1

Means and Standard Deviations of Cumulative Risk Assessment Scores and Admission to Care Decisions for CAS Workers

Experience Level	Cumulative Risk Assessment Score		Admission to CAS Care Decision	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Less Experience (n = 27)	43.28	7.24	1.64	.48
More Experience (n = 36)	44.06	9.81	1.75	.43

Note: The decisions to admit a child to care were converted to yes =1 and no =2 for the purposes of analysis.

Discussion

The hypothesis that less experienced CAS workers would rate risk higher than more experienced CAS workers is not supported. The hypothesis that less experienced CAS workers are more likely to admit a child to CAS care than more experienced CAS workers is also not supported.

The results of this study are not consistent with most of the previous research that indicated there was variability in child protection case management decisions of less experienced and more experienced child protection workers. Most of the prior studies found differences between these two groups in regards to how they processed information and made decisions (Drury-Hudson, 1999; Gold et al., 2001; Mandel et al., 1994, 1995; O'Hare et al., 1998; Rossi et al., 1999; & Schuerman et al., 1999).

The current study is an improvement over the past research as it compared social workers within the *same* agency. Both groups of social workers received similar training regarding decision-making and the use of the ORAM. These findings are consistent with the findings of Shor and Haj-Yahia (1996) who compared the perceptions of social work, psychology, education, and medical students on issues related to child maltreatment. They note that training can produce high levels of consistency in the manner in which the maltreatment of children is assessed. Results from the present study are consistent with this view and suggest that in-service training related to the implementation of a risk assessment protocol can achieve high degrees of consistency.

The fact that no significant differences are found between less experienced and more experienced child protection workers in relation to risk ratings and decisions to admit a child into care has important practical implications. The ORAM was designed to assist CAS workers in gathering relevant information about cases in order to arrive at a decision. The model was aimed at reducing inconsistency in decision-making. Based on the results of the current study, the ORAM may be helping to increase the consistency of the decisions made among CAS workers. In turn, these findings also suggest that the presence of less experienced CAS workers in key decision-making positions in child protection cannot in itself be credited with driving the increase in admissions to care if they have received similar training in a standardized risk assessment protocol.

Conclusion

This study was conducted to test the concern that the presence of less experienced child protection workers in key decision-making positions may over-estimate risk compared to more experienced child protection workers, and, whether they are as prepared to manage risk in the community similar to their more experienced counterparts. The findings indicate that there are no significant differences in perceptions of risk between less and more experienced CAS workers in the agency. There are several factors that may limit the generalizability of these findings including the representational accuracy of the scenarios, the use of case studies rather than actual cases and the cut-off used to differentiate levels of child protection experience. Despite these limitations, there are several important implications of the findings.

Previous research (e.g., Mandel et al., 1994, 1995) had shown that inexperienced child protection workers do not process information to the same degree as more experienced child protection workers and are more likely to advocate removing a child from their home prematurely. The findings of this study suggest that the training CAS workers receive can challenge the concern that the amount of experience they have may play an important role in the increase of children admitted to CAS care through the inconsistent or overestimation of risk. We are aware that training goes beyond the assessment of risk and also includes knowledge of community resources. As risk assessment plays an increasingly vital role in case management decisions, training in risk assessment may be one important factor, particularly with less experienced child

protection workers, that increases their consistency in arriving at decisions about the needs of children and their families who become involved in the child protection system.

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Appendix

Scenario #1

John is a 3-year-old boy who lives at home with his mother and his 1 year-old sister. He does not attend day care regularly. His mother, Anna, is 18 and has difficulty with John because she expects him to be able to perform some tasks more advanced than his developmental level. It is clear that Anna loves John very much and he reciprocates this affection.

Several problems have arisen since Anna began dating a man named Tim who is 31. Tim is extremely jealous and frequently hits and yells at Anna for cheating on him. Anna swears that she has not been unfaithful. Tim stays over at Anna's house frequently and does not care much for John. He frequently yells and curses at John and tells John to "leave him the f*** alone". A neighbour informed the Children's Aid Society (CAS) about the situation out of fear for John when she heard a loud argument between Tim and Anna from down the hall. Since then, Anna has been somewhat receptive to a CAS social worker visiting her at home. She does not, however, recognize the impact that her relationship with Tim has on John. She is reluctant to receive help with parenting, and unwilling to break things off with Tim. CAS was briefly involved with Anna when John was born because she was a teenage mother with little support. Tim was involved with CAS in the capacity of caregiver to his previous wife's children.

An examination of her home found that it was relatively clean with a few dirty dishes in the sink and some mold forming in the shower. Several empty bottles of alcohol were also discovered. When asked about this, Anna simply said, "Tim is a good drinker, but not a good housekeeper". The social worker noted that the house smelled of stale cigarette smoke.

When interviewed, Anna reported that she is not on speaking terms with either of her parents and does not have many friends except for the people she talks to at the Food Bank. She also indicated that she has never hit John. When the social worker was talking to John about his mom and Tim, bruises on his legs were apparent. The social worker was unable to determine the cause of the bruises. John was unwilling to talk about his mother with the social worker, but he did say, "Tim is not nice." Tim refused

to answer any questions about his past except to say that he hates his parents. The social worker did not observe any significant physical or mental health issues in either Anna or Tim.

In a subsequent home visit the social worker discovered that Anna was not coping well and that John's care was suffering, for example his hair was dirty and he said that he was hungry. Anna had begun to show signs of depression. Tim was becoming more violent towards Anna and bruises were evident on both John and Anna. The social worker also learned that John had been seen at the local hospital several times in the past few months. When interviewed it was difficult to assess whether or not Anna recognized that the situation was worsening, but, in any event, she was hesitant to answer any of the questions posed.

Scenario #2

Carly is a 12-year old girl. She is currently having trouble adjusting to changes in her home. Her parents have recently separated after many years of fighting and unhappiness. Carly and her younger sister were often caught in the middle of arguments during one argument Carly was struck by her mother when she attempted to intervene. Carly thought that it was necessary to intervene in order because she felt responsible for protecting her sister. While she lives with her mother and younger sister, she now feels torn between her mother and father because she had difficulty making the decision of which parent to live with because she does not get along with either of them. Carly's mother started dating again and Carly feels betrayed. She thinks her mother should spend more time with her and her sister now that her father is gone.

Carly's behaviour is beginning to be problematic. She has begun to hang out with a group of violent neighbourhood girls. Her mother found cigarettes in her purse and thinks that Carly may be involved with drugs and alcohol. She also suspects that Carly is sexually active. The police recently returned Carly home after she assaulted another girl, but her mother was not home at the time. Carly said that her mother is never home because she always works late. A neighbour phoned children's aid because she found Carly and several of her friends drinking alcohol at her house when she went to investigate a loud noise. The neighbour felt that Carly's mother should be keeping a closer eye on Carly.

Neighbours have called the police several times in the past six months about loud noise and parties. Since Carly's mother, Jane, was not doing anything to remedy the situation they felt that CAS should be involved. Jane, age 36, has been somewhat cooperative and has tried to use the parenting techniques suggested by CAS, but her inconsistent expectations of Carly make this difficult. Jane often finds herself giving into Carly's wishes for fear that she will run away from home or decide to go live with her father. During an interview with the social worker, Carly indicated that she and her mother fight a lot and during these fights her mother threatens to beat some sense into her. Carly noted that her mother is always on her back about smoking and drinking and not doing her homework. She also said that her mother is verbally and emotionally abusive. She doesn't understand why her mother can't just leave her alone and let her live her own life.

When Jane was interviewed, she indicated that the situation with Carly is becoming difficult to manage and that Carly has threatened to hurt her. She is having difficulty coping with the stress and is beginning to show signs of a nervous breakdown. She also said that it is difficult to supervise Carly because she has to work two jobs in order to support herself and her children. She thought that Carly was old enough to take care of herself and her younger sister. Her ex-husband is not emotionally and financially supportive. He simply said that if Jane could not manage Carly's behaviour that Carly could come live with him. Jane said that while she and her husband lived together Carly and her father touched and hugged at inappropriate times and that Carly showed little affection towards her mother.

When confronted about prior abuse of Carly, Jane said that she has never harmed her daughter; however she feels she may if the situation was not remedied. Upon examination of the house several empty alcohol bottles and an ashtray full of cigarette butts were discovered. A bottle of anti-depressant medication was discovered in the bathroom cupboard with Jane's name on the label. Further interviews revealed that Jane was abused as a child.