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The Risk of Risk: An Exploration of the Impact of “Risk” on Child Welfare Decision-making

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MULTIPLE MANUSCRIPT DISSERTATION

Submitted to the Faculty of Social Work

In partial fulfillment of the requirements for

Doctor of Philosophy in SOCIAL WORK

Wilfrid Laurier University

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Abstract

Objective: In this paper, child welfare decision-making is critically assessed in relation to Beck's (1992) concept of 'risk society'. Three key decisions made by child welfare workers during the initial investigation are examined in order to illustrate how risk influences the type of investigative approach used, the determinations about child maltreatment, and the services provided to children and families and to link theory with policy and practice.

Methods: The three exploratory studies all utilize secondary data from several cycles of the Ontario Incidence Study, which collects information directly from frontline child protection workers about incidence of reported maltreatment. Two studies utilize bivariate and multivariate analyses of maltreatment only investigations and risk only investigations respectively, to explore the profile of children and families investigated for various forms of maltreatment and for risk of future maltreatment where no maltreatment has been reported and to explore factors influencing worker decisions to substantiate maltreatment and risk. The third study utilized Chi-squared Automatic Interaction Detector (CHAID) analysis in addition to bivariate analyses to examine the decision about the type of response to use.

Results: The results indicate that despite child welfare policies introduced over the past 10 years in attempts to balance the focus on risk, the overall rates of substantiated maltreatment and risk only investigations have not changed. The research also revealed that when controlling for multiple factors found in previous studies to influence substantiation decisions, the workers' perception of the future risk of maltreatment emerged as the strongest influence on their decision to substantiate maltreatment. Families investigated for future risk of maltreatment were found to be different in several important ways from families investigated for maltreatment and factors that influenced workers' decision to substantiate risk and maltreatment were also different. Children who were maltreated received fewer services from child welfare and were referred to outside services less frequently than children who had not been maltreated but were perceived to be at future risk of maltreatment. Only 10% of all investigations in Ontario were cases with significant protection concerns yet only 30% of these cases receive a traditional forensic investigation (most receive a customized response intended for less serious cases). Exposure to intimate partner violence was the factor which had the most significant influence on the workers' decision regarding the type of investigation but surprisingly severe physical harm and sexual abuse did not emerge as significant factors.

Conclusion: Child protection practice and decision making is complex and risk discourses have had a significant impact on both. Despite policy changes introduced over the past ten years to mediate the negative impact of risk technologies on child welfare decision-making, several risks of risk emerged in the findings including directing attention away from helping children who have already been harmed to a focus on children who are at risk of future maltreatment; contributing to a focus on blaming parents instead of attending to social issues; and reduced opportunities for successful engagement of families. Differential response does not appear to have been successful in addressing the changing needs of families serviced by the Child Welfare system in Ontario. These studies suggest that differential response has not assisted in reducing the number of families subjected to a child welfare investigation nor has it resulted in a tighter more precise classification of reports ensuring that investigations are used when most required. Taken together these studies provide a compelling argument for Ontario to rethink the current approach to both child safety and child and family well-being.

DEDICATION

This research is dedicated to all of the children in Ontario who have come in contact with child welfare services and the dedicated child welfare social workers who strive to positively impact their lives. It is the goal of this dissertation to assist policy makers and leaders in making informed changes to the child welfare system in Ontario, to better serve children and families, and in doing so, to help reduce some of the burden workers carry.

ACKNOWLEDGEMENTS

My PhD journey has been an incredible experience. After working in the field of child welfare for almost 20 years, having the opportunity to think so deeply about such a complex human issue is truly a privilege. I wish to thank both Family and Children's Services of the Waterloo Region and the Faculty of Social Work at Wilfrid Laurier University for allowing me both the time and the space to do this thinking.

I wish to thank both Nancy Freymond and my dear friend Katharine Dill for giving me the push and encouragement I needed to begin this journey, without both of you I would never have started this crazy ride. I also want to thank Lea Caragata who challenged and pushed me theoretically and encouraged me to dig deeper and to John Fluke for his wisdom and grounded support.

I am humbled by the dedication and passion of my friends and colleagues in the field of child welfare. You continue to be a source of inspiration for me and without your support and encouragement I would not have kept going. In particular, Kelly and Alison for your unwavering belief in me and the importance of my research, and to Leyco for all your assistance with analysis, statistical questions, and your shared excitement and belief in my abilities.

My family and friends have stood by me and continued to encourage me when I wasn't sure I could go on. Thank you for continuing to be there for me even when I had little to give back. Mom and Dad, thank you for providing me with the love, acceptance and attention that allowed me to have the kind of childhood I believe every child deserves. It is my wish that my research can contribute in some small way, to helping children served by the child welfare system receive services that help them have the same opportunities that I had in life.

To my children Peter, Brian, and Hailey: you are the reason I strive to be my best. Thank you for supporting me on this journey. Your belief and pride in me means more than I can ever express. No matter where this life takes you, know that I will always be proud of the amazing people you have become.

Barbara, I am grateful that this journey has brought you into my life. You are one of the most amazing women I have had the honor of knowing. Your willingness to take me under your wing and your generosity of spirit, heart, and mind have been overwhelming to me. When I didn't know where to turn, you offered me support, guidance, and your brilliance. It has been a rare privilege to work with someone who demonstrates an unwavering desire to do the best for the children and families served by the child welfare system. I look forward to many years of friendship and collaboration ahead.

And finally, my husband Dave. You have been my biggest supporter and cheerleader. You always bring out the best in me and help me to believe in myself and my contributions to the world. I could truly not have done this without you, and I thank you with all my heart.

Jill K. Stoddart

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Chapter 1: Introduction

The headline reads, “4-year-old boy critically injured, mother in custody,” and the community unites in outrage. The next question on the minds of many is, “Where was child welfare?” Media coverage of child injuries or deaths highlight the role of child welfare and its importance in society, but also reinforces the expectation that all deaths and injuries should be preventable and that some “failure” in the system is to blame. There are many risks faced by children served by child welfare, the greatest of which is death. The *risk* of death to one of these children creates powerful political and social pressure on organizations, driving the system towards a risk focused institutional environment.

Risk has become a dominant lens in child welfare that shapes the heuristics professionals use to make sense of complex situations. It has now become an almost a taken for granted way for social workers to assess and practice child welfare (Houston, 2013; Turnell, Munro & Murphy, 2013; Swift, 2011). In addition to the impact on child welfare practice models, certain risk discourses create and perpetuate a climate within child welfare in which policy makers, agency leaders, and social workers become focused on making *defensible decisions*, as opposed to decisions that are solely focused on *a child’s best interest* (Turnell, Munro, & Murphy, 2013; Swift, 2011; Swift & Callahan, 2009; Scourfield & Welsh, 2003).

Having spent the past 18 years working within the child welfare system in Ontario, I have become increasingly curious about the broader social forces that impact the way services are delivered. I began my child welfare career during the introduction of the Ontario Risk Assessment Model in the late 1990s. In 2005, Ontario introduced a policy document entitled “Child Welfare Transformation 2005: A Strategic Plan for Flexible, Sustainable and Outcome Oriented Service Delivery Model.” The Child Welfare

Transformation (MCYS, 2005) began with a focus on a model of differential response, as well as meeting the needs of children and families. This policy signified an attempt to shift away from the very forensic focus on risk of the previous Ontario Risk Assessment Model (ORAM) and opened the door to the possibilities of engaging with families in ways that would help ensure child safety while strengthening families. Despite spending two years in active, planned implementation, two critical events occurred almost simultaneously, which had a significant impact on the forward momentum of my agency's transformation initiatives, particularly our Signs of Safety (Turnell & Edwards, 1999) family centered practice.

I offer the following case illustrations of the common struggle between child safety and family well-being. One case illustrates the risk of not intervening sufficiently to prevent a death; the second illustrates the risk of a more intrusive intervention that may have reduced the immediate safety risk, but increased the risk of long term negative outcomes for both the mother and the children.

In June of 2010, a baby was killed while in the care of one of her parents', who was later charged with murder. This child died of injuries sustained from being shaken. This family had participated in a family-centered service planning (FCP) process. Parents and extended family members worked together with the agency to come up with a safety plan for the baby. Following the death of this infant, the extended family initiated civil action against the agency, claiming that they were not in agreement with this safety plan but didn't feel comfortable saying this during the FCP meeting. An internal review of this file identified numerous errors in judgment and agency procedures. The death of this infant, according to an agency internal review, could have been prevented; however, it was not deemed a failure of the FCP approach to service planning. Basic steps necessary to ensure child safety appeared to have been missed in attempts to engage the family. The impact of this child's death on staff was a diminished confidence in the use of an FCP approach

in ensuring the safety of children. From this writer's perspective, the impact of this baby's death on worker and supervisor practice was felt immediately within the agency. The impact of risk was clearly at work, pulling the agency back to an increased focus on risk, rather than on using the new tools to ensure that staff were working collaboratively with families while keeping the child's safety as the primary goal. The staff and management became more concerned about making defensible decisions than with engaging with the families to promote child safety.

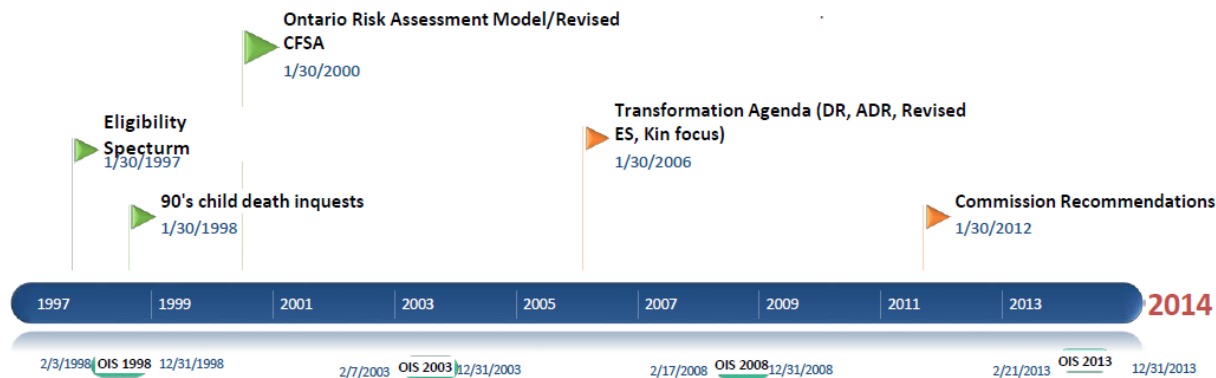
The second event occurred just days after the death of this child. The case involved the mother of four children who was a refugee from the Sudan. This mother had experienced extreme trauma, including rape and other atrocities at the hands of rebels and government leaders. The child protection worker involved had developed a trusting working relationship with this Mom, however, this Mom often responded to other community professionals with fear and suspicion. Community professionals' attempts to provide services and supports to this family often triggered this Mom's underlying trauma issues related to her history of oppression by people in positions of power. In the face of mounting referrals from community professionals, the child protection worker's supervisor became increasingly concerned about the children's safety. The frontline worker did not assess the growing referrals as a sign of increased risk to the children, but instead assessed them as a sign of this Mom's trauma, and felt that other professionals lacked understanding about the impact of this Mom's traumatic history and her experiences of oppression by people in positions of power. The worker believed others were assessing this Mom's behavior based on their own Canadian socio-historical risk discourse. The new supervisor disagreed, and applied increasing pressure to intervene by apprehending the children. Believing that the trauma of having her children removed would push this Mom over the edge, the worker asked for an internal review meeting. The internal review

process used the Signs of Safety framework (Turnell & Edwards, 1999) to assess both safety and strengths, and included a cross-section of agency staff. The process identified bottom line risk statements and generated a plan of intervention. The supervisor on the case was unable to attend this meeting; however, the group decided to meet regardless. The meeting participants agreed with the worker's assessment of the new referrals and recommended that the worker continue to engage with the Mom while her children remained in her care. The supervisor disagreed with these recommendations, and the next day after receiving another referral very concerning referral from a community professional, made the assessment that the children needed to be apprehended.

I do not offer these illustrations to suggest that there is 'blame' to be placed on any individual involved in these cases as a result of the decisions made, each day child welfare staff must struggle with critical decisions without the ability to truly predict the future. Instead these critical events sparked my curiosity about the impact of risk. What happens when workers are so pre-occupied with the risk of what might happen in the future that it creates a focusing bias (Gambrill, 2005; Munro, 1999). Does it cloud their ability to assess what has already happened? Are we more concerned about preventing future maltreatment than we are about addressing the existing harm? Do the immediate risks to the worker or supervisor of **not** acting to protect children outweigh the risks to the worker when the child and family experiences poor outcomes later on? Which risks do we need to pay attention to? How can new policy initiatives, which aim to move systems away from an increased focus on risk, succeed when the *risk of risk* is so high? In this dissertation, I will explore three key decisions made by child welfare workers to explore if there is evidence of risk influencing their decisions.

Strikingly similar patterns of child welfare policy changes can be observed in Canada, the UK, Australia, and the US over the past 40 years (Parton, 1981, 2010; Munroe, 2010). These changes follow the pattern of a pendulum, swinging back and forth between a focus on the *protection of children*, and a focus on *family preservation* and *child well-being*. Figure 1 provides a brief overview of the major policy changes that have occurred over the past 10 years. Examining child welfare decision making at various points along this timeline provides an opportunity to reflect on the impact of these policies on practice to see if our increasing climate of risk may be interfering with the implementation into practice.

Fig. 1.1 Child Welfare Major Policy Initiatives Timeline



Exploring child welfare policy and practice through the lens of risk raises several important issues. Risk has become such a dominant lens in child welfare that shapes the heuristics professionals use to make sense of complex situations that it has now become an almost taken for granted way for social workers to assess and practice child welfare (Houston, 2013). In addition to the impact on child welfare practice models, certain risk discourses create and perpetuate a climate within child welfare in which policy makers,

agency leaders, and social workers become focused on making defensible decisions, as opposed to decisions that may be in a child's best interest (Swift & Callahan, 2009; Scourfield & Welsh, 2003).

Society's expectation that child welfare workers and organizations should be able to alleviate the risk of future injury and death to children has a significant impact on worker and organizational behavior, and can lead to risk averse practices (Stanley, 2007). The influences of these risks, known as *primary risks*, result in a growing focus on *secondary risks*, including such things as personal liability, risks to the reputation, as well as risks to the legitimacy of the organization (Power, 2004). This increasing awareness of primary and secondary risks challenges service and policy level attempts to move the institution away from this paradigm. Risk management has become replete in our society, and the risk management of everything poses its own risks, not only for workers and organizations, but also for the children and families receiving service (Beck, 1992; Power, 2004; Rothstein, Hubert & Gaskell, 2006; Swift & Callahan, 2009).

Risk is not a new idea, as the study of risk can be traced to the renaissance era, when probability laws were first introduced. However, even today there is no unified theory of risk (Bernstein 1996; Krinsky & Golding, 1992). When I use the term *discourse* in this dissertation, I am referring to Foucault's definition, which "refers not to language or social interactions, but to relatively well bounded areas of social knowledge" (McHoul & Grace, 1993, p. 17). Thinking about the current context of child welfare practice is difficult because discourses of globalization and neo-liberalism have become hegemonic, and as a result, appear to most within the general population, including those working in child welfare, to be indisputable. Reflecting on Foucault's work on *governmentality*, Gramsci's theory of *hegemony* and the importance of Bourdieu's concept of *habitus*, provide a theoretical context for our current

taken for granted truths about child welfare policies and the children and families these policies are aimed at. To begin to understand theoretically how risk may be playing out within the current context of child welfare practice, I will review the discourse of risk proposed by Foucault and other researchers. Building on Foucault's studies of governmentality can help us situate current child welfare policy and practice within the neo-liberal context that has influenced how we think about how we govern the act of parenting.

This multiple manuscript dissertation will focus on casework decision making to explore what is happening in the Ontario Child Welfare system since the introduction of the system-wide transformation in 2005. The studies will utilize secondary data from the 2008 and 2013 cycles of the Ontario Incidence Study, which examines the incidence of reported maltreatment and the characteristics of the children and families investigated by child welfare authorities in Ontario. Three key decisions made during the intake stage of involvement with children and families will be explored to examine what, if any, changes have occurred during this time. The findings of these studies will provide both theoretical and practical insights into the role of risk in child welfare practice and its impact on decision-making.

The three research studies will focus on decisions related to substantiation of maltreatment, the investigation of future risk of maltreatment when no incident of maltreatment has been alleged, and the use of *differential response* approaches to work with children and families. This dissertation will include three papers: 1) "Substantiated Child Maltreatment: Which Factors do Workers Focus on when Making this Critical Decision?"; 2) "Is There Risk to Risk? An Exploration of the Factors that Predict a Worker's Determination of a Future Risk of Maltreatment and how these Factors Compare to Incidents of Substantiated Maltreatment"; and 3) "An Exploration of the Use of Differential Response in Ontario: Is There a Gap Between Vision and Reality?" This study will

examine which case characteristics influence the decision to utilize a differential response with families, and also if there are changes in the percentage of families being investigated for risk of future maltreatment that are offered ongoing services following an investigation. Which families receive traditional risk focused investigations and which families receive customized investigative approaches designed to enhance engagement and family support? Are there differences in the services offered by these two streams? Have there been changes in the use of differential response since the 2008 cycle when differential response had been newly implemented, compared to the 2013 cycle when this approach should have been fully implemented and embedded in practice? I will conclude this dissertation by linking the three studies together, and by highlighting the implications of the findings of this dissertation for future research, practice, and policy.

Chapter 2: Literature Review

2.1 Governmentality and the Evolution of Risk

2.1.1 Governmentality defined. Michel Foucault explores the notion of risk in the context of his writings on governmentality and the role of advanced liberalism and its influence on the politics which ultimately influence human service policy (Rose 1985, 2000; Foucault 1991; Parton 1998; Power 2004). Governmentality, as it relates to risk, has three main foci. The first, is the role of knowledge and expertise in defining the “problem,” in this case, the risk to be governed or ruled. The second, are the mechanisms and procedures that allow government ideas to be operationalized in practice. The third, is that governmentality focuses on the postmodern narrative models fostered in government relation (Grundy, 2012).

To understand risk through the lens of governmentality, it is first important to understand what Foucault meant by the term governmentality. Between 1970 and 1984, Michel Foucault gave annual lectures at the College de France in Paris. Towards the end of these series of lectures, Foucault introduced a line of inquiry in his research which he called governmentality. When Foucault used the term governmentality, he was not just referring to politicians and the legislation that made up the “government,” but a broader range of actions. He was referring to the interactions or relations between political authorities and sites of power and influence within society, which might include bureaucracies and institutions, but also families and communities (Gordon, 1991; Rose, 2000).

Foucault referred to the *rationality of government* or *art of government* when talking about governmentality. He was interested in exploring the system of thinking about the way governments practiced (who does the governing, who is governed, and what does it mean to govern). Foucault was focused on the paths or systems of thought used in the governing of society, unlike other philosophies that viewed the history of thought as continuous or progressive from one state to the next (McHoul & Grace, 1993). Applying the lens of governmentality provides us with a means to map how policy problems, such as poverty or child abuse, have taken shape during the twentieth century. Instead of looking at the causes of problems in the economy or other social issues, governmentality focusses on how it can become conceivable in a society to govern and control the elements of society which relate to the problem of “how to be ruled, how strictly, by whom, to what end, by what methods etc.” (Foucault, 1991, p. 88). Governmentality begs the question, “How is it that society comes to justify the control and regulation of the relationships and activities within the private sphere of society, including parenting?” (McHoul & Grace, 1993; Rose, 2000). In answer to this question, Foucault referred to three forms of governing, or methods of social control, which are all interconnected. The first, is self-government (morality); the second, is how to properly

govern a family (economy); and the third, is the science of ruling a state (politics). The art of government is the task of establishing continuity between these three spheres of governing. Foucault referred to the sixteenth century meaning of *economy* when talking about family, referring to labor and capital, as well as how to manage individuals, goods, and wealth. The art of government included finding ways to introduce economy into political practice.

2.1.2. Path of government rationalities from liberalism to neo-liberalism. Foucault used the lens of governmentality to track the path of various government rationalities through a variety of historical periods and power regimes. The most relevant political rationalities for contextualizing risk in child welfare are *liberalism* and *neo-liberalism* (Parton, 1994). The rationality of government associated with liberalism is a strategy of power that strives for good order and security among all people, which came to be known as civil society. Liberalism, as a rationality of government, recognized both the freedoms and problems of society, as well as the needs of the economic market (Caragata, 1999; Gordon, 1991). This rationality necessitated the growth of the *social*, which is situated between the private sphere of the *individual or family*, and the public sphere of the *state and society*. The range of mechanisms of security operated through social regulations and institutions concerned with the “new human sciences – particularly medicine, psychiatry, psychology, criminology, and to some extent, social work,” were designed to identify and address the personal troubles and public issues that posed a threat to the good of all (Parton, 1998, p. 8).

This form of problematization involved the development of the notions of *normal* and *abnormal* for health, human behavior, and even family interactions. The very origins of modern social work include practices and knowledge central to the liberal rationalities, designed to integrate individuals with these “problems” into civil society, making it thinkable to target these populations

for political action (Burchell, 1991; Parton, 1994, 1998; Rose & Miller, 1992). Foucault's notion of governmentality focused on "the connections between the ways in which individuals are politically objectified and political techniques for integrating concrete aspects of their lives and activities into the pursuit of the state's objectives" (Burchell, 1991). Under the guise of assistance, these mechanisms also opened up the subjugated populations to the examination and monitoring of the authorities, with the goal of encouraging voluntary self-management and participation in modes of social control. An example of this was the creation of the *Visitors of the Poor*, who not only allowed for aid to be delivered to families, but also access to study the social character of the poor, as well as contributing to the moralization of poverty (Parton, 1994; Procacci, 1991). These visitors were to go to each applicant's home, to examine their moral character, their habits, and their situation, while also assessing the best ways to help. In Canada, as in the United States and the United Kingdom, the *Friendly Visitors* were the first incarnations of child welfare workers (Swift, 1995), and lead to child welfare systems being used to "impose standardized norms of parenting" (Jack, 1997, p. 661).

These subjectivities were then administered through the collective risk management of the welfare state (Giddens, 1999). Social regulation and control, therefore, was not simply imposed directly by the state, but rather, encouraged and supported through the means discussed above to entice individuals to exercise their own freedoms and create institutions that would assist in governing from a distance (Parton 1994, 1998; Swift, 1995). Social workers emerged as the primary agents to help resolve one of the key problems of the liberal state, how to "establish the health, development and hence rights of individuals who are weak and dependent, particularly children while promoting the family as the 'natural' sphere for caring for those individuals" (Parton, 1994, p. 16).

Criticism of the welfare state rationality grew throughout Anglo-Saxon countries beginning in the 1970s. Problems began to emerge from both the economic and social spheres, and from both the right and the left. The criticisms included concerns about the cost and burden of responsibility for the state acting as the safety net for all individuals, to growing complaints about the injustices in the power and scope allotted to expert systems, including health, education, and child welfare (Rose, 1996). Neo-liberalism developed in response to this growing criticism and has resulted in a reduction in, and a loosening of, social bonds. Government rationality of neo-liberalism shifts emphasis away from government and social society toward an increase in the responsibility for individuals to manage their own welfare risks (Foucault, 1991).

Neo-liberalism, or “advanced liberalism” (Rose, 2000), refers to a rationality that views the welfare state as one that encourages dependency through handouts, which undermines both the economy and society. Neo-liberalism identified *welfarism* itself as central to the problem, and in need of change (Parton, 1994). Instead, the policies and practices of neo-liberalism focus on steering and regulating individuals and institutions, rather than assuming responsibility for them. The aim of the neo-liberal governmentality is the reduction of direct state interventions, without, as a result of this reduction, losing control of the population (Dean, 1999). The market is seen as one of the best ways to organize state and society, and therefore, globalization, privatization of public goods, and deregulation of business are thought to be means to allow the market to meet the social needs of individuals (Parton, 1994; Rose, 2000; Rose & Miller, 1992).

Neo-liberalism in Canada took hold in the 1980s, spurred by an economic recession that resulted in cutbacks to many Canadian social programs, a shrinking of the social safety net, growing income inequality, and increased poverty and homelessness. The social-

welfare programs that remain have been reconfigured, and eligibility for these services has been made more stringent (Pollack, 2008; Swift & Callahan, 2009; White, 2002). Many of the social programs have been de-centralized, downloading the responsibilities from the Federal Government to Provincial governments and often to the Municipal level as well (White, 2002). Neo-liberalism encourages all sectors of society, including government, business, non-profits, and community organizations to collaborate in helping solve social problems and assisting vulnerable citizens (Pollack, 2008). This decentralization *downloading* assists in shifting the problems of the state back to society so that everyone is implicated in the task of resolving these issues, instead of the responsibility resting solely on the government (Donzelot, 1991).

At the same time that governments pulled back from direct involvement in fixing social problems, they encouraged an increase in the commercialization and professionalization of expert helping systems (Rose, 2000; White, 2002). There has been an increase in the use of techniques of accountability, auditing, evaluation, and managed budgets, all designed to assist in governing from a distance (Rose, 2000). I will talk more about this *New Public Management* in the section on the management of risk.

2.1.3 Philosophy of risk. The term risk actually has no precise meaning on its own, as it developed in relation to insurance. According to Ewald (1991), “Insurance is an art of combining various elements of economic and social reality according to a set of specific rules. From these different combinations, there derive the different sorts of insurance institution,” including property, health, and social insurance (p. 197). Risk, in everyday language, is now used synonymously with danger or peril; however, according to the origins of the term, nothing is a risk in itself. There is no risk in reality. The notion of risk, as it relates to insurance, is associated with chance or probability. Ewald (1991) describes the meaning of risk in terms of insurance as follows:

1. Risk is calculable – for an event to be a risk it must be calculable; it must be possible to evaluate the probability that it will occur.
2. Risk is collective – it affects the “population” not just an individual. Risk only becomes calculable when spread over an entire population. Risk assumes that everyone within a given population has an equal chance of being exposed to the risk.
3. Risk is capital – what is insured is not the injury suffered by the person but the capital against whose loss the insurer offers a guarantee. Risk becomes the objectification of a possible experience.

This *philosophy of risk* does not guarantee safety and security, but provides a means to guard against possible losses, as well as costs. Insurance individualizes, and simultaneously supports, socialization, by defining each person as a risk while identifying behaviors and conditions that will reduce one’s risk. Risk then, applied to governmentality, becomes a political technology. Liberal rationality strove for social solidarity by distributing risks across populations through insurance mechanisms and guaranteed income. The welfare state can therefore be viewed as a form of collective risk management. From the standpoint of neo-liberal rationality, risks represent a desired balance between the collective good, individual liberty, and free will, while encouraging risks to be individually managed (Dean 1999; Ewald, 1991; Schwalbe, 2008).

2.1.4 Management of risk: new public management. The assessment, management, communication, and control of risk are technologies that allow for the governing of moral order in society. These technologies aim to divide individuals into categories subjected to governmental power and control. They provide the “language of description that makes the problems thinkable and governable” (Rose, 2000, p. 322). This individual approach to risk leads to a blame response, and divides those who are willing and able to manage their own risk, and those who are identified as risky that must be managed (McDonald, Marston, & Buckley, 2003; Parton, 1994; Power, 2004; Rose, 2000). According to the governmentality paradigm, risk assessments help justify and legitimize the social control that institutions, such as child welfare, have over people’s lives. Furthermore, “risk instruments provide a veneer of neutrality for mechanisms of differentiation that exclude the vulnerable and the poor” (Rothstein, Hubert, & Gaskell, 2006, p. 98).

Neo-liberalism reflects a reduction in the welfare state through measures which include decentralizing, downsizing, privatization, and other pro-market practices to social care, along with an increase in public accountability, efficiency, and lowered expenditures (Baines, 2004). The New Public Management model of public administration found currently in Canada, as well as in many other Western countries, emphasizes results rather than process, efficiency rather than effectiveness, and standardization as a measure of quality of service (Baines, 2004; Powers, 2004; Swift & Callahan, 2009). Accountability and efficiency are accomplished through the measurement and demonstration of performance targets, which help to standardize practices and provide a veneer of control over risks (Power, 2004). Systems of risk management and audits not only serve to standardize practice by attempting to minimize the possibility of error through scientific rationalism, but also shift the responsibility of managing these risks further away

from central governments. For populations that have been deemed unable or unwilling to manage their own risks, social workers and other social service professionals become responsible for the outcomes through accountability and performance management and measurement (Baines, 2004; Broadhurst, Hall, Wastell, White & Pithouse, 2010). Power (2004) also identifies the *risk* in risk management. As experts and professionals, such as social workers and doctors, are made increasingly accountable for the outcomes of the individuals they work with and the processes they follow in their work, they are becoming increasingly pre-occupied with managing their own risks.

2.1.5 Risk Management and child welfare. In western countries, including Canada, the UK, the USA, Australia, and New Zealand, formal risk assessment tools have become hegemonic approaches to assessing and managing risk in individuals and families, including child protection services. This means that, “Various types of personal risk or ‘at risk’ status in individuals and families are qualitatively assessed and managed by such groups as social workers, psychologists’, nurses, probation officers and police” (McDonald, Marston, & Buckley, 2003, page 504). If they are assessed as being *at risk*, these families and individuals are subjected to a range of interventions designed to control and manage these risks. Social workers are increasingly asked to use a range of risk assessment management technologies as a means to label and categorize risks to children, while also identifying individual responsibility and blame, to concepts of child abuse and neglect (Broadhurst, Hall, Wastell, White, & Pithouse, 2010; McDonald et al., 2003; Parton 1998). These risk assessments also serve another purpose. In child welfare in North America and Australia, the demand for service based on the identification of risk to children has dramatically increased, and risk assessments also serve as a

means to control resources and expenditures by restricting services and supports to only those families deemed to be at highest risk (Broadhurst et al., 2010; Parton, 1998).

The social worker's role is to try to encourage families to address their own risks by modifying their behaviors or circumstances, while maintaining their freedom to choose. However, with an increase in accountability and expectation to meet performance standards, social workers have become concerned, not only with the management of the risks to the child, but also with managing their own risks of failure (Parton 1998; Rose, 1996). This creates a spiraling of governance, with risk assessments and prevention responsibilities placed on social workers, who are in turn managed through accountability and audit measures, including performance measures, to accurately predict and prevent risks (Parton, 1998; Power, 2004). According to Pollock (2008), "Increasingly, social workers across a wide range of spheres are required to engage in regulatory practices that reinforce and perpetuate the goals of neo-liberal policy and ideologies" (p. 1264).

2.1.6 Governmentality, hegemony, and habitus. Before moving on to an exploration of *Risk Society Theory*, as proposed by Beck, I wanted to briefly comment on two ideas that I see as supporting and embedding the influence of governmentality risk discourse on child welfare. These concepts will be important to come back to later in the discussions regarding the subjugation of populations necessary for neo-liberalism to govern through the self-steering forces of honor and shame (Rose, 2000). The first is hegemony; the second is habitus. Gramsci introduced the concept of *hegemony* as the complex way in which the culture, economy, and political power of dominant groups in society are held over others. Gramsci highlighted the role of institutions, including schools,

churches, and family within civil society as reinforcing, in addition to the idea of the ideal self-governing citizen. Hegemony then, is a combination of both domination and consent, and civil society is the location in which hegemony and *counter-hegemony* occurs.

Three examples of hegemony that influence the current risk discourse found within child welfare are science, neo-liberalism, and professionalism (Carey & Foster, 2011). As previously discussed, the creation of the human sciences, including the use of statistics to enforce the idea of scientific validity, was useful in creating and maintaining the categories of people that are now assessed and measured using standardized risk assessment tools in child welfare. Neo-liberalism brought forth the ideas that those within society who are not able to safely and effectively manage and reduce their own risks should be subjected to the work of social institutions, such as child welfare, to help manage these risks for the good of all society. Foucault further discussed the role of *professionalism* as a means to elevate social actors within such fields as medicine and social work through concepts and strategies that influence general perception and understanding through their codes of language. Professionalism often uses scientific knowledge to help describe or frame structural causes of disadvantage and poverty. It is a means of power relations within institutions that contributes to service users being objectified and pathologized (Carey & Foster, 2011). One of the ways in which the power of the ruling group is maintained and re-produced in society is through hegemony. Child welfare workers often reflect the knowledge, values, and beliefs of the larger society, namely, the white middle class' hegemonic view of parents and children. These views are then reinforced, as child welfare workers carry out their mandated roles, including the application of risk assessments, which measure risk based on the characteristics of the parents, such as their income levels and marital status (Collings & Davies, 2008; Swift, 1995;).

There are many similarities between Foucault's perspectives and Gramsci's; however, there are also important differences. Although both theorists offer critiques of neo-liberalism and its impact on civil society, Gramsci offers not just a frontal attack of capitalism, but a means to confront hegemonic power. Both Foucault and Gramsci view power as a complex interplay between governments, institutions, and civil society that takes place at multiple levels, from the macro to the micro. They both contend that power is not just about one person or group holding all the power over others who are completely helpless, but that individuals play a role in their own domination and control by participating in the structures and processes of this power (Carey & Foster, 2011; Ives, 2004). However, there are also differences in the approach of these two theorists. Gramsci provides not just a criticism of the dominant hegemonies, but a means through which they can be altered. Foucault's aim was to raise the consciousness and perceptions of people, hoping that through critiques of the dominant hegemonies suggestions would emerge about what could be done to alter them (Foucault, 1991). Gramsci however, offers a more concrete approach to resistance of hegemonic ideas by emphasizing that it is possible to alter hegemonic power by coming together and using collective political action to fight inequality and oppression through what he refers to as *counter-hegemonic acts* (Ives, 2004). How is it that society comes to justify the control and regulation regarding the relationships and activities within the private sphere of society? How is it that those who are governed or become subjugated, such as the poor or single mothers, accept this social hierarchy which becomes hegemonic?

Bourdieu (1977) sees power as a mechanism of legitimization in which the dominant and the dominated accept the social hierarchy. He uses the term *habitus* to describe the process in which people internalize the constraints, social conditions, judgments, and perceptions within the subject or field they are a part of in the social world. As previously described above, classifications into

populations were important in the process of identifying problematized populations that required intervention through forms of social control carried out by social institutions. However, it is not just the ruling class and those reinforcing these hegemonic views, but individuals who adopt norms, ideals, mannerisms, and even speech which may reinforce their own social class or other forms of classification (i.e. sex, age) within the social world. These *doxes* (common beliefs or popular opinions) become the *taken for granted truths* under which people function without being consciously aware that they may be participating in the manipulation of the social order (Abeleve, 2009; Bourdieu, 1977; Houston, 2013). Habitus plays a role in shaping a person's worldview. Different classifications of people hold different world-views or taken for granted truths, and each group sees others with an alternative doxes as not just different but *wrong*. Social institutions work from a middle class habitus, failing to consider or even understand that people in other classes do not share the same taken for granted truths about the world. I will come back to the concept of habitus when exploring the social construction of children and families, which forms the habitus from which current child welfare policy and practice stems, including the method in which risk assessments are created, conducted, and scored.

2.2 Risk Society Theory in Child Welfare

Risk Society Theory is a critical theory first introduced by the German sociologist Ulrich Beck in the 1980s. Beck's theory suggests that our societal risks, uncertainties, and dangers, are manufactured or fabricated as our technology and scientific progress grows. In pre-industrial society, risks came from outside society itself, in the form of famine, plagues, and other so called natural disasters. Beck (1982, 1997, 2008) contends that we are not facing more risk than in the pre-modern world, but that our risks are a

result of the failure of modern institutions to control the risks society has created. According to Beck (2008), “Modernity is faced with its own destructive potential of social and technological development without having adopted adequate answers” (p. 5).

Risk Society Theory “argues that the global anticipation of global dangers and catastrophes rock the foundations of modern societies” (Beck, 2008, p. 5). Risk, as identified in this theory, has three main characteristics; risk is not limited to one geographical area; risk is incalculable, as it involves hypothetical risk based on scientifically non-knowing; and despite our dream of security, we may not be able to compensate for the risks we are creating. Beck (2008), states that, “This results in the irony of having to control something even though one does not know whether it exists” (p. 6).

The issue of power figures prominently in Beck’s theory of Risk Society. Power, social inequality, and risk are inexplicably tied together. Risk is a societal intervention in the form of decision-making that is intended to transform incalculable hazards into calculable risks, which leaves this writer wondering, “Who determines risk, who profits from it, and where does the responsibility lie?” Since risk presumes a decision, and the decision makers hold all the power, a power imbalance is created between those who define the risks and those who may have risk assigned to them, or suffer the consequences thereof. Often, it is the people who pay the greatest price who have no chance to be involved in the decision making process. Beck (2008) asks, “What counts as ‘proof’ when knowledge and non-knowledge of risk are inextricable fused and all knowledge is contested and probabilistic?” (p. 8). The probabilistic nature of modern risk presents a problem in assessing both blame and cause and effect, thus setting up institutionalized contradictions depending on which risks get the most attention. Beck (2008) argues that as long as the definitions of risk are not uncovered, “the world will continue its fruitless search for its lost security” (p. 9). Another element of power within Risk Society

Theory that is important to outline is the impact that insecurity has on the relationship between risk and trust. Risk is the anticipation of a catastrophe; yet the more the catastrophe is expected, the greater the risk. The very expectation of a catastrophe undermines the trust that the wider society has in the institutions it creates to manage the risk, meaning, the less society trusts the institutions, the greater the risk (Beck, 2008).

Risk Society Theory raises interesting questions when applied to the field of child welfare. Ferguson (1997) linked changes in child welfare approaches, including an increased awareness of child death, child sexual abuse, and increasing risk consciousness, to changes in the environment of trust, risk, and relationship between expert systems and lay people, as outlined in Beck's Risk Society Theory. In his 1997 article, "Protecting Children in new Times: Child Protection and the Risk Society," Ferguson provided a helpful illustration of the emergence of Risk Society Theory through the history of child death in the child welfare system. During the late 19th and 20th centuries, child death was viewed as a sign that the child protection system was necessary. These child deaths were highly publicized as a means to provide proof that the system was needed, without a thought to the implications of the death as a failure of the system. By the 1930s, however, child deaths were no longer made public, and were seen as a threat to "the authority, optimism and trustworthiness of the expert system" (Ferguson, 1997, p. 223).

Beck (1982) explained risk as "a systematic way of dealing with hazards and insecurities induced and introduced by modernization itself" (p. 21). Since risk concerns future happenings as related to present knowledge and practices, Ferguson pointed to *risk assessments* and other risk management technologies as the system's way of attempting to control the future for children

identified as *at risk*. Risk assessments also serve as a way for the system to manage the risk of risk; not just the societal risk of child maltreatment, but the institutional risk of public scrutiny.

Numerous authors have identified and studied the negative impact that risk management technologies are having on child welfare practice (Ferguson, 1997; Houston & Griffiths, 2000; Munro, 2004, 2010; Rothstein et al., 2006; Swift, 2011; Swift & Callahan, 2009). These risks of risk include the following: making decisions based on risk assessments that could be harmful to children and parents (Callahan & Swift, 2006; Gambrill, 2008); directing attention away from helping children who have already been harmed, to a focus on children who are at risk of future harm (Callahan & Swift, 2006; Gambrill, 2008); contributing to a focus on blaming parents instead of attending to social issues such as poverty, gender and race inequality, insufficient housing and other support resources, and neighborhood safety (Callahan & Swift, 2006; Christianson-Wood, 2011; Gambrill, 2008; Swift & Callahan, 2009); and reduced opportunities for the successful engagement of families in decision-making (Arad-Davidzon & Benbenishty, 2008; Gambrill & Shlonsky, 2000; Regehr, Bogo, Shlonsky, & LeBlanc, 2010). Gambrill (2008) suggests that the above noted risks of risk contribute to many common avoidable decision-making errors in the work of child welfare, and states that “focusing solely on the risk of the biological parents to their children is much too narrow a view in attempts to understand the options for changes that could benefit children and families” (p. 184). In this dissertation, I will examine the impact of Risk Society Theory on the child welfare system in Ontario by exploring three key decisions made by child welfare workers during the initial intake stage of involvement with children and families, and seek to understand what, if any, changes have occurred over the past decade.

2.3 Risk from the Cultural and Anthropological Perspective

Why do we focus on some risks in society and not others? Mary Douglas has been writing about risk since the 1980s. She examines risk from a cultural and anthropological view. *Cultural Theory* explores the perceptions of risk and how moral blame contributes to the shaping of risk (Douglas & Wildavsky, 1982). Cultural Theory of risk suggests that risk is a reflection of what society values and what it also deems undesirable (Swift & Callahan, 2009). This risk discourse suggests that what one perceives to be a risk is influenced by the social structures and the cultural context in which one lives. Douglas (1992) connects risk with morality and suggests that those who society identifies as *at risk* or *risky* generally have lower moral worth. She contends that risks are not something that can be measured or calculated, but are social constructions. I will expand on these constructions more fully in the next section.

2.3.1 Moral panic. As mentioned above, Mary Douglas was the first theorist to connect risk and morality (Swift & Callahan, 2009). Related to this is the discourse of *moral panic*. Warner (2013) suggests that “moral panic is an extreme risk discourse, linked to processes of moral regulation, and is an extreme form of othering” (p. 219). Moral Panic is generally defined as a wide-ranging social reaction to a circumscribed negative event (Howell, 2012). During a moral panic, mass media, the public, the legal profession, and social institutions, all respond to the negative event in ways that result in a spiraling public reaction. This often results in a response that is amplified beyond just the single event, such as the case of a single child death that results in sweeping policy and legislative changes within child protection. One of the key characteristics of a moral panic is that the end result is often seen as an exaggerated response to the actual risk.

Another important defining characteristic of a moral panic is the focus of blame. The moral panic creates a *folk devil*, a person or group who is socially constructed, often through media reports, as evil, and on whom the responsibility is given for causing the social anxiety (Cohen, 1972; Howell, 2012). In the case of child welfare, this folk devil is often a parent, but at times it is also the child welfare worker or organization, which either failed to act, or acted in a way that society views as too intrusive. Cohen (1972) highlights the importance of blame in moral panics, which can be directed at the social workers who take on the role of folk devils, and states that “either gullible wimps or else storm troopers of the nanny state; either uncaring cold hearted bureaucrats for not intervening in time to protect the victims or else over-zealous do-gooding meddlers for intervening groundlessly and invading privacy” (p. xv).

Not everyone within society, however, would interpret the responses resulting from a moral panic within child welfare systems as an exaggeration. Instead, it often leaves the general public with the impression that the world is a more dangerous place for children. This fits with Beck’s notion of Risk Society Theory, in which society has an increased anxiety that may in part be a result of a recognition that advancements in contemporary society come with increased risk (Beck, 1982; Howell, 2012; Rothstein et. al, 2006). Heir (2011) connects moral panics with Foucault’s governmentality by suggesting that moral panics are a form of moral regulation that contributes to governing the conduct of others, and Parton (1981) identified the influence that neo-liberalism was having on society’s reaction to moral panics in child welfare. Highly publicized child deaths cause moral panics that provide the opportunities needed for the legitimization of increased intervention, including monitoring and controlling families.

Moral panics also contribute to the increased focus on secondary risks, those risks to the worker and the organization (Cooper, 2005). As previously mentioned in the discussion of Risk Society Theory, this increased focus on risk, this time, brought on by a moral panic, contributes to increased efforts to defend against these secondary risks to organizations by increasing bureaucratization and control by attempting to “professionalize” the work. These efforts have included an increased effort at accountability, such as increased documentation and audits, all taking time away from providing service to children and families (Cooper, 2005; Ferguson, 1997; Houston & Griffiths, 2000; Rothstein et al., 2006).

Child protection concerns that tend to develop into moral panics focus on either acts of commission (i.e. in the case of a child death from being beaten by a parent) or omission (i.e. in the case of a child being left alone in a car and perishing from the heat; Clapton, Cree & Smith, 2013). Child welfare systems are often subjected to significant reforms based on the outcome of one case that has received a great deal of media attention (Cooper, 2005; Jagannathan & Camasso, 2011; Clapton et al., 2013; Warner, 2012). One of the outcomes of the changes resulting from moral panics can be what Cohen (1972) refers to as *net-widening*, or an extension of the reach of child welfare systems into new areas. This results in an ever increasing pressure on child welfare workers to keep up with the latest assumed risk to children’s safety. Clapton et al. (2013) stress that this “ever-expanding list of items on child protection radar has occluded the growing impoverishment and immiseration of many individuals, families and communities with which a more emancipatory form of social work might constructively engage” (p. 811). Jagannathan and Camasso (2011) suggest that risk perception and assessment are not just a result of technical hazard, but that public outrage also influences risk measurement.

2.3.2 *Cultural context of child welfare systems.* Another important element to examine related to the Cultural Theory of risk is the cultural context from which child protection or child welfare models and policy shifts are shaped. Culturally, child welfare systems can be categorized into 3 general categories, although some systems do contain elements of more than one approach (Freymond & Cameron, 2006; Gilbert, Parton & Skivenes, 2011). One of the significant difference in these orientations is the way that child abuse is problematized. I have already touched on the numerous influences of this problematization when discussing both governmentality and Risk Society Theory. It is not surprising then that child welfare orientations are linked to the social, political, and cultural values of the ruling class of each country.

The first category can be described as a *child protection orientation*, which includes Anglo-Saxon countries, such as Canada, the US, the UK, and Australia. Significant similarities can be found when reviewing the history of child welfare research and policy shifts over the past 40 years in these countries. These systems are often seen as punitive, judgmental, and individualistic, and families often appear to be blamed by society for their failings and struggles (Dumbrill, 2006a; Munroe, 2010; Parton, 1981, 2008). These systems represent highly formal regulatory frameworks (Connolly & Morris, 2012). They generally approach concerns about child abuse from an investigative stance, utilizing the legal system. The coercive powers of the state used in this process often result in an adversarial relationship with parents (Gilbert, Parton, & Skivenes, 2011).

The second category is often referred to as the *family service orientation*, and includes countries such as France, Sweden, Austria, and several other European countries. This orientation suggests a more collectivist view of child welfare that focuses on universal child and family welfare policies, a concern for both child and family well-being, as well as providing the supports they

require, rather than focusing on risk (Connolly & Morris, 2012; Gilbert et. al., 2012; Kuijvenhoven & Kortleven, 2010). These countries are often categorized as operating from a social democratic welfare regime, in which the government plays a strong role in providing universal supports and services to children and families. Child abuse is approached by focusing on the family's need, and the family is seen as a partner in the process of providing supportive, therapeutic services to meet those needs (Connolly & Morris, 2012; Gilbert et. al., 2011).

The third category can be described as an aboriginal, tribal, or community approach to child well-being. The protection of children is seen as everybody's responsibility, and there may be little or no state run child protection services. The focus is on the extended family and community meeting the needs of children. Children's needs are not seen as being separate from the needs of the family and community (Freymond & Cameron, 2006). Countries such as Canada, the US, and New Zealand all have large aboriginal populations who have been subject to colonization, and have thus seen aboriginal communities, sometimes with the support of governments, adopt this orientation. They are in varying stages of seeking reforms from the child protection orientation model to a self-governed Aboriginal model of child welfare. Child abuse from this orientation is presumed to be a result of colonization, and is approached from the stance of reconciliation and healing the community as a whole (Morissette, McKenzie & Morissette, 1993).

Although neoliberalism and New Public Management have clearly influenced the liberal welfare regimes found within the Anglo-Saxon countries contributing to the child protection orientation, it has also begun to impact other child welfare orientations (Munro, 2010). Child welfare systems internationally have experienced a growth in demand, regardless of their orientation, and governments have struggled to deal with this. Inquiries, inquests, and audits have begun to be seen in countries such as Holland,

Sweden, Denmark, and Germany. For example, child abuse inquiries have only occurred in the Netherlands since 1988 (Kuijvenhoven & Kortleven, 2012). As a result of a moral panic related to highly publicized child deaths, many systems, regardless of original orientation, have tried to find a balance between child protection and family support. Child welfare systems in countries such as the Netherlands and Sweden have focused more attention on formalized risk assessments and increasing accountability, and therefore, have begun to take on more features of a child protection orientation, while many Anglo-Saxon countries have attempted to refocus their services to include supporting families (Dumbrill, 2006a; Hayes & Spratt, 2008; Kuijvenhoven & Kortleven, 2010; McCallum & Eades, 2001; Munroe, 2010; Parton, 2008). I will review a more detailed history of child welfare policies in Anglo-Saxon countries, focusing particularly on Ontario later. However, I did want to point out that despite the cultural context from which child welfare policies and practices originated, it does appear that risk is having a spiraling impact on policy and practice, either as a result of governmentality or Risk Society Theory. Countries traditionally oriented towards family support are increasing their focus on risk and risk management, while countries attempting to shift away from this orientation appear to be having difficulty re-focusing their services (Dumbrill, 2006a; Lonne, Parton, Thomson & Harries, 2008; Parton, 2008).

2.4 Subjugation of Risk

If risk plays a role in managing the lives of certain sub-populations within our society, such as the mentally ill, minority groups, people living in poverty, women, and children, as suggested by each of the risk discourses discussed, then it is important to also examine the social forces that enable this. I will begin by reviewing Bourdieu's concept of habitus to explore the impact of social location on the views of social workers and the subjectivity of child welfare clients (Bourdieu, 1977, 1986). This literature helps

provide a critical context to the rules and procedures that govern risk assessments in child welfare. Governmentality influences social work to move towards moralization and concepts of normalization. I have already discussed the connection between governmentality and Gramsci's idea of hegemony, which illustrates how neoliberalism engineers' ways of knowing that become taken for granted truths for most people within society, both those who work in child welfare services, and those who are subjected to it. Foucault's argument was that subjects are made through three processes: first, are scientific discourses (expert "truths"); second, are dividing practices that categorize and sub-categorize people into normal and abnormal; and third, is how we self-govern, or self-construct ourselves, similar to Bourdieu's concept of habitus.

2.4.1 Poverty. As mentioned in the discussion of governmentality, the birth of liberalism focused on the good of all. Under this rationality, poverty became politically defined as a social problem that required intervention and assistance through involvement in people's private lives. The elimination of social inequality between the rich and the poor was not the aim of legislators, instead they were focused on ensuring that all those within society, regardless of their social class, were happy and content with their place in society (Procacci, 1991). According to Procacci (1991), "Infantilization of the poor and valorization of childhood" became a vehicle of socialization" (p. 166). Providing assistance to the poor in the form of social assistance and the *Visitors of the Poor* became a means of social control. Furthermore, with the categorization of people into problematized populations, the institutions set up to provide services to these populations, and included the use of statistics from the human sciences to further categorize these people. These processes, which offered the guise of science, are included in a governmentality that contributed to the formation of habitus, those taken for granted truths both for the poor, and those within the middle class. Classifications of people, such as the poor and single

mothers, could be shown through statistics and other “scientific” methods to pose a risk to the good of all society, and therefore, it could then be rationalized that these populations needed to be governed (Burchell, 1991; Parton, 1994, 1998, Rose & Miller, 1992; Swift, 1995). In the words of Margolin (1997), “Degrading the poor, vested social workers with the authority needed to monitor and control them” (p. 98). At one time, parents, regardless of income, exercised nearly absolute authority in relation to their children. Similar to property rights, this meant that parents were given almost absolute responsibility and power over their children (Gil, 1984). Parents still remain society’s primary agents for socializing children: however, with the rise of the liberal state, social institutions, such as education and child welfare, were set up to help with this process. Parents were responsible for taking care of their children and ensuring their well-being. However, society was also responsible for ensuring that children became healthy, productive, and contributing members of society (Connolly & Morris, 2012). The state was responsible for setting parenting standards, as well as assisting parents by providing such supports as welfare, education, and health care. The child welfare system was set up by society to take over when families were deemed unable to carry out normal child care, socialization, and social control of their children (Connolly & Morris, 2012; Gil, 1984). Child-rearing and parenting practices differ across cultures, and there is no universal child rearing standard. However, the standards used in Canada remain those of the white middle class (Connolly & Morris, 2012; Swift, 1995).

Child welfare service recipients are largely made up of poor, working class families, and single mothers (Besharova & Lauman, 1977; Scourfield, 2006; Swift, 1995). In Canada, the Friendly Visitors, or Visitors of the Poor, discussed above, were the first child welfare workers. They focused their work on parents within society that were deemed as the *unworthy* poor. Since their

children were viewed as innocent, it was deemed necessary by society to intervene in order to protect them (Margolin, 1997; Swift, 2005;). Helping parents for their own sake is not part of the job according to most child protection organizations. As Scourfield & Welsh (2003) state, “Social workers tend to be very clear that their responsibilities are to children rather than adults” (p. 415).

The construct of neglect, which is now a predominant rationale for the intrusion of the child welfare system into the personal sphere of the family, was based entirely on a middle-class habitus about the moral worth of parents who occupy marginal positions within the larger economy. These poor families became seen as a risk, not only to their own children, but also to the children of the middle and upper classes (Hacking, 1999; Margolin, 1997; Swift, 1995). Science was used to demonstrate to society the risk to children of living in poverty. Instead of focusing on social programs and resources to alleviate the poverty itself, risk assessments serve to identify the parents as the cause of the risk to the child as individuals, and are expected to manage their own risk. If they are deemed unable or unwilling to manage their own risks, they must be managed (Hacking, 1999; Parton, 1994; Swift, 1995; Swift & Callahan, 2009). By focusing the blame for the poverty on the parents alone, those in power are able to continue to avoid responsibility for alleviating the social problem (Besharova & Lauman, 1977; Hacking, 1999; Swift and Callahan, 2009).

Each service provided to a child welfare client comes with a moral judgment about the client’s social worth, such as: “Are they at fault for the circumstances?” and “Are they willing and able to make changes?” These questions inform decisions made daily in human service organizations, including whether the client is worthy of service, the level of involvement and input they have into their service, and what the end goal of service is (Hasenfeld, 2000). The social construction of parents receiving child welfare services as *bad* or *evil* may play another, perhaps subconscious role, in child protection work. Identifying the parents as the cause of the risk to the

child may help child welfare workers deal with their own feelings, if the end result of the child welfare intervention is the removal of children from their parent's care (Collings & Davies, 2008)

2.4.2. *Childhood.* The social constructs of the child and childhood are not universal and have shifted across history and across cultures (Collings & Davies, 2008; Graham & Bruce, 2006; Holland, 2004). Although ideas about childhood are not universal, within most Anglo-Saxon cultures, the habitus of childhood is taken-for granted, and is also emotionally charged (Collings & Davies, 2008). The discourse of childhood within white middle class Anglo-Saxon cultures, and their western institutions, has shifted from the concept of the child as a *little adult* in the fifteenth century to the idea that childhood is a *precious stage of life* (Collings & Davies, 2008; Graham & Bruce, 2006). According to Collings and Davies (2008), the most dominant discourse found in Canada, as it relates to the risk to children, is one in which the child is seen as *innocent and vulnerable*. Childhood is viewed as a time in which children *develop into future citizens*. The stage of childhood through this discourse is seen as one filled with potential to be nurtured and protected, primarily by parents, and then by society as a whole (Collings & Davies, 2008; Swift, 1995). All children have the potential to make a positive impact on society if they are protected from the social problems that threaten their futures. It is seen as important for social institutions, such as education and child welfare, to influence this potential. Collings and Davies (2008) identify this construction of childhood as most critical to justifying the practice of risk assessments in child welfare. Risk assessments highlight a child's vulnerability while measuring the parents' potential to alleviate these risks to the child, in order to shelter them, and ensure their well-being as future citizens.

A second construction of childhood that is emerging in child welfare in Canada is one in which children are seen as *rights bearing individuals* (Collings & Davies, 2008). This modern construction of childhood developed rapidly after the United Nations Convention on the rights of the child was adopted and embedded into the Canadian Charter of Rights and Freedoms. Thomas and O’Kane (2000) referred to at least four ways of seeing children; first, is the developing child view discussed above; second, is the *tribal child*, which views children as competent parts of an independent culture, such as Aboriginal children; third, is the adult child, which can describe the view of the child described prior to the fifteenth century; and fourth, is the *social child*. This discourse of childhood understands children as social actors, and not just objects of socialization, with more competence than in the view of a child as innocent and vulnerable. This discourse is linked closely to the growing trend in promoting children’s rights (Collings & Davies, 2008; Graham & Bruce, 2006; Thomas & O’Kane, 2000). The level of competence of children is understood as a product of interaction between their lived experiences, as well as their social and cultural relations. This discourse recognizes children as individuals with varying experiences, who are impacted by their individual differences, races, genders, or disabilities.

While most social work theory and current child welfare policy and practice generally continue to view children through the developing child discourse, the importance of listening to children and considering their views, experiences, and cultural variations is emerging as an important consideration for social work (Graham & Bruce, 2006; Thomas & O’Kane, 2000). The discourse of the child as a social actor has begun to offer a critique of the hegemonic view of childhood that forms the foundation for protection practices in Canada (Collings & Davies, 2008). Children’s interests are generally assumed to be in conflict with those of their parents, yet their voices are rarely considered (Houston & Griffiths, 2000; Jack, 1997; Scourfield & Welsh, 2003). Children are still often

excluded from decision-making processes in social work, including in the application of risk assessments, as they are still seen as having insufficient understanding of the issues being assessed and viewed, and as lacking the competence to cope with the processes involved (Collings & Davies, 2008; Graham & Bruce, 2006; Thomas & O’Kane, 2000;). Collings and Davies (2008) have suggested that viewing the child as an individual actor with distinct rights can be used by child welfare workers in justifying some decisions connected with risk assessments. In research carried out in Canada, child welfare workers identified how the construction of the child as a rights-bearing individual helped workers balance the rights of children with their infringement on the rights of parents. Being able to view the child as separate from the family, with individual needs and rights, allows them to distance themselves from any negative impacts their involvement may have on the parents of these children. In addition to finding that different discourses of childhood can be central to the decision making practices of child welfare workers, Collings and Davies (2008) found that mothers and fathers were often viewed as secondary characters.

2.4.3 Motherhood. Although there have been some slow shifts within society in the last decade, the dominant construction of the family still views women as the primary caregivers. Scourfield (2001) identifies a wider discourse of motherhood known as the *myth of motherhood*, in which all women need to be mothers, all mothers need their children, and all children need their mothers. The current hegemonic view of women in Anglo-Saxon societies is that they have fundamental responsibility for the day-to-day care of children, and ultimate responsibility for the protection of children from harm (Collings & Davies, 2008; Connolly & Morris, 2012; Scourfield, 2001, 2003; Swift, 1995;).

Researchers in Canada, the UK, Scandinavia, Australia, and the US have all noted that the majority of child welfare work is aimed at women (Scourfield, 2003; Swift, 1995). The child welfare system as an institution is a form of social control that primarily affects women and children, and is generally class-specific. The identification of poverty, unemployment, and low levels of education, as risks on many commonly used risk assessments, illustrates how mothers in poverty are targeted for risk management (Hayes & Spratt, 2008; Jack, 1997; Scourfield & Welsh, 2003; Spratt & Houston, 1999; Swift, 1995). The assessment by social workers about risk is influenced by social constructs based on patriarchal assumptions about family, and especially, the expectations placed on mothers (Houston & Griffiths, 2000; Parton, 1998; Strega et al. 2008). In a research study examining the attitudes of workers towards families they work with, Scourfield (2003) found that while workers may identify the social environment as having an effect on women, they still appeared to believe there really was “no excuse when children are treated badly” (pg. 81). In Swift’s (1995) research into the discourses observed in child welfare worker documentation records, she found that women were judged more harshly than men on child care tasks. Routine tasks that were completed adequately appeared to be ignored, while any failures were highlighted. Even when men were identified as the *problem*, or the offender, as in cases of sexual abuse, physical abuse, and family violence, women were often still blamed under child protection findings of *failure to protect* (Strega et al., 2008).

These constructions of mothers within child welfare practice have become taken for granted truths, not only for child welfare staff, but for broader society, as explained through habitus and governmentality. One example of this taken for granted truth is that within my organization until very recently, the files on all protection cases, regardless of the identified *abuser*, were opened and coded under the name of the mother. The formation of this habitus, which influence people at a subconscious level, will have an impact on

efforts to move the child welfare practice away from *blaming* parents, towards a *relationship-based, supportive approach* to helping children and families. While processes within current child welfare practice, including risk assessments, may not consciously target women, they do focus the majority of the scrutiny on women, while often screening out men (Coady, Hoy, & Cameron, 2012; Scourfield, 2003; Strega et al., 2008).

2.4.4 Fatherhood. Fathers within Anglo-Saxon societies are traditionally expected to be the breadwinners, while women have been expected to provide the primary role of caregiving to children. Studies into the professional discourses held by child welfare practitioners about men have found them to be largely negative. Workers often describe men in three general ways, either as dangerous to the children, unimportant or irrelevant, or completely absent (Bellamy, 2009; Scourfield, 2001). Scourfield (2006) pointed out that the social construction of men in child welfare were consistent with the wider social discourse of masculinity as problematic, and not helpful or valuable to children. While the dominant professional discourses in child welfare worker records appear to be largely negative, there is also a theme in which men were judged less harshly than women, and even the smallest involvement in child rearing was seen as heroic (Scourfield, 2001, 2003; Strega et. al, 2008; Swift, 1995).

In the past decade, however, there has been an increasing focus on the importance of fathers in the healthy development of children (Bellamy, 2009; Coady et. al., 2012; Zanoni, Warburton, Bussey & McMaugh, 2013). Despite the focus on the importance of a father's role in a child's life in wider society, it is well documented internationally that fathers are often ignored in child welfare policies and practice (Brown, Callahan, Strega, Walmsley, & Dominelli, 2009; Coady et al., 2012; Dominelli, Strega, Walmsley, Callahan, & Brown, 2011; Scourfield, 2001; Zanoni et al, 2013). The reasons that few men are involved in child welfare services is

not due to the fact that they are absent, as the discourse above would suggest, but that child welfare policy and practice itself tends to dissuade fathers' involvement (Brown et al., 2009; Coady et al., 2012; Scourfield, 2001; Strega et al. 2008). In a Canadian study examining child welfare workers' efforts to involve men, they were deemed irrelevant in 50% of the cases, and were generally not contacted, regardless of the risk they were deemed to pose to their children (Strega et al., 2008). Strega et al. (2008) state that, "The considerable evidence from other researchers as well as our own data suggest that blaming mothers while ignoring fathers is so deeply embedded in child welfare discourse and practice as to be more or less routine" (p. 712). If these discourses remain invisible to the workers engaging in this professional practice during the course of conducting assessments of risk for children, then these assessments become subject to significant bias in their perceptions of risk (Bellamy, 2009; Collings & Davies, 2008). Coupled with perceptions about mothers and fathers are the discourses of childhood that are reproduced in the child welfare practices, such as risk assessments. From my almost 20 years of experience as a worker, supervisor, and senior manager, I question whether there is sufficient time or space given to critically reflect on these discourses and the impact they have on decision making.

2.5 Risk Assessment Use in Child Welfare

Over the past 20 years, child welfare agencies throughout the US, Australia, New Zealand, the UK, and Canada have experienced an increased focus on risk discourses in organizing and regulating child welfare policy and practice, including the introduction of risk assessment tools (Callahan & Swift, 2006; Cash, 2001; Munro, 1999, 2010; Parton, 1998; Regehr et al., 2010; Stanley, 2007; Trocmé, Goodman & Marwah, 2002; Wald & Woolverton, 1990;). There are no agreed upon standards or procedures

for risk assessment tools, and many jurisdictions implemented risk assessment methodologies before the tools were even researched or empirically validated (Bolton & Lennings, 2010; Cash, 2001; Holland, 2004; Murphy-Berman, 1994; Wald & Woolverton, 1990).

The rationale given for the introduction of risk assessments and the use of these tools in practice was also not consistent across jurisdictions. In the literature, the primary rationale for the implementation of a risk assessment methodology and the use of risk assessments in child welfare is to protect children from future abuse and neglect (Cash, 2001; Regehr et. al., 2010; Wagner & Johnson, 2006; Wald & Woolverton, 1990). Other reasons include the following: categorization of families based on severity of risk, in order to prioritize limited resources; providing a consistent method to document the history of a case; determining the types of services needed; aiding worker decision-making, such as the need to remove a child or close a case; and increasing consistency and standardization of practices (Cash, 2001; Christianson-Wood, 2011; Wagner & Johnson, 2006; Wald & Woolverton, 1990).

As the focus on the concept of risk increases, the threshold of risk required to intervene in a family decreases, resulting in a widening of the net, or an extension of the reach of child welfare systems into new areas. This expansion, in turn, results in an ever increasing pressure on child welfare workers to keep up with the latest assumed risk to children's safety (Clapton et. al., 2013; Swift, 2011; Turnell et al., 2013). With each expansion of the powers and mandates of child welfare systems, the subjugation of people receiving these services becomes more and more entrenched, not only in society, but also in the habitus of child welfare workers. This spiraling focus on risk results in an increased risk for both the system and the families being served, and becomes more and more hegemonic.

2.5.1 Risk assessment research. While actuarial risk assessments may represent the *science of risk*, the research into these tools is fraught with difficulties. Even those working from a positivist understanding of risk, who support the need for scientific rigor in providing credibility to the practice of child welfare, raise serious concerns about the science of these instruments. Perhaps the most significant challenges to the development and empirical testing of risk assessments is the ability to consistently define abuse and neglect, as well as provide clear definitions of the desired outcomes of child abuse interventions (Gambrill & Shlonsky, 2000; Trocmé & Lindsey, 1996; Wald & Woolverton, 1990). Other methodological problems in empirical studies of risk assessment instruments include small sample sizes, minimal generalizable findings, and perhaps most importantly, questionable validity and reliability, both of the tools themselves, as well as the measures used to validate the tools (Cash, 2001; Christianson-Wood, 2011; English & Pecora, 1994; Gambrill & Shlonsky, 2000; Leschied, Chiodo, Whitehead, Hurley, & Marshall, 2003; Murphy-Berman, 1994; Wald & Woolverton, 1990). Reliability refers to “the degree to which different workers make the same decisions when presented with the same data” (Gambrill & Shlonsky, 2000, p. 818). Most of the studies that have taken place to try to improve the reliability of risk assessments have focused on the issue of inter-rater agreement (Barber et al., 2007). Research studies into the validity, or the ability of these tools to predict future harm to children, have demonstrated mixed results (Barber et al., 2007; Camasso & Jagannathan, 2013; English & Pecora, 1994; Wald & Woolverton, 1990). Regehr et al. (2010) and Barber et al. (2007), have both conducted empirical research into the validity and reliability of the risk assessment tools used in Ontario Child Welfare since 1995. Regehr et al. (2010) found some promising results related to the validity of the tools, with “higher levels of agreement with clinical decisions than previously reported in studies” (p. 538), with an overall accuracy rate of 74% to 81%. However, Barber et al. (2007) found that the

overall level of agreement among the readers and between the case readers in their study was fairly low, and that the predictive ability was unreliable.

Even with instruments that have been empirically proven to have high overall predictive validity and reliability, these tools do not have the capacity to predict individual case results (Gambrill & Shlonsky, 2000; Schwalbe, 2008; Wagner & Johnson, 2006; Wald and Woolverton, 1990). They may be able to alert workers to the “likelihood of risk, but cannot tell us much about specific individuals” (Bolton & Lennings, 2010, p. 1301). There are two types of errors possible when using risk assessment tools. The first, is that workers may under predict the potential harm to a child and fail to identify a parent who is currently or potentially dangerous to a child. This is often referred to as a *false negative*. The second, is a *false positive*, in which a worker labels a non-offending parent as dangerous, even though no harm has, or will be, committed. Both types of errors, commonly made by workers, have serious consequences for children and their families (Christianson-Wood, 2011; Murphy-Berman, 1994; Wald & Woolverton, 1990). Other serious concerns about the use of risk assessments include the fact that actuarial risk assessment cannot assist in developing case-specific interventions and does not engage the family in co-operative case planning. Regehr et al. (2010) found that workers in their study reported that their own ability to engage parents impacted their confidence in their risk assessments. Other criticisms include concerns that risk assessments lack cultural sensitivity, and that they focus exclusively on family problems, without considering their strengths (Cash, 2001; Murphy-Berman, 1994; Wald & Woolverton, 1990). There is also significant concern raised by critics that risk assessments focus on caregiver characteristics and contribute to situating the *blame* for child abuse on parents, while ignoring the public issues, such as poverty, housing, and neighborhood safety (Callahan & Swift, 2006; Christianson-Wood, 2011).

The empirical limitations of these tools are well documented in the research, and most experts agree that these tools should not be used without combining them with strong clinical expertise and critical thinking skills (Bolton & Lennings, 2010; Cash, 2001; Christianson-Wood, 2011; Gambrill & Shlonsky, 2000; Holland, 2004). Research into the impact of worker characteristics and experience on the use of risk assessment tools has found that workers are influenced by their first impressions, and that their initial beliefs may be resistant to new evidence. *Confirmation bias* often causes workers to disregard data that does not support their initial beliefs (Gambrill & Shlonsky, 2000; Munro, 1999; Regehr et al., 2010). Research has also demonstrated that people working under conditions of uncertainty tend to overestimate their confidence in their decisions (Regehr, et al., 2010). Environmental factors, such as the values and policies of agencies and the community, time pressures, distractions, and the workers' role, can also all affect worker judgment (Arad-Davidson, 2008; Christianson-Wood, 2011; Margolin, 1997).

Risk assessment models have also been criticized as over-burdening social workers with paperwork, and shifting the practice from a focus on helping relationships with families, to being formulaic and mechanical (Callahan & Swift, 2006; Dumbrill, 2006a; Houston & Griffiths, 2000). Given the questionable "scientific proof" about the validity and reliability of risk assessment instruments, as well as the other issues identified in the research, including high risk of error, significant impact of error on children and families, and the negative impact that risk assessments have on the engagement with families in decision making, one must assume that the practice continues because there is proof that it is working to reduce harm and risk of harm to children. However, since the introduction of risk assessments, there is little clear empirical evidence that there has been a substantial reduction in the incidence of maltreatment and child death (Callahan & Swift, 2006; Gilbert et al. 2012; Trocmé & Lindsey, 1996).

2.5.2 Influence of governmentality and risk society. From a Foucauldian perspective, risk assessments help justify and legitimize the social control institutions, such as child welfare, have over people's lives. In the words of Rothstein et al. (2006), "Risk instruments provide a veneer of neutrality for mechanisms of differentiation that exclude vulnerable and the poor" (p. 98). The language of risk assessments contributes to the solidifying of neoliberal hegemonic order (Garret, 2008). Risk Society Theory suggests that social risks are treated as if they are technical risks open to resolution through refinement of knowledge and skill. Risk assessment instruments can be seen as the system's attempt to control the primary risks, those faced by the children coming to the attention of child welfare, as well as a way to manage the secondary risks to the workers and the organizations (Ferguson, 1997). One possible reason for the ongoing use of risk assessment tools is their ability to protect organizations (Callahan & Swift, 2006; Parton, Thorpe & Wattam, 1997). Risk assessments also add the appeal of being able to be monitored and audited (Parton, 1998):

Assessments under the guise of protecting children, and even of protecting workers from potential litigation, risk assessment instruments may essentially be attempts by bureaucratic, managerialist organizations to protect themselves from blame when tragedies occur" (Wald & Woolverton, 1990, p. 504).

Workers may feel a false sense of security, at least about the secondary risks posed to them through personal liability. In Ontario, workers are not likely to be held criminally or civilly responsible for errors in decision making if they "act in good faith and according to accepted standards of practice, including the risk assessment" (Christianson-Wood, 2010, p. 380).

Risk discourses, and the use of risk assessments to manage risk, are currently organizing and underpinning child protection practices. However, as stated earlier, this increased focus on risk leads to spiraling attempts by the system to bring futures under

control for both the families and the organizations. Several other authors have drawn attention to this risk of risk, and the negative impacts of this increased focus on risk to the children, families, workers, and organizations involved (Beck, 2008; Callahan & Swift, 2006; Ferguson, 1997; Houston & Griffiths, 2000; Rothstein et al., 2006, Swift & Callahan, 2009).

Risk assessment tools are intended to improve worker decision making in order to increase the safety and outcomes for children and families. However, the focus on risk assessment tools also draws our attention away from decision-making errors, and may lull workers into a false sense of security regarding their decisions (Fluke, Baumann, Dalglish, & Kern, 2014). Every day, social workers in the field of child welfare gather information about children and families, which they assess and analyze with varying degrees of child and family participation. The information, assessment, and analysis of children and families informs the construction of an understanding of the children and families through the lens of risk. Once formed, these judgments may be difficult to shift, as a result of some common decision-making errors, such as confirmation bias, which is looking for data that supports the initial assessment, and *ratcheting*, which is persisting with a point of view in spite of evidence that it is wrong (Gambrill, 2005, 2008; Munro, 2010). Decisions made by child welfare workers have a significant impact on the lives of children and their families, yet there is limited research about how these decisions are made and how factors external to the child and family, such as worker attitudes, organizational culture, and other external factors, influence these decisions (Arad-Davidzon & Benbenishty, 2008; Chabot et. al, 2013; Cross & Casanueva, 2009; Fallon, Trocmé, & Fluke, 2013; Fluke, Baumann, Dalglish & Kern, 2014; Fluke, Chabot, Fallon, MacLaurin, & Blackstock, 2010; Jent et al., 2011; Stokes & Schmidt, 2011; Wallander, 2011).

Given the magnitude of the decisions made daily by child welfare workers, and the complexity and uncertainty of the conditions under which these decisions are made, it is important that we continue to increase our understanding about decision-making through research. Exploring how concepts of risk in child welfare may influence decisions is an important element of decision making that requires further research. This dissertation will explore three specific decisions made by child welfare workers and examine the meaning and influence of risk on each of them.

2.6 Decision-making in Child Welfare

Risk assessment measures do not allow child welfare workers to predict with certainty if a specific parent will abuse her or his child again, and therefore, errors are inevitable (Gambrill, 2005, 2008; Munro, 2008). While continuing to focus on risk assessment tools, the field of child welfare has neglected to develop a thorough understanding of the multiple influences that impact decision-making, potentially contributing to decision-making errors (Fluke et al., 2014; Parada, Barnoff & Coleman, 2007; Stokes & Schmidt, 2011;). The institutionalization of risk has had an impact on the process of decision-making in child welfare. Risk assessments focus on acute incidents and events, and may lead to a failure to identify chronic problems in families.

Inquests and death inquiries designed to reduce child deaths have also failed to result in a lasting and positive impact. These processes tend to identify faults in various technocratic practices, instead of focusing on improving child welfare decision-making (Houston, 2015; Munro, 1999, 2008; Parada et al., 2007; Stokes & Schmidt, 2011). Decisions child welfare workers make have significant impacts for both the immediate and long term safety and well-being of a child and her or his family (Font & Maguire-Jack, 2015; Gambrill, 2005, 2008; Jent et al., 2011; Stokes & Schmidt, 2011). Despite the importance and impact of the decisions made by

child welfare workers, there is limited research into this decisions making process (Arad-Davidson & Benbenishty, 2008; Gambrill, 2005, 2008; Jent et al., 2011; Stokes & Taylor, 2014; Munro, 2008; Wallander, 2011).

There are two general categories of potential errors when assessing families involved in child welfare. The first, is that workers may under-predict the potential harm to a child, and fail to identify a parent who is currently or potentially dangerous to a child, a situation that is often referred to as a false negative. The second, is a false positive, in which a worker predicts the child will be maltreated, or has been harmed, when in fact, the child has not, nor will be. Both types of errors commonly made by workers have serious consequences for children and their families (Christianson-Wood, 2011; Murphy-Berman, 1994; Wald & Woolverton, 1990).

Research into judgments and decision-making in different fields has identified numerous mental shortcuts or heuristics used to simplify complex information, which contribute to decision- making errors in child welfare (Fluke et al., 2014; Gambrill, 2005, 2008; Munro, 1996, 1999, 2008; Parada, Barnoff, & Coleman, 2007). Cognitive biases exist in all human decision-making. Examples commonly found in child welfare include the following: *anchoring*, in which people are prone to give more weight to the first information they receive; confirmation bias, in which people pay more attention to information that confirms their initial judgment or decision; status quo or ratcheting bias, in which people are more prone to options that perpetuate the existing situation and maintain a point of view, even if new evidence suggests that the status quo or first decision was wrong; *framing and focusing biases*, in which people view the situation too narrowly or place too much importance on one aspect of an event; and *templating or estimating*, in which people sometimes overestimate the applicability of previous experiences (Croskerry, Singhal, & Mamede, 2013; Gambrill, 2005, 2008; Kahneman, Slovic & Tversky, 1990; Munro, 1996, 1999, 2008). Various conditions in child welfare make decisions

particularly vulnerable to these biases and errors, including the speed workers are expected to make decisions, the lack of agreement on definitions of abuse and neglect, and the ambiguity and uncertainty of much of the information available (Arad- Davidson & Benbenishty, 2008; Stokes & Schmidt, 2011).

Decisions by child welfare workers are influenced by numerous factors, including the evidence available to them, their own personal characteristics, the context in which their decisions are made, and other external factors, including organizational factors, and the larger community environment in which they work (Camasso & Jagannathan, 2013; Fluke et al., 2014; Gambrill, 2005, 2008). Research into the impact of worker characteristics and experience on the use of risk assessment tools has found that workers are influenced by their first impressions, and that their initial beliefs may be resistant to new evidence. Confirmation bias often causes workers to disregard data that does not support their initial beliefs (Gambrill & Shlonsky, 2000; Munro, 1999, 2008; Regehr et. al., 2010; Stokes & Schmidt, 2011). Other research has demonstrated that professional judgment and personal subjectivity, including attitudes and values, do have an impact on decisions, including judgments about risk, determinations about child neglect, and time spent with families (Arad-Davidson & Benbenishty, 2008; Parada et al. 2007; Stokes & Taylor, 2014; Stokes & Schmidt, 2011).

Environmental factors, such as the values and policies of agencies and the community, time pressures, distractions, and the workers' role, have all been found to affect worker judgment (Arad-Davidson, 2008; Christianson-Wood, 2011; Margolin, 1997). People working under conditions of uncertainty tend to overestimate their confidence in their decisions (Regehr et al., 2010). Risk assessments have been used to attempt to convert uncertainty and ambiguity into clear expressions of risk. However, Camasso and Jagannathan (2013) found that when decisions are made under conditions of uncertainty or ambiguity, external factors have a greater

influence on decisions, and can vary greatly from person to person. Workers' attitudes about risk itself may have an influence. Some workers tend to take unnecessary chances, while others avoid making risky decisions. One could argue that decision-making in child welfare is always an uncertain activity; however, complex and ambiguous constructs, such as child neglect, and the line between physical abuse and corporal punishment, pose particular challenges to decision-making (Gambrill, 2005, 2008; Jent et al., 2011; Stokes & Schmidt; 2011; Stokes & Taylor, 2014).

2.6.1 Decision-making conceptual framework. The *Decision-Making Ecology* (DME; Bauman, Fluke, & Kern, 1997) is a framework developed for conceptualizing and analyzing decision-making in Child Welfare. The framework draws on theoretical and empirical research from the decision sciences. The Framework conceptualizes decision-making through the context of multiple influences: case factors, such as type of maltreatment and severity; individual worker factors, such as knowledge, skill, and attitudes; organizational factors, such as climate and culture; and external factors, including policies and legislative requirements, the level of legitimacy given child protection work, and the level of moral panic in the community.

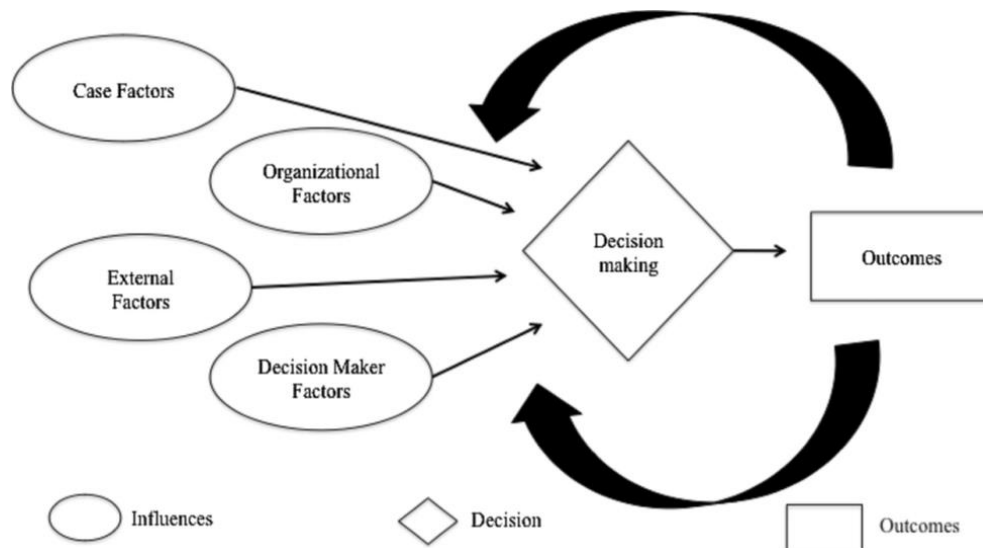


Fig. 2.1. Decision-making ecology framework (Baumann et al., 2011).

The DME model acknowledges that there are factors which influence decision makers beyond the ones identified in actuarial risk assessments, including factors that can be referred to as secondary risk factors, such as fear of public scrutiny, or fear of personal consequences for decisions. Society's expectation that child welfare workers and organizations should be able to alleviate the risk of injury and death to all children has a significant impact on worker and organizational behavior (Stanley, 2007; Swift, 2011). The influences of these risks, known as primary risks, results in a growing focus on secondary risks; including such things as personal liability, risks to the reputation and legitimacy for the organization, and moral panic (Power, 2004; Swift, 2011). These secondary risks within the DME Framework can be understood as individual, organizational, and external factors. The DME Framework implies that there are organizational and external factors that influence decision-making; however, these factors have not been explicitly

identified. Risk management has become replete in our society, and the risk management of everything poses its own risks, not only for workers and organizations, but for the children and families receiving service (Beck, 1992; Power, 2004; Rothstein, Hubert & Gaskell, 2006; Swift, 2011; Swift & Callahan, 2009). In the third paper in this dissertation, I will look at the organizational variance in the implementation of differential response. In the chapter focused on the overall analysis of the findings from all three studies, I will examine the impact that external factors, such as provincial policies, have had on decision-making over the past decade. Therefore, it is important to understand the context of child welfare practice in Ontario.

2.7 Child Welfare Practice in Ontario

In Ontario, Canada, child welfare has a dual mandate: to address acute safety risks, and ensure the long-term well-being of children. The authority to carry out the child welfare mandate comes from the Child and Family Services Act (OCFSA, 1984), and is delegated to child welfare organizations. According to the OCFSA 2002, “The paramount purpose of this Act is to promote the best interests, protection and well-being of children...” (Section 1[1]).

Child protection systems develop in different countries in relation to the socio-cultural, political, and economic environment (Connolly, Crichton-Hill, & Ward, 2006). The social problems pertaining to children in Canada prior to the early 20th century were primarily focused on orphaned and abandoned children, as well as issues of delinquency and child labor (Callahan & Swift, 2006; Levine & Levine, 2012). Often, issues related to child abuse and neglect were framed as a symptom of poverty, and even the child protection organizations that did exist did not have the authority to intervene. Children who were abused or neglected while in the care of their parents were not dealt with unless the children themselves complained (Bala, 2011; Levine & Levine, 2012; Margolin, 1997;

Swift, 2011; Swift & Callahan, 2009). In the 1960s, child abuse emerged as a major social problem in Canada with the advent of “The Battered Child Syndrome”. Child abuse was first introduced within the medical field, and was constructed as a social problem that was passed through generations and viewed as a symptom of family dysfunction. From this perspective, child abuse was something to be *cured*; the focus was on *treating* the parents, not punishing them (Parton, 1996). Once the media took interest in several high profile cases in the US and the UK, moral panic ensued, resulting in new legislation that included mandatory reporting laws for almost all professionals (Bala, 2011; Callahan & Swift, 2006; Levine & Levine, 2012; Parton, 1996, 1981). With the introduction of the legal system into child protection in Canada and other countries, a shift began to occur from medical etiologies, such as the aforementioned battered child syndrome, in which families needed help and control with the goal of a cure, to a residual model, with a narrow etiological view of parents as batterers who needed to be punished (Bala, 2011; Cicchetti, Beeghly, Carlson, & Toth, 1978; Cicchetti & Carlson, 1989).

Since that time, definitions of child abuse have expanded to include emotional injury and neglect (Cicchetti & Carlson, 1989; Wald, 1975). Social factors, such as poverty, stressful life events, and social isolation, have been identified as contributing to child maltreatment (Beckett, 2003; Cicchetti & Carlson, 1989; Gil, 1970). In the 1980s, two developmental theories of child maltreatment were introduced: the *ecological model* (Belsky, 1980) and the *transactional model* (Cicchetti & Riley, 1981). Although theories on child maltreatment have continued to emerge over time, no one theory has become dominant, each offering insights into portions of a very complex issue (Belsky, 1978; Newberger, Newberger, & Hampton, 1983; Putnam-Hornstein, Needell, & Rhodes, 2013).

Following the introduction of “The Battered Child Syndrome” in 1962, Canada and other countries passed reporting and investigation legislation. The Federal Child Abuse Prevention and Treatment Act of 1974 (CAPTA) required all US states to provide prompt investigations “to substantiate the accuracy” of reports. The concept and practice of substantiation seems to have begun in the US in the 1970s with the emergence of child abuse and neglect reporting laws, data collection concerned with the nature and incidence of child maltreatment and central registries. In the US, *substantiation* denotes the child welfare services official decision about the validity of maltreatment allegations. Legislation across all states require that following an investigation, child protection agencies make a determination based on whether there is reasonable cause to believe a child is abused or neglected, or threatened with abuse or neglect, and whether there is credible evidence of alleged abuse or neglect of the child. This important decision can influence how parents are defined by child welfare systems, how the courts view the parents, whether criminal charges are laid, what services a child and family receives from child welfare systems including whether children are removed from their parent’s care, and how child maltreatment prevalence is calculated by governments and in research (Cross et al., 2010; Child Welfare Information Gateway, 2010; Drake 1996; Jedwab et al., 2015; Slep & Heyman, 2006; Trocmé et al, 2009). In Canada, child protection legislation is governed under provincial legislation that varies across jurisdictions. In Ontario, following a child protection investigation, workers are instructed to make a *verification* decision for each identified child protection concern and a decision about whether a child is in need of protection. In Canada, as in many other countries there are differences among definitions of maltreatment as well as thresholds and procedures related to substantiation or verification decisions (Slep, Heymen, & Foran, 2015; Trocmé et al., 2003).

Difficulty defining child maltreatment, the substantiation or verification of maltreatment, the cultural differences in child rearing beliefs and practices, and different approaches to delivery of social supports and child protection services make international comparisons of child maltreatment prevalence rates difficult (Slep et al., 2015). Gilbert et al. (2009) reviewed estimates of child physical abuse based on one year in the UK, US, Australia and Canada found rates ranging from 4–16% (Gilbert et al., 2009). The World Health Organization reports that in many countries, such as Romania, India, and the Republic of Korea, rates of physical abuse occur at much higher rates from 30-50% of children experiencing physical abuse (World Health Organization, 2002). A review of 21 studies, primarily from English-speaking and Northern European countries, found a range of prevalence rates of 7–36% for female victims of sexual abuse and 3–29% for male victims of sexual abuse (Finkelhor, 1994). Childhood prevalence of neglect is estimated at 6–12% in U.S. and U.K. samples (Gilbert et al., 2009) while in Canada 3 children per 1000 are substantiated for neglect (Trocmé et al. 2010). Many children do not just experience a single type of maltreatment, there is a high rate of co-occurrence (Gilbert et al., 2009; Trocmé et al., 2010). Rates of maltreatment by type vary by country and also across time. In Canada and the United States, neglect was the most common in 2003 but by 2008 exposure to intimate partner violence represented the most common category of maltreatment (Trocmé et al. 2005; Trocmé et al., 2010), whereas in Australia, emotional abuse is currently the most prevalent with 40% of children aged 0-14 experiencing (AIHW 2013; AIHW 2015). Different legislation, police procedures and substantiation thresholds make comparisons across jurisdictions within a single country difficult and comparisons between countries even more challenging. Looking back to Risk Society Theory, this lack of adequate answers about the causes of child maltreatment, lack of

clarity regarding substantiation decisions and the prevalence of maltreatment may contribute to failures of social and developmental technologies designed to manage these risks (Beck, 2008).

2.7.1 Recent policy shifts. As mentioned previously, child welfare in Ontario has experienced a significant expansion in the last 20 years. Numerous events have contributed to this expansion, including Provincial Coroner's inquests into the deaths of children who receive child welfare services. A report by the provincial Child Mortality Task Force recommended an expansion of the legislation, particularly, related to neglect and emotional maltreatment (MCYS, 2005). This expansion to the mandate of child welfare also included children who have been exposed to intimate partner violence, as well as cases in which the risk of future maltreatment is the primary concern. In addition to numerous other reforms, including legislative amendments and a new funding formula, the province's first structured and standardized approach to case decision-making was introduced in the Ontario Risk Assessment Model (ORAM) in 1998. Since these changes, significantly more children and families have been subjected to investigations by child welfare agencies annually (Trocmé et al., 2005; Trocmé, Lajoie, Fallon, & Felstiner, 2007). According to data collected through the Ontario Incidence Study of Reported Child Abuse and Neglect (OIS), in 1998, an estimated 64,658 investigations were conducted in Ontario, a rate of 27.43 investigations per 1,000 children. By 2003, once the ORAM had been fully implemented and embedded in practice, the number of investigations doubled to 128,108, a rate of 53.59 per 1,000 children (OIS-2003). These investigations included situations in which no specific event of maltreatment had been alleged, but rather, in which a combination of risk factors could lead to future maltreatment (Fallon, Trocmé, & Fluke, 2011).

In response to the significant expansion of the child welfare mandate, and the resulting increase in services and expenditures, the Ministry of Children and Youth Services introduced “Child Welfare Transformation 2005: A strategic plan for a flexible, sustainable and outcome oriented service delivery model.” According to this document, the expansion in child-welfare was influenced by multiple factors, and “represents a dramatic expansion of the types of situations in which child welfare services become involved in particular with respect to child neglect, emotional maltreatment and exposure to domestic violence. The profile of children and families served by the child welfare system has changed dramatically” (p. 3-4). Responding to growing concern across the US, Canada, and other countries, that intense protection investigations focused on gathering evidence were not appropriate for all cases, the new model expanded the array of available assessment tools beyond risk assessment. It was intended to re-balance child welfare practice by introducing the option of differential response to lower risk situations, focusing less on evidence gathering and more on engaging families (MCYS, 2005). This differential response approach to work with families was designed to reflect the growing duality of the child welfare mandate, that different types of risks require different assessments and different interventions. The assessment and interventions for situations that pose an acute threat to the safety of a child, such as escalating physical abuse, are very different than situations in which the primary concern is the risk of the development and well-being of a child resulting from chronic family dysfunction (Trocmé, Kyte, Sinha & Fallon, 2014).

The new transformation initiative was welcomed by the field in general as a return to social work for child welfare; but what, if anything, has changed in the field since its introduction? Has the introduction of differential response in Ontario resulted in any changes to the way risk is assessed and responded to? In the third paper in this dissertation, I will explore what, if any, changes have

occurred in the use of differential response since it was introduced into policy in 2005. When do workers utilize traditional forensic approaches to investigation and when do they provide a customized response? Are workers distinguishing the difference in risk for the children with acute safety concerns from the ones with lower immediate risks, and are they providing them with services beyond an investigation to address the long term developmental risks? Has the government's attempt to "re-balance" child welfare away from a high risk adverse environment succeeded? Given that, by far, the majority of the investigations conducted in Ontario are related to risk of future development and well-being of children, and not acute safety risks, it will be important for workers, agency leaders, and policy makers in Ontario to understand if the introduction of differential response has had the intended outcome on decision-making.

Chapter 3

Paper 1: Substantiated Child Maltreatment: Which factors do workers focus on when making this critical decision?

The decision to substantiate child maltreatment is one of the many complex decisions workers must make daily. This decision requires the worker to decide if the report of a concern regarding a child's safety or well-being is validated. Multiple clinical factors must be considered in making this decision, and this single decision also influences other important decisions that have significant impact on children and families, such as whether they receive services, whether criminal charges are laid, and whether it is safe for children to remain with their families (Trocmé, Knoke, Fallon, & McLaurin, 2009). Based on the data from the 2003 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2003), Trocmé et al (2009) conducted a study exploring clinical case characteristics that were associated with decisions to substantiate maltreatment. Utilizing data from two cycles of the Ontario

Incidence study 2008 and 2013, this paper will explore what changes, if any, have occurred on the rates of substantiated maltreatment given numerous policy changes.

Risk has become a dominant lens in child welfare that shapes the heuristics professionals use to make sense of complex situations. It has now become an almost taken for granted way for social workers to assess and practice child welfare (Houston, 2013; Swift, 2011; Turnell, Munro & Murphy, 2013). As the focus on the concept of risk increases, the threshold of risk required to intervene in a family decreases, resulting in a widening of the net, or an extension of the reach of child welfare systems into new areas. This expansion, in turn, results in an ever increasing pressure on child welfare workers to keep up with the latest assumed risk to children's safety (Clapton, et. al., 2013; Swift, 2011; Turnell et al., 2013). This paper will explore what child, family and environmental characteristics workers paid attention to during the most recent 2013 Ontario Incidence Study of Child Abuse and Neglect (OIS-2013) when making the determination that a child had experienced maltreatment. Investigations in which an incident of maltreatment had not occurred and the worker was only involved with the family to assess the future risk of maltreatment are not included in this analysis and will be covered in a subsequent paper in this writer's multiple manuscript dissertation work.

3.1 Literature Review

Child maltreatment occurs around the world and has physical and psychological implications for the well-being of children and their families (Benbenhisty et al, 2015; Gilbert et al. 2009; Slep, Heyman & Foran, 2015). The decision to substantiate maltreatment generally means that the worker has determined that there is sufficient credible evidence to indicate that abuse or neglect indeed occurred (Jedwab et al. 2015; Selp & Heyman, 2006). The decision made by child welfare workers to substantiate maltreatment often

has a significant impact on the children and their families. Decisions such as pressing criminal charges and removing children from their parents' care are often associated with the decision to substantiate maltreatment (Cross & Casanueva, 2009; Trocmé et al., 2009). In many States and in some provinces in Canada, such as Alberta and Quebec, cases cannot receive ongoing services unless the case has been substantiated (Sinha, 2013). With the introduction of the new Child Protection Information System in Ontario workers will soon be unable to transfer a case to ongoing services unless there has been a substantiation decision. Given the potential damage to the child and family due to an error in decision making, it is important to understand how these decisions are made and examine factors beyond the details of the event which might influence a worker's decision.

Research into factors that influence substantiation decisions have identified a number of clinical characteristics of children and families such as, the child's age (Cross & Casanueva, 2009; Scannapieco & Connell-Carrick, 2000; Trocmé, Fallon, MacLaurin, & Neves, 2005; Williams, Tonmyr, Jack, Fallon, MacMillan, 2011); gender (Cross & Casanueva, 2009; Font, S. 2015); parent health and functioning (e.g., mental health, and substance abuse; Jedwab et al., 2015; Scannapieco & Connell-Carrick, 2003; Trocmé, Knoke, Fallon, & MacLaurin, 2009). In addition to the clinical characteristics of children and families, other factors associated with substantiated maltreatment include the family's previous child protection involvement, the type and severity of the maltreatment, as well as the quality of the evidence and the level of harm (Cross & Casanueva, 2009; Dettlaf et al., 2011; English, Marshall, Coghlan, Brummel, & Orme, 2002; Jent et al., 2011; Trocmé et al., 2009).

In 1996 Drake proposed a harm/evidence model which provided a framework for understanding factors which influenced substantiation decisions. Drake suggested that workers make the decision regarding substantiation based on the level of harm

experienced by the child and by the strength of the evidence. Only when the threshold of both harm and evidence are met would the case be substantiated. Drake urged researchers and child welfare agencies to consider a three tiered classification that included *suspected*, in addition to *substantiated* and *unfounded*, to capture these cases. The 2009 Trocmé et al., Canadian study did find that the cases classified as suspected were distinct enough in their characteristics that they should not be collapsed into either the substantiated cases or the unfounded cases. Based on the findings from this study, cases coded as suspected will be dropped from the analysis regarding substantiation factors.

In 2009, Cross and Casanueva proposed adding risk to Drake's original theoretical model and suggested that workers use harm, risk, and evidence when making substantiation decisions. This is of particular interest to this writer's doctoral research, and additional studies have identified that the worker's assessment of the future risk of maltreatment was a significant factor in making the substantiation decision (Benbenishty et al., 2015; Dettlaff et al., 2011; English, Marshall, Coghlan, Brummel, & Orme, 2002). This is curious to me, as substantiation is intended to focus on what has already occurred, and risk assessment focuses on the likelihood that the child will be maltreated in the future, these are two distinct decisions workers are asked to make in practice.

More recent research has begun to explore the impact of ethno-racial status of families on the substantiation decision (Cheng & Lo, 2013; Dettlaff et al., 2011; Jedwab et al., 2015; Miller, Cahn, Anderson-Nathe, Cause & Bender, 2013; Sinha, 2013) with some studies indicating an increased likelihood of cases of black or Aboriginal children being substantiated (Ards et al., 2003; Font, 2015; Sinha, Ellenbogen & Trocmé, 2013).

The research into factors which influence substantiation decisions in the United States is extensive and can be helpful in guiding Canadian studies, however, it is important to understand the Canadian context of this important decision. According to the 2008 and the 2013 cycles of the Ontario Incidence study (OIS-2013; Fallon, Trocmé, MacLaurin, Sinha, & Helle, 2015), 44% of all maltreatment investigations conducted in Ontario were substantiated, more than double the rate of substantiation reported in the United States (US Department of Health and Human Services – Administration of Children & Families 2014). Based on data from the 2003 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2003), researchers conducted a study exploring clinical case characteristics that were associated with decisions to substantiate maltreatment (Trocmé et al., 2009). This study found that the clinical profile of substantiated cases was significantly different from cases that were unfounded. This finding differed from similar studies conducted in the US which have found that there was often little difference between the profiles of substantiated vs. unfounded cases (Kohl, Jonson-Reid, & Drake, 2009). Rates of substantiation also differed based on the form of maltreatment, with the substantiation of sexual abuse being as low as 20% while substantiation of exposure to domestic violence occurred in 76% of the case. Similar to other studies in the US this study found that signs of emotional or physical harm and previous substantiated maltreatment were strong predictors of substantiation (Haskett, Wayland, Hutcheson, & Travana, 1991).

Unlike US studies, child age was not found to be a factor in the overall substantiations decisions, however, the study also found that factors that influence the decision to substantiate differ by form of maltreatment. In physical abuse cases, older children had a higher likelihood of substantiation, while younger children had a higher likelihood of substantiated neglect and emotional maltreatment. This study was also consistent with other research that found caregiver risk factors were important factors in the

decision to substantiate (English et al., 2002; Trocmé et al., 1995). Unlike the suspected and unfounded cases, child functioning concerns were associated with specific forms of maltreatment. Child behavior was associated with overall maltreatment as well as physical abuse substantiation, and a child's emotional concerns were associated with sexual abuse substantiation. The study concluded that the clinical factors that appeared to influence the decisions to substantiate each form of maltreatment were consistent with the literature at the time.

Utilizing the 2008 and 2013 cycles of the OIS provides an opportunity to replicate the above study and explore what, if anything has changed. Similar to the CIS-2003 on which the previous study was based, the OIS-2013 has a range of child, family and maltreatment-related information, and uses a three-tiered substantiation classification. If they believe, based on the probability of the evidence that the child was maltreated they are asked to classify the case as 'substantiated'. If they believe, based on the probability of evidence that the child did not experience maltreatment they are asked to classify the cases as 'unfounded', and if they are unable to determine either of the above categories based on the probability of evidence they are asked to classify the case as 'suspected'. Unlike the current Ontario practice model, the OIS instructs workers to make the substantiation decision based on whether they believe that the child (or children) were the victims of child maltreatment. The decisions workers are instructed to make in their daily practice is a *verification* decision about whether they believe the reported incident occurred, and this decision does not consistently include whether workers believe that the verified incident is substantiated maltreatment of a child. Many workers focus on whether the incident is reflected within the Ontario Eligibility Spectrum. For example, a call is received from a walk in clinic that a three-year-old child received a burn to her or his finger from touching a hot stove, the concern is lack of appropriate supervision leading to an injury

to a child. The worker investigates and finds that the child was in the kitchen with the mother who was working at a desk with her back turned when the child reached up and touched the stove. While a worker might verify that this incident did occur, it may not be the worker's assessment that this incident constituted child neglect. This is an important distinction, and this study will provide clarity to the Ontario child welfare field regarding which factors currently influence a worker's clinical decision to substantiate child maltreatment, not simply the verification of a reported incident. This paper compares the profile of substantiated and unfounded cases to answer two questions;

1. Have the rates of substantiation changed in Ontario from 2008 to 2013?
2. What factors distinguish substantiated and unfounded cases in OIS-2013?

3.2 Methodology

The Ontario Incidence Study of Reported Child Abuse and Neglect (OIS) is a provincial study examining the incidence of reported child abuse and neglect in Ontario. The primary objective of the OIS is to gather reliable data regarding the rates of investigation and substantiation of maltreatment. This study utilizes secondary data from the 2008 and 2013 cycles of the OIS. The OIS tracks a sample of investigations involving children up to 15 years of age conducted in sites across Ontario. Child welfare agencies are the primary sampling unit for the OIS. The term child welfare agency is used to describe any organization that has the authority to conduct child protection investigations. Each of the three cycles of the OIS utilized a multi-stage sampling design, first to select a representative sample of child welfare agencies across Ontario, then to select cases within the three-month sampling period, and finally to select child investigations that met the study criteria from the sampled cases. The OIS-2008 gathered data on 7,471 child

maltreatment investigations conducted in a representative sample of 23 child welfare organizations. The OIS-2013 gathered data on 5,265 children who were the subject of investigations of maltreatment from a representative sample of 17 child welfare organizations. The samples were then weighted to reflect provincial annual and regional estimates, resulting in 128,748 investigations in 2008; and 125,280 investigations in 2013.

The OIS-2008 form was changed to reflect cases in which a child may be at risk of future maltreatment, but when there were no specific concerns an incident of maltreatment had already occurred. The OIS-2008 was redesigned to separately track both types of investigations, which reflected the change in the type of cases being referred to child welfare organizations across the province. There can be confusion around the difference between *risk of harm* and *future risk of maltreatment*. A child who has been placed at risk of harm has experienced an event that endangered her or his physical or emotional health, such as a young child being placed in a dangerous threatening situation (e.g. held out of window). Even if that child is not harmed they were placed at a significant risk of harm by being held out the window. Placing a child at risk of harm is considered a form of maltreatment (Fallon et. al., 2011). While this change posed challenges in comparisons between previous cycles, it will not impact this comparison between the 2008 and 2013 cycles as the same methodology was used for both. The OIS-2013 data set will be used to explore the case factors currently influencing a worker's clinical decision to substantiate child maltreatment.

The OIS collected information directly from investigating workers at the conclusion of the investigation. Site researchers provided training to workers covering key definitions and study procedures and conducted follow-up visits to verify adherence to the sampling protocol and data collection on the OIS forms. The data collection form described the alleged maltreatment, in addition to

other child, family, and investigation-related information that included: (a) child age, sex, Aboriginal status, and a child functioning checklist, (b) family size, structure and housing conditions, (c) caregiver age, education, ethnicity, income, and a caregiver risk factor checklist, (e) source of report, caregiver response to investigation, ongoing service status, service referrals, out-of-home placement, child welfare court application, as well as police and criminal court involvement. Reflecting a fairly broad definition of child maltreatment, the OIS distinguishes five primary categories of maltreatment: physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to domestic violence. Every investigation could be classified as up to three forms of maltreatment (i.e., primary, secondary, and tertiary). For each form of maltreatment, the study tracked information on substantiation, duration, perpetrator, physical harm, and use of punishment. A case was considered substantiated if the balance of evidence indicated that abuse or neglect had occurred. If there was not enough evidence to substantiate maltreatment, but there remained a suspicion that maltreatment had occurred, a case was classified as suspected. A case was classified as unfounded if there was sufficient evidence to conclude that the child had not been maltreated. Workers were asked to complete a 3-page Maltreatment Assessment Form with additional pages for each child included in the investigation. This study will rely on secondary data collected by these Maltreatment Assessment Forms in each of the two cycles.

Outcome Variables.

Substantiation status. For each form of maltreatment, workers were asked to classify each as substantiated, suspected, or unfounded. If the primary form of maltreatment identified was substantiated, the case will be considered substantiated for this analysis. When classifying cases, workers were asked to code the maltreatment as substantiated if the evidence indicated that

maltreatment occurred. If the evidence was insufficient, or the worker was unable to determine the harm to the child, but the incident of maltreatment could not be ruled out, the workers were asked to classify the investigation as suspected. If the evidence indicated that maltreatment did not occur workers were instructed to classify these cases as unfounded.

Independent Variables

The variables that will be included in the analysis are informed by the Trocmé et al. (2009) study that utilized CIS-2003 data. These include a range of household, caregiver, and child factors that were found to influence the probability that a maltreatment investigation would be substantiated. The variables included have been updated to reflect some of the more recent findings on factors which may influence substantiation decisions, including the future risk of harm.

Forms of maltreatment. Workers were asked to identify the primary, and up to two other, forms of maltreatment, based on five categories of maltreatment: physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence. Multiple forms of abuse and maltreatment are included in each of the five categories. For this analysis, only the primary forms of maltreatment will be used: physical abuse only, sexual abuse only, neglect only, emotional maltreatment only, exposure to domestic violence only.

Primary caregiver ethno-racial status. The ethno-racial status of the primary caregiver will be used in this analysis, thus collapsing these categories into four: White, Black, Aboriginal, and “other” minority.

Primary Caregiver risk factors. Workers indicated whether the following caregiver risk factors were present at the time of the investigation: Alcohol abuse, drug or solvent abuse, cognitive impairment, mental health issues, physical health issues, few social

supports, victim of intimate partner violence, perpetrator of intimate partner violence, and history of foster care or group home. The number of risk factors noted by the worker to be suspected or confirmed were summed for the primary caregiver. Because the distribution of risk factors was positively skewed, the number was collapsed into 3 categories: none, one, two or more risk factors.

Caregiver response to the investigation. The worker indicated whether contact with the primary or secondary caregiver in response to investigations was co-operative, uncooperative, or whether they were not contacted. Responses were collapsed into one or both caregivers were uncooperative, or caregivers were cooperative.

Child's functioning concerns. Three domains of child functioning were derived for these analyses based on the Trocmé et al. (2009) study: (a) emotional and or mental health concerns, which include depression, anxiety, suicidal thoughts, self-harm, and attachment issues; (b) cognitive and or physical functioning concerns, including intellectual disabilities, physical disabilities and a number of developmental concerns; (c) behavioral concerns, including aggression, running, inappropriate sexual behavior, involvement with the youth justice system, and substance and alcohol use.

Source of referral. Referral sources will be grouped into two categories: professional (i.e. police, schools), and non-professional referral source (i.e. neighbor).

Maltreatment history. Workers documented whether previous maltreatment was substantiated for the investigated child.

Housing risk. Each of the following factors have been identified as housing risks in cases of substantiated maltreatment and given a score of one: family residing in a shelter, public housing, "other" housing, unsafe housing, overcrowded home, two or more moves in the past 12 months, and if the household ran out of money for food, housing, or utilities in the past six months. Given the

factors included in this variable, one could argue that this provides a proxy for the existence of poverty. For purposes of analysis, scores will be collapsed into no housing risk, one risk, or two or more risks (Trocmé et al., 2009).

Physical harm. The worker documented whether physical harm was evident as caused by maltreatment.

Future risk of maltreatment. Workers were asked if they believed if there was a significant risk of future maltreatment.

3.3 Analysis Plan

To examine the rates of substantiated maltreatment, bivariate and multivariate analyses were conducted. Independent-samples t-tests were conducted to compare rates of substantiation across cycles of the three cycles OIS. Chi-square bivariate analyses were conducted to examine the relationship between the types of maltreatment and whether the investigation was classified by the worker as substantiated, suspected, or unfounded in each of the two cycles. Chi-square bivariate analyses were used to examine the relationship between case characteristics and the decision by workers whether to classify the cases as substantiated, suspected, and unfounded. Logistic regression analysis was conducted to examine, specifically, the factors that distinguished substantiated from unfounded maltreatment in the OIS-2013 data set. Suspected investigations were dropped from the multivariate analysis ($n=253$ unweighted) because previous research has demonstrated that suspected investigations differ from both unfounded and substantiated investigations (Trocmé et al. 2009). Variables entered in the logistic regression were selected utilizing a theory-driven approach, drawing from previous research on substantiation decision-making. Logistic regression is suited to the analysis of the OIS data as View many of the dependent variables of interest are dichotomous and the relationships among the independent and dependent variables are not necessarily linear (Walsh and Ollenburger, 2001).

3.4 Results

3.4.1 Rates of substantiation. Table 3.1 and 3.2 presents the primary form of maltreatment by the substantiation status for the 2008 and 2013 cycles respectively. The tables provide the rate per 1000 children in Ontario for each of the substantiation subtypes. Between 2 to 3 per 1000 children are substantiated each year for physical abuse, less than 1 per 1000 children for sexual abuse, and roughly 4 per 1000 for neglect. Rates per 1000 children increased from 1 out of every 1000 to 2 out of every 1000 for emotional maltreatment and children substantiated for exposure to domestic violence increased from a rate of 6 per 1000 children in 2008 to almost 9 per 1000 children in 2013. More than 50% of all cases investigated for emotional maltreatment (53%) and exposure to domestic violence (65%) were substantiated in 2013. Conversely less than 20% of all sexual abuse cases were substantiated in both 2008 and 2013.

Table 3.1

Primary Form of Maltreatment by Substantiated Status – Rate per 1000 Children in Ontario (Weighted) – 2008

Primary Form of Maltreatment Investigated	Unfounded			Suspected			Substantiated			Total		
	Count	Rate	%	Count	Rate	%	Count	Rate	%	Count	Rate	%
Physical abuse	13,448	5.64	58%	1,678	.70	7.3%	7,936	3.33	34.4%	23,062	9.68	100%
Sexual abuse	3,382	1.42	72.8%	491	0.21	10.6%	771	0.32	16.6%	4,466	1.87	100%
Neglect	14,436	5.93	49.9%	2,578	1.08	8.9%	11,894	4.99	41.1%	28,908	12.13	100%
Emotional maltreatment	3,600	1.51	44.8%	1,555	0.65	19.3%	2,884	1.21	35.9%	8,039	3.37	100%
Exposure to domestic violence	4,949	2.08	22.1%	2,337	0.98	10.4%	15,087	6.33	67.4%	22,373	9.39	100%
Total	39,815	16.7	45.8%	8,639	3.51	9.9%	38,572	16.19	44.3%	87,026	36.53	100%

Note: $\chi^2(8) = 9509.26, p < .001$

Table 3.2

Primary Form of Maltreatment by Substantiated Status- Rate per 1000 Children in Ontario (Weighted) – 2013

Primary Form of Maltreatment Investigated	Unfounded			Suspected			Substantiated			Total		
	Count	Rate	%	Count	Rate	%	Count	Rate	%	Count	Rate	%
Physical abuse	18,224	7.76	72.8%	1,035	0.44	4.1%	5,770	2.45	23%	25,029	10.65	100%
Sexual abuse	3,074	1.31	72.1%	339	0.14	8.0%	848	0.36	19.9%	4,261	1.81	100%
Neglect	15,201	2.21	56.8%	1,181	0.50	4.4%	10,386	4.42	38.8%	26,768	11.39	100%
Emotional maltreatment.	4,113	1.75	38.8%	860	0.37	8.1%	5,620	2.39	53.1%	10,593	4.51	100%
Exposure to domestic violence	8,299	3.53	26.5%	2,557	0.99	8.2%	20,443	8.69	65.3%	31,299	13.32	100%
Total	48,911	20.82	49.9%	5,972	2.54	6.1%	43,067	18.32	44.0%	97,950	41.68	100%

Note: $\chi^2(8) = 14250, p < .001$

3.4.2 Profile of substantiated cases. Table 3.3 presents bivariate relationships between substantiation status and a variety of case characteristics in the 2013 full weight sample of 97,951 excluding children involved in risk only investigations. Chi-square analyses were conducted with the weighted sample of 5,210 cases to determine which variables were related to substantiation, all of the selected variables were statistically significant.

Table 3.3.

Primary Form of Substantiated Maltreatment by Case Characteristics– OIS 2013 N=97,951(weighted sample)

Case Characteristics	Physical only (n=25,030)		Sexual abuse only (n=4,262)		Neglect only (n =26,767)		Emotional abuse (n=10,592)		eIPV only (n=31,300)	
PC Ethnicity***										
White	13,496	54%	3,223	76%	19,146	72%	6,954	66%	19,574	62%
Black	2,583	10%	214	5%	1,069	4%	612	6%	2,394	8%
Aboriginal	698	3%	223	5%	3,258	12%	430	4%	1,905	6%
Other	8253	33%	602	14%	3,294	12%	2,596	24%	7,427	24%
Total Caregiver risks***										
No risks	17,162	69%	3,137	74%	11,639	44%	5,290	50%	5,893	19%
One risk	5,031	20%	732	17%	6,260	23%	3,016	29%	10,648	34%
Two risks	17,47	7%	169	4%	4,362	16%	1,144	11%	8,196	26%
One/both caregiver response to investigation***										
Co-operative	22,152	93%	38,683	95%	23,043	89%	9,765	94%	28,026	90%

RISK OF RISK

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Not co-operative	1,669	7%	187	5%	2,904	11%	694	5%	3160	10%
Child's Gender***										
Male	14,287	57%	1,764	41%	14,397	54%	4,930	46%	14,866	48%
Female	10,743	43%	2,498	59%	12,370	46%	5,671	54%	16,435	52%
Child Functioning Concerns										
Emotional/Mental***	4,962	20%	867	20%	6,061	23%	2,455	23%	3,502	11%
Cognitive/Physical***	7,263	29%	790	19%	8,004	30%	2,544	24%	3,958	13%
Behavioural ***	7,500	30%	1,315	31%	6,705	25%	2,282	22%	3,636	12%
Substantiated Child										
Recurrence***	6,359	25%	1,012	24%	10,871	41%	3,753	36%	11,141	36%
Professional referral***										
Nonprofessional	3,214	13%	1,357	32%	11,235	42%	2,470	23%	6,061	19%
Professional	21,815	87%	2,905	68%	15,521	58%	8,123	77%	25,239	81%
Housing risks***										
No risks	21,052	84%	3,852	90%	17,058	64%	7,932	75%	23,051	74%
One risk	2,311	9%	344	8%	5,235	20%	1,989	19%	5,791	19%

RISK OF RISK

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Two or more risks	1,667	7%	65	2%	4,474	17%	671	6%	2,457	8%
Physical harm***	3,069	65%	135	3%	1,221	26%	49	1%	231	5%
Future risk of maltreatment***	3,288	14%	503	14%	7,162	30%	1,966	21%	8,598	34%
Age of child (mean/SD)***	8.05	3.88	8.92	3.88	7.52	4.44	8.11	4.48	6.69	4.34

Note: *** $p < .001$ based on unweighted sample $N = 5,219$

A logistic regression analyses was conducted to identify the factors that influenced substantiation decisions (Table 3.4). The relatively small numbers for some of the variables in the model precluded examining each type of maltreatment independently, so all forms were collapsed into one logistic regression. Of the twelve predictor variables in the model, all but caregiver ethnicity and previous substantiated maltreatment for the investigated child were significant predictors of whether a maltreatment investigation was substantiated rather than unfounded. The factor that had the most dramatic effect on the odds of substantiation was the workers' assessment of the future risk of maltreatment. This predictor variable increased the likelihood by 6.6 times that a case would be substantiated rather than unfounded.

Controlling for other factors in the model, the likelihood of maltreatment differs depending on the form of maltreatment. Sexual abuse is less likely than physical abuse to be substantiated than unfounded. Neglect cases are 1.4 times more likely than physical abuse cases to be substantiated, emotional maltreatment was 4.3 times more likely to be substantiated, and the form of maltreatment most likely to be substantiated was exposure to intimate partner violence, which was 5 times more likely than physical abuse to be substantiated than unfounded.

Cases in which the primary caregiver had one or two or more risk factors were 2.2 and 3.9 times more likely to be substantiated than unfounded, respectively. Cases in which the parent was not cooperative with the investigation increased the likelihood of substantiation by 1.5 times. Controlling for all the variables in the model, including forms of maltreatment, cases involving male children were less likely than female children to be substantiated than unfounded.

Cases in which the child displayed emotional and or mental functioning concerns were 1.7 times more likely to be substantiated, and cases in which the child displayed cognitive and or physical functioning concerns were less likely to be substantiated than unfounded. Behavioural

concerns noted in the focal child did not significantly influence the substantiation decision when controlling for the other variables in the model. When the referral source was professional the cases was 1.8 times more likely to be substantiated than cases in which the referral source was nonprofessional. In cases in which there was evidence of physical harm to the focal child the case was 2.8 times more likely that the worker would substantiate the maltreatment.

Classification accuracy. The logistic regression model was statistically significant, $\chi^2(21) = 1413.66$. The model explained 46% (*Nagelkerke R²*) of the variance in differentiating between unfounded and suspected cases and correctly classified 79% of cases. The model accurately classified 83% of unfounded cases and 73% of the substantiated cases.

Table 3.4.

Logistic Regression – 2013- Substantiated versus Unfounded Maltreatment (all forms)

Predictors	Exp (β) Unfounded vs. Substantiated
Form of Maltreatment	
Physical abuse only	
Sexual abuse only	0.88
Neglect only	1.46**
Emotional maltreatment only	4.32***
Exposure to Intimate Partner Violence only	5.03***
PC Ethnicity	
White	
Black	1.32
Aboriginal	0.98
Other	1.18

Total Caregiver risks recoded	
No risks	
One risk	2.22***
Two risks	3.87***
PC: response to investigation	
Co-operative	
Not co-operative	1.55**
Age of Child	1.02**
Child gender (male)	0.78***
Child Functioning	
Emotional concerns	1.77***
Physical concerns	0.70**
Behavioural concerns	1.22
Substantiated CH Recurrence	1.19
Professional referral	1.79***
Housing risks	
No risks	
One risk	1.05
Two or more risks	1.59**
Physical harm	2.83***
Future risk of maltreatment	6.61***
Model fit	$\chi^2 (21) = 1413.66***$, Nagelkerke $R^2=0.46$

Note. * $p < .05$. ** $p < .01$. *** $p < .001$. Unfounded is the comparison category. The $\text{Exp}(\beta)$ reflects the effect of the odds that the cases will be substantiated rather than unfounded. The larger the $\text{Exp}(\beta)$, the more likely it is that the investigation will be substantiated.

3.5 Discussion

The present study examined two issues related to a child welfare workers' decision to substantiate child maltreatment: (1) How have the rates of substantiation changed from 2008 to 2013, and (2) what factors currently influence a workers' decision to substantiate maltreatment. First, it is interesting to note that despite the introduction of many new policy initiatives the rates of substantiation of maltreatment have remained largely unchanged over the past 10 years. Major policy initiatives were introduced by the province of Ontario in 2005 in response to a dramatic expansion in the number of children being investigated by the child welfare system and the increase in the number of children in care since the early 1990s. The number of child abuse and neglect investigations nearly tripled between 1993 and 2003, and the Child Welfare Transformation in 2005 was designed to address the changing profile of families, to allow for early intervention and prevention, and some of the unintended consequences of the Ontario Risk Assessment Model (MCYS, 2005). Transformation was intended to move away from a predominantly risk-focused approach to protecting children. As part of this new agenda, differential response was introduced in Ontario in April 2007, allowing workers to provide different responses to families based on their presenting needs and the type of maltreatment. In 2012, The Commission to Promote Sustainable Child Welfare released its final report outlining its arms-length assessment of the Transformation Agenda, and recommended additional policy changes intended to support the initial goals of the Transformation Agenda. Yet almost 10 years after policies were introduced to shift the child welfare practice, the rates of substantiated, suspected, and unfounded maltreatment remain largely unchanged. Although the rates have remained relatively consistent, the rates of substantiated physical and sexual abuse have declined while the rates of substantiated exposure to intimate partner violence (eIPV) have increased. This

reflects the shift in focus from events of maltreatment that have already occurred, such as physical or sexual abuse, to a focus on the future risk of well-being for children exposed to environments that may be damaging to their development, such as exposure to intimate partner violence(IPV). The impact on children exposed to IPV can vary depending on several factors including the frequency, developmental stage, resilience and protective factors (Edleson, 2004; OACAS, 2016). Since research is not able to indicate which children are safe, and which will develop problems, child welfare workers investigating incidents of exposure to IPV are instructed to assess the degree to which the child was involved in the violent events and the level of physical or emotional harm evident (OACAS, 2016). Almost 46% of all substantiated maltreatment investigations in 2013 involved children who had been exposed to intimate partner violence. Of those children only 5% had any evidence of physical harm and only 11% to 12% had any child functioning concerns; yet in 34% of these cases, the worker was concerned about future risk of maltreatment. This appears to be an example of the increasing focus on risk of what might happen to children instead of what has happened to them.

Cases in which there were two or more housing risks, a proxy measure for poverty, were more likely to be substantiated when controlling for all the other variables in the model. This supports numerous other studies which suggest that children living in poverty are at greater risk of maltreatment (Kotch et al., 1995; Sidebotham, Heron, Golding, & The ALSPCA Study Team, 2002; Townsend, 1987). Given this finding, the Ministry of Children and Youth Services responsible for Child Welfare in Ontario, should consider whether their social policies are doing enough to focus on the underlying inequalities in our society if the prevention of child maltreatment is the desired goal.

Cases in which at least one caregiver was uncooperative were associated with increased likelihood of substantiation. One might think that an uncooperative parent might inhibit the worker's ability to assess the evidence, yet these cases were almost two times more likely to be substantiated. This supports the findings of other research which suggests that the relationship between the parent and the workers has a significant impact on decision-making (Holland 2010; Platt 2007). Interestingly, unlike the CIS-2003 study, the ethno-racial status of the primary caregiver did not influence the decision to substantiate once all other factors in the model were controlled for (Trocmé et al., 2009). Considering recent concerns about an overrepresentation of black and Aboriginal children in the Ontario Child Welfare system, it is interesting to note that ethno-racial status alone was not influencing worker decision making regarding substantiation. That is not to say that there is not an issue of overrepresentation for various ethno-racial groups within the child welfare system, but once you control for the other variables in the model, the ethnicity of the primary caregiver does not appear to influence the workers' decision-making regarding substantiation.

The presence of emotional and or mental health concerns increased the likelihood of substantiation, which may indicate that workers were assessing the impact on the child. Physical or developmental concerns had an inverse effect on substantiation, indicating that investigations involving children with physical or developmental concerns were less likely to be substantiated. While this may be because it is often difficult to interview or interpret information from these children, this finding is concerning given the vulnerability of this group of children, as research suggests that children with developmental delays are much more likely to suffer abuse or neglect (Fluke, Shusterman, Hollinshead, & Yuan, 2005; Fudge, Schormans & Brown 2002; Kahn & Schwalbe 2010; Sullivan & Knutson, 2000).

This study was consistent with other research, including the Canadian study by Trocmé et al. (2009) that found caregiver risk factors were important factors in the decision to substantiate (English et al., 2002; Trocmé et al., 1995). The presence of two or more primary risk factors was one of the factors which had the strongest effect on the odds that a case would be substantiated. When workers assessed two or more caregiver risk factors, the case was 3.9 times more likely than cases with fewer caregiver risk factors to be substantiated. Unlike previous studies (Cross & Casanueva, 2009; Haskett, et al., 1991; Trocmé et al. 2009) historical substantiated child maltreatment was not significantly related to substantiation decisions when controlling for the other factors in the model.

Reflecting on Drake's harm/evidence model (1996) these findings are consistent with previous studies that found that the presence of physical harm was a strong predictor of case substantiation (Haskett et al., 1991; Trocmé et al., 2009). However, it was very interesting to note that the worker's assessment of the future risk of maltreatment was an even stronger predictor, increasing the likelihood of substantiation by 6.6 times as compared to 2.8 times for the presence of physical harm when controlling for all other variables in the model.

When using the harm, risk, evidence model suggested by Cross & Casanueva (2009) to theorize the results, one could argue that very few of the factors found in this model would be considered items that are *evidentiary*. Rather, the majority of factors in this model that were related to substantiation decision-making are risk factors believed to be associated with maltreating behavior. Assessing risk focuses on future behavior while substantiation decisions concern current behavior (Pecora, 1991; Wald & Woolverton, 1990). This study adds to the research which suggest that a worker's assessment of the risk of future maltreatment influences their decisions regarding substantiation.

When these findings are considered with the fact that substantiation rates of sexual and physical abuse have been steadily declining in Ontario, it begs the question whether the spiraling focus of risk has resulted in a focusing bias, in which people view the situation too narrowly or place too much importance on one aspect of an event, such as the worker's assessment of the child's future risk of maltreatment. Are workers focusing so much on risks and attempting to prevent future maltreatment that they are paying less attention to the harm that has already occurred to children?

It is important to note that, despite the large amount of case information used to predict the decision, there is still a significant proportion of unexplained variance. This suggests that there are additional confounding or explanatory variables that need to be further researched. The *Decision-Making Ecology* (Bauman et al, 1997) framework suggests that in addition to case factors, included in this study, individual worker factors such as knowledge, skill and attitudes; organizational factors, such as climate, culture and structure; and external factors, including policies and legislative requirements as well as the level of moral panic in the community can also influence worker decision making.

3.6 Limitations and Conclusion

As is common in studies that utilize secondary data, in the current study, variables are limited to those available in the Ontario Incidence Study. The OIS has other specific limitations as a data set, including the fact that the data is limited to the initial stage of investigations and only tracks decisions made within the first 30 days, is based on assessments provided by the investigating child welfare workers, and information provided by workers is not independently verified. There is a growing body of research in the United States on factors which influence the

decision to substantiate maltreatment. This study adds to the Canadian context by exploring the Ontario population.

Despite numerous policy changes designed to address the dramatic increase in investigations in Ontario over the past ten years, this study suggests that little has changed. Forty-four percent of all maltreatment investigations conducted in the province are substantiated. Cases involving neglect and emotional maltreatment are more likely to be substantiated for maltreatment than physical or sexual abuse, and cases involving exposure to intimate partner violence are 5 times more likely than cases involving physical abuse to be substantiated rather than unfounded.

Caregiver risk factors, uncooperative parents, older children, and children with emotional or mental health concerns all increase the likelihood of substantiation. Female children are more likely to be involved in substantiated maltreatment cases than male children, and professional referral sources also increase the odds of substantiation. Having unsafe, unstable housing increase the odds of substantiation, and the existence of physical harm makes it 2 times more likely the case will be substantiated.

However, when controlling for multiple factors previously found to influence substantiation decisions, by 2013 the caseworker perceptions of risk emerges as one of the strongest explanatory factor. The purpose of assessing risks is to attempt to predict future behavior, the decision to substantiate is about assessing whether abuse or neglect has already occurred (Pecora, 1991; Wald & Woolverton, 1990). In Ontario, caregivers' actions should meet the legal definition of abuse and neglect for a case to be substantiated, and substantiation should not be based on a prediction of future risk of maltreatment for the child.

The decision to substantiate current maltreatment is strongly influenced by the workers' assessment of the future risk of maltreatment. Further research is need to explore worker and organizational factors that also influence this risk focus and how much of an influence the current risk assessment tools have on the workers' assessment of future risk and substantiation. This study did not include the 20% of cases in which there were no incidents of maltreatment, but only an assessment of risk. It would be important to explore how these cases differ from the cases investigated for maltreatment to get a more complete picture of decision-making regarding substantiated maltreatment in Ontario.

Chapter 4

Paper 2: Is there Risk to Risk? An exploration of the factors that predict a worker's determination of a future risk of maltreatment and how these factors compare to incidents of substantiated maltreatment.

The decision to conduct a child maltreatment investigation based on information received in a referral is one of the many complex decisions workers must make daily. This decision requires the worker to first, decide if the report of a concern regarding a child's safety or well-being meets the mandate of the child welfare system, and second, to determine the best way to approach this investigation. This second study will build on the findings of the study exploring substantiation decisions, and examine cases investigated in which no incident of maltreatment has actually occurred, but in which the worker is concerned based on the referral information that the child may be at significant risk of future maltreatment. Multiple clinical factors must be considered when making this decision, as this decision impacts other important decisions, including placing the family at a higher risk of having subsequent child welfare investigations (Cross & Casanueva, 2009; Trocmé et al., 2009). Utilizing data from the 2013 cycle of the

Ontario Incidence Study (OIS-2013), this paper will examine one of the identified risks of risk, which is the trend of directing attention away from helping children who have already been maltreated, to a focus on children who are at risk of future maltreatment (Callahan & Swift, 2006; Gambrell, 2008).

4.2 Background

The *ecological* and *developmental-ecological* models can be useful in understanding why child welfare fields focus not only on situations in which children may have been maltreated, but also on children who are at a risk of maltreatment. Belsky (1993) and Garbarino (1977) suggest that there is no single cause of child maltreatment, but that it is associated with numerous factors, including socio economic factors, environmental stressors, as well as the characteristics of the children and their parents. It is no surprise given these models of child maltreatment that child welfare agencies throughout the US, Australia, New Zealand, the UK, and Canada have experienced an increased focus on risk discourses in organizing and regulating child welfare policy and practice, and have introduced a variety of risk assessment tools (Callahan & Swift, 2006; Cash, 2001; Munro, 1999, 2010; Wald & Woolverton, 1990; Parton, 1998; Regehr et al., 2010; Stanley, 2007; Trocmé, Goodman & Marwah, 2002).

Risk assessment methodology and the use of risk assessments in child welfare are designed to protect children from future abuse and neglect (Cash, 2001; Regehr et. al., 2010; Wagner & Johnson, 2006; Wald & Woolverton, 1990). Ontario utilizes an actuarial risk assessment tool that contains a list of risk factors that have been selected through the empirical study of child protection cases and their future maltreatment outcomes. The development of these instruments uses statistics to identify the factors found in cases in which children were known to be maltreated. They are scored in a mechanical manner to ensure consistency and to

avoid modification by the workers' clinical judgments (Christianson-Wood, 2011). The empirical basis of these instruments represent the *science* of risk assessment, as they attempt to quantify and control the uncertainties of human lives by using tools to measure and predict risk to children (Cash, 2001). However, there are no agreed upon standards or procedures for risk assessment tools, and many jurisdictions implemented risk assessment methodologies before the tools were even researched or empirically validated (Bolton & Lennings, 2010; Cash, 2001; Holland, 2004; Murphy-Berman, 1994; Wald & Woolverton, 1990). In practice, this has resulted in child welfare workers intervening in situations in which children have not yet suffered any physical or emotional harm, but are living in environments and with caregivers whose risk factors suggest that they may experience maltreatment (Bala 2004; Berger & Brookes-Gunn, 2005; Trocmé et al. 2010).

Legislative changes introduced in Ontario late in 1998 were designed to address the growing knowledge and awareness of the long term impact on the development and well-being of children exposed to child neglect, emotional maltreatment, and domestic violence. These changes were clearly reflected in the dual mandate of the child welfare sector in Ontario to address the immediate safety concerns and prevent the re-occurrence of maltreatment when it occurs, as well as to address risks to a child's development and long term well-being (MCYS, 2005). A study by Fallon et al. (2011) utilized data from the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2008) to explore this growing trend in Canada. They found that there were many similarities in the children and families involved in both types of investigations, including housing instability, unsafe housing, and financial stress limiting money for necessities, such as food, housing, and utilities. However, they found that families involved in risk-only investigations had more primary caregiver concerns, such as mental health issues

and substance use, than those in maltreatment investigations. They also found fewer child functioning concerns. Risk is defined in the Child Protection Standards in Ontario – February 2007, Standard 6, as:

An estimation of the likelihood of future child maltreatment due to family characteristics, behavior or functioning and/or environmental conditions. Risk of maltreatment exists on a continuum from low to high risk. Some risk of maltreatment is present in every family even if it is very low. Child protection services are required when the risk of future maltreatment is more likely than not” (CPS-06: S6)

An example of investigations currently conducted based on the risk of future maltreatment include the case of a mother who give birth to children, in which there were either significant concerns with the mother’s previous children, substance use, or mental health. These issues raise significant concerns about that mother’s ability to parent the baby safely. Other examples may include the cognitive functioning of parents or mothers who become involved with partners who have previously harmed children. There is often confusion between *risk of harm* and *future risk of maltreatment*. A child who has been placed at risk of harm has experienced an event that endangered her or his physical or emotional health, such as being left unsupervised and going out onto the road. Even if they are not actually hit by a car, they were placed at significant risk of harm by being left alone. Placing a child at risk of harm is considered a form of maltreatment (CFSA, 1990). Beginning in 2008, the OIS changed its methodology in order to capture investigations focusing on the risk of future maltreatment when there was no specific concern of current maltreatment. These investigations were documented separately from investigations focusing on an actual incident of maltreatment in both the 2008 and 2013 cycles of the OIS. This

change now allows for comparison of the risk only investigations in the OIS-2008 and OIS-2013. This change provides important additional information about how risks are defined in practice.

This study will focus on the factors that make up the profile of cases in which a worker has decided to conduct an investigation despite there being no reported incident of maltreatment. This study will also explore if there have been changes in the rates of *risk only* investigations during a period of time that saw the implementation of policy changes included in the document entitled “Child Welfare Transformation 2005: A Strategic Plan for Flexible, Sustainable and Outcome Oriented Service Delivery Model” (Ministry of Child and Youth Services, 2005). What factors influence the decision to investigate children and families based on risk only? Are these factors different from the factors that influence the decision to investigate children and families who were involved in an incident of maltreatment? If the purpose of these investigations is for primary prevention, as the policy suggests, then is there evidence to demonstrate that families are receiving services to address the identified risks to their children’s safety and well-being?

Research Questions:

1. What are the rates of risk only investigations vs. maltreatment investigations in 2008 and 2013?
2. How do the profiles of families and children differ across investigations for an event of maltreatment versus risk of maltreatment;
3. What are the rates of substantiation for risk only cases and how do these rates compare to the rates of maltreatment only investigations?
4. What factors influence the decision to substantiate risk only and how do these factors differ from the factors that influence the decision to substantiate maltreatment?

5. How many families receive service beyond an investigation, either through the provision of ongoing services by the child welfare agency, or through a community referral, and how do they differ based on the type of investigation?

4.3 Methodology

The OIS is a provincial study examining the incidence of reported child abuse and neglect in Ontario. The primary objective of the OIS is to gather reliable data regarding the rates of investigation and substantiation of maltreatment. Data used for this study comes from the 2008 and 2013 cycles of the OIS. The OIS tracks a sample of investigations involving children up to 15 years of age conducted in sites across Ontario. Child welfare agencies are the primary sampling unit for the OIS. The term child welfare agency is used to describe any organization that has the authority to conduct child protection investigations. Each of the cycles of the OIS utilized a multi-stage sampling design, first to select a representative sample of child welfare agencies across Ontario, then to select cases within the three-month sampling period, and finally, to select child investigations that met the study criteria from the sampled cases. The OIS-2008 gathered data on 7,471 child maltreatment investigations conducted in a representative sample of 23 child welfare organizations. The OIS-2013 gathered data on 5,265 children who were the subject of investigations of maltreatment from a representative sample of 17 child welfare organizations. The samples were then weighted to reflect provincial annual and regional estimates resulting in 128, 748 estimated maltreatment-related investigations in 2008 and 125, 280 investigations in 2013. (See appendix A for full descriptions of weights in OIS-2013).

The OIS-2008 form was changed to reflect cases in which a child may be at risk of future maltreatment, but in which there were no specific concerns that an incident of maltreatment had already occurred. The OIS-2008 was redesigned to separately track both types of investigations,

which reflected the change in the type of cases being referred to child welfare organizations across the province. The initial analyses utilized both the OIS-2008 and OIS 2013 to examine the rates of investigations for maltreatment vs. risk only. The OIS-2013 will then be utilized to examine factors which make up the risk only cases and compare them to the maltreatment only cases. For this study, investigations involving families with one child identified for an event of maltreatment, and families with at least one child as the focus of an investigation for risk of maltreatment ($n=422$), were excluded from the analysis in order to compare the profile of investigations with only a maltreatment concern ($n=3929$), and those with only a risk concern ($n=914$).

The OIS collected information directly from investigating workers at the conclusion of the investigation. Site researchers provided training to workers covering key definitions and study procedures and conducted follow-up visits to verify adherence to the sampling protocol and data collection on the OIS forms. The data collection form described the alleged maltreatment in addition to other child, family, and investigation-related information that included: (a) child age, sex, Aboriginal status, and a child functioning checklist; (b) family size, structure and housing conditions; (c) caregiver age, education, ethnicity, income and a caregiver risk factor checklist; (e) source of report, caregiver response to investigation, ongoing service status, service referrals, out-of-home placement, child welfare court application, as well as police and criminal court involvement. Reflecting a fairly broad definition of child maltreatment, the OIS distinguishes five primary categories of maltreatment: physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to domestic violence. Every investigation could be classified as up to three forms of maltreatment (i.e., primary, secondary, and tertiary). For each form of maltreatment, the study tracked information on substantiation, duration, perpetrator, physical

harm, and use of punishment. A case was considered substantiated if the balance of evidence indicated that abuse or neglect had occurred. If there was not enough evidence to substantiate maltreatment, but there remained a suspicion that maltreatment has occurred, a case was classified as suspected. A case was classified as unfounded if there was sufficient evidence to conclude that the child had not been maltreated. Workers were asked to complete a 3-page Maltreatment Assessment Form with additional pages for each child included in the investigation. This study will rely on information collected by these Maltreatment Assessments Forms in each of the 2 cycles.

4.4 Analysis

The analysis for this paper was done using SPSS version 23. To examine the rates of maltreatment vs. risk investigations, bivariate analyses (t-tests) were conducted for the OIS-2008 and OIS-2013. Full regionalized and annualized weights were used for this analysis in order to display results based on rates per 1000 children in Ontario. (See Appendix 1 for a full explanation of the weighting process utilized in the design of the OIS). Descriptive bivariate analyses were then conducted on the OIS-2013 to explore the characteristics of all investigations classified as either maltreatment or risk only. Bivariate analyses (Chi-square analyses) were conducted to determine the relationship between the outcome variable (substantiated risk and substantiated maltreatment) and each of the predictor variables selected for their theoretical relevance (because each of these factors would potentially be known before the worker makes the decision to investigate). Chi-square analysis was also conducted to determine the relationship between the type of investigation (risk or maltreatment) and two additional outcome variables, the decision to open ongoing services, and the decision to refer to at least one community service.

The multivariate analyses were performed using logistic regression to try to understand which predictors were significant in the workers' decisions to substantiate a risk only investigation and a maltreatment investigation. Variables entered in the logistic regression were selected utilizing a theory-driven approach, drawing from previous research on substantiation decision-making. Logistic regression is suited to the analysis of the OIS data as many of the dependent variables of interest are dichotomous and the relationships among the independent and dependent variables are not necessarily linear (Walsh and Ollenburger, 2001).

A two-step analysis procedure was used. Only significant predictor variables at the bivariate level ($p < .05$) for each of the two outcome variables, substantiated maltreatment only and substantiated risk only, were included in the multivariate models. In this analysis, missing data was not included in the bivariate or multivariate analysis.

Outcome Variables

Substantiated maltreatment. A dichotomous variable, comparing substantiated maltreatment to unfounded or suspected maltreatment. Substantiated maltreatment was defined as “the balance of evidence indicates that abuse or neglect had occurred” (CIS-2008 Study Guidebook).

Substantiated risk. A dichotomous variable, comparing substantiated risk investigations to no risk of future maltreatment. For risk of maltreatment investigations, risk of future maltreatment was measured by the investigating worker indicating that, in her or his clinical judgment, the child was at significant risk of future maltreatment. If the worker answered no to this question, the child was judged not to be at any future risk of maltreatment. Investigations with a finding of *unknown future risk* were not included in the multivariate analysis.

Decision to transfer a case to ongoing services. At the conclusion of a protection investigation, a case may be closed, or it may remain open for ongoing services. Workers were asked the following question that will be used in the analysis: cases will stay open for on-going child welfare services: (*Yes* [1], *No* [0]).

Independent Variables

Professional referral. Did the referral to the child welfare agency come from a professional source? This is a dichotomous variable: *yes, or no.*

Primary caregiver functioning. Workers could note up to nine functioning concerns for the primary caregiver. Concerns were: alcohol abuse, drug or solvent abuse, cognitive impairment, mental health issues, physical health issues, few social supports, victim of domestic violence, perpetrator of domestic violence, and history of foster care or group home. Caregiver functioning variables were dichotomous variables, with a suspected or confirmed concern coded as *noted*, and no and unknown coded as *not noted*.

Household composition. Workers were asked to describe up to two care givers in the home. If there was only one caregiver described, and there was no second, then the home was classified as a *single caregiver home*. If both caregivers were the biological parents, it was classified as *2 bio parents*. If there was one bio parent plus a partner, the case was classified as a *blended family*. All other possible household compositions are coded as *other* for this analysis.

Child's functioning concerns. Three domains of child functioning were used for these analyses based on the Trocmé et al. (2009) study: (a) emotional and or mental health concerns, including depression, anxiety, suicidal thoughts, self-harm, and attachment issues; (b) cognitive and or physical functioning concerns, including intellectual disabilities, physical disabilities and a number of developmental concerns; and (c) behavioral concerns, including aggression,

running, inappropriate sexual behavior, involvement with the youth justice system, and substance and alcohol use.

Maltreatment history. Workers documented whether the focal child was previously the focus of a substantiated maltreatment investigation. The variable was recoded into a dichotomous variable: *Noted* (1), *Not noted/unknown* (0).

Case recurrence. Workers documented whether the case had ever previously been opened for an investigation, and if so, how many times. The variable used for this analysis was collapsed into a dichotomous variable: *Yes* (1), *No/unknown* (0).

Housing safety. Workers were asked to document whether there were any unsafe housing conditions, such as mold, broken glass, inadequate heating, etc.: *Yes* (1), *No* (0), or *Unknown* (8).

Type of housing. Workers were asked to document what type of lodging the family is living in. Categorical responses include own home, rental, public housing, hotel, shelter, living with friends, or other.

Number of moves in the past year. How many times had the family moved in the past year? This was an ordinal variable: *none*, *one*, *two*, *three or more*, or *unknown*.

Household regularly runs out of money for basic necessities. Workers were asked separately if the household regularly ran out of money in the past 6 months for food, housing, or utilities. The three questions were merged into one variable which remains categorical: *yes*, *no*, or *unknown*.

4.5 Findings

4.5.1 Research Question # 1. What are the rates of risk only investigations vs. maltreatment investigations in 2008 and 2013? Table 1 presents the rates of investigation by type of Investigation for the 2008 and 2013 cycles. In this table, the families who had at least one

child were the subject of a maltreatment investigation; families with a child who was the subject of a risk only investigation have also been included. These cases ($n=422$ in *OIS-2013*) have been excluded from the remainder of the analysis, or this study, in order to focus on cases in which there were only maltreatment concerns, and cases in which there were only concerns about the future risk of maltreatment, but in which no maltreatment had occurred, even on a sibling.

In 2008, 68% of all investigations were for maltreatment, a rate of 36.5 children per 1000 children in Ontario. In 2013, maltreatment only investigations increased to 74% of all investigations, a rate of 39.5 children per every 1000 in the province. Twelve percent of the investigations in 2008 involved families in which both a child was the focus of a maltreatment investigation and at least one child was the focus of a risk only investigation, a rate of 6.4 children per every 1000 in Ontario. This rate declined in 2013 to only 8% of investigations involving these families, a rate of 4.5 per 1000 children. Families who were subjected to an investigation when no incident of maltreatment had occurred accounted for 20% of all investigations in 2008, a rate of 11 per 1000 children, and 18% in 2013, a rate of 9 per 100 children. Bivariate analyses (t-tests) were conducted to determine if there were differences found between the rates of investigation for each of the three categories between 2008 and 2013. When accounting for estimates of error, there was no significance found in any of the comparisons described above.

Table 4.1.

Rates of Investigations per 1000 Children in Ontario for Risk Only and Maltreatment Only OIS 2008 and OIS-2013

	2008			2013			Difference
	Estimate	%	Rate	Estimate	%	Rate	
Maltreatment Investigation	87,025	67.6%	36.53	92,735	74%	39.47	<i>ns</i>
Maltreatment & Risk(sibling)	15,354	11.9%	6.44	10,562	8.4%	4.49	<i>ns</i>
Risk Only	26,369	20.5%	11.06	21,984	17.5%	9.37	<i>ns</i>
Total	128,748	100%	54.05	125,281	100%	53.32	<i>ns</i>

4.5.2 Research Question # 2. How do the profiles of families and children compare across investigations for an event of maltreatment versus risk of maltreatment? The profiles of families who are investigated for maltreatment and risk only are presented below in two different tables. Table 4.2 examines the characteristics of the caregivers, and Table 3 displays the bivariate analyses of all maltreatment cases and all risk only cases to characteristics of the focal child and several other predictive variables, including referral source, recurrence, and housing conditions. Both tables below provide percentage estimates based on the full regional and annualized weighted sample of 125,281, but the Chi-square analyses were done utilizing the weighted sample of 5, 265 children. The 422 children whose families were the subject of both a

maltreatment investigation and a risk only investigation were excluded, leaving 3, 929 children investigated for maltreatment only, and 914 children investigated for risk only.

As noted in Table 4.2, there are several significant differences in the profile of caregiver characteristics between the families investigated for an incident of maltreatment and those that are investigated for risk only. The risk only families are made up of more single parent (40%) and blended families (24%) than the maltreatment investigations, 32% and 20% respectively. Thirty-six percent of all maltreatment investigations were 2 bio parent families, while only 26% of risk only investigations involved families with 2 bio parents.

The families investigated for risk only are also younger, with 9% of the primary caregivers being under 21, compared to only 3% of families investigated for maltreatment. Eighty-one percent of all families investigated for risk only had a white primary caregiver compared to 67% of families investigated for maltreatment. Twenty percent of the families investigated for maltreatment were visible minorities other than black or aboriginal vs. 9% of risk only primary caregivers. The primary caregivers in the risk only investigations present with significantly more risks than maltreatment cases, other than alcohol abuse, which was the only risk factor, and was not statistically significant. The risk factor with the most statistically significant difference was the caregiver's mental health. Thirty percent of all risk only cases involved a primary caregiver with mental health concerns vs. 19% for maltreatment cases. Drug and solvent issues, as well as cognitive impairments, were also both more evident in the risk only cases than in the maltreatment cases, 12% vs. 6% and 6% vs. 4% respectively. Twenty-eight percent of all risk only investigations involved primary caregivers with few social supports vs. 24% in maltreatment only cases. A history of being in foster care and physical health concerns were also higher in the risk only families.

Table 4.2.

Caregiver Characteristics by Type of Investigation OIS – 2013 (N=125,282 weighted sample)

	Maltreatment Only		Risk Only		X^2
	Estimate	%	Estimate	%	
Household Composition					
Bio parent/no other caregiver (single parent)	29,969	32%	8,541	39%	X^2 22.59***
2 bio parents (intact family)	33,256	36%	5,770	26%	
Blended family	18,955	20%	5,355	24%	
Other	10,537	11%	2,318	11%	
Primary Caregiver Age					
21 and under	2,697	3%	2,021	9%	X^2 59.62***
22-50	83,758	93%	19,254	88%	
>50	3,684	4%	645	3%	
Primary Caregiver Ethnicity					
White	59,054	67%	17,180	81%	X^2 57.36***
Black	6,339	7%	942	4%	
Aboriginal	6,351	7%	1,245	6%	
Other	17,068	19%	1,899	9%	
Primary Caregiver Risk					
Alcohol abuse	6,600	7%	1,835	8%	<i>ns</i>
Drug solvent abuse	5,855	6%	2,528	12%	X^2 40.84***
Cognitive impairment	3,299	4%	1,286	6%	X^2 15.72***

Mental health	17,612	19%	6,651	30%	X^2 69.28***
Physical health	5,657	6%	1,824	8%	X^2 7.20**
Few social supports	22,456	24%	6,074	28%	X^2 7.70**
History of FC	4,262	5%	1,421	7%	X^2 5.26*

Note. * $p < .05$. ** $p < .01$. *** $p < .001$. unweighted $N = 5,265$.

The characteristics of the focal child of the risk only cases were also significantly different than those of the children who were the focus of maltreatment only investigations. Children investigated for maltreatment had more cognitive and or physical functioning issues, more behavior issues, and were older than children in the risk only cases. Concerns about the emotional and or mental functioning of the children, and whether the focal child had previously been the subject of a substantiated maltreatment investigation, were not statistically significant. See Table 4.3 for results.

When examining other case characteristics, you can see from Table 4.3 that the profile of families investigated for risk only concerns differ from the profile of families investigated for maltreatment in some significant ways. Fewer risk only cases are referred by professionals than maltreatment cases, and 20% of them have at least one housing safety concern. A greater percentage of risk only families rent, rather than own, their own homes, 44% and 27% respectively, compared to the 40% of families investigated for maltreatment that own their own homes. Thirteen percent of risk only cases involve families without any housing of their own, 11% living with friends, and 2% living in a shelter, and a greater percent run out of money for necessities than families investigated for an incidence of maltreatment, 9% vs. 6% respectively. A larger percentage of risk only families have also had at least one previous opening than families involved in maltreatment investigations (See table 4.3 for full results).

Table 4.3.

Other Case Characteristics by Type of Investigations – OIS 2013(N=125,282 weighted sample)

Variables	Maltreatment Only		Risk Only		X^2
	Estimate	%	Estimate	%	
Child functioning- mental/emotional	16,459	18%	3,290	15%	X^2 5.59*
Child functioning- cognitive/physical	20,463	22%	4,018	18%	X^2 8.87**
Child functioning - behavioural	19,537	21%	4,090	19%	X^2 3.88*
Substantiated child recurrence	31,594	34%	7,516	34%	<i>ns</i>
Child age (mean/SD)	7.45	4.37	6.73	4.91	***
Professional referral source	69,308	75%	15,635	71%	X^2 6.98**
Housing safety					
No	81,527	90%	19,903	90%	X^2 15.46***
Yes	4,591	5%	635	3%	
Unknown	4,499	5%	1,445	7%	
Type of housing					X^2 146.74***
Own home	36,244	40%	5,884	27%	
Rental	34,559	38%	9,718	44%	
Band housing	859	1%	247	1%	
Public housing	8,820	10%	1,961	9%	
Hotel	93	0.1%	14	.1%	

Shelter	416	0.5%	372	2%	
Living with friends	4,421	5%	2,432	11%	
Unknown	4,886	5%	1,272	6%	
Moves in past year					$X^2 31.08^{***}$
None	54,914	61%	11,925	54%	
One move	17,296	19%	5,123	23%	
Two or more	4,208	5%	1,620	7%	
Unknown	14,199	16%	3,316	15%	
Household ran out of money for food, housing or utilities					$X^2 15.88^{***}$
No	73,257	81%	16,864	77%	
Yes	8,151	6%	2,047	9%	
Unknown	9,209	13%	3,073	14%	
Case recurrence	58,721	63%	14,999	68%	$X^2 10.86^{**}$
Transfer to ongoing services	22,591	25%	5,568	25%	<i>ns</i>
Referral to at least one Community Service	41,192	44%	9,395	43%	<i>ns</i>

Note. * $p < .05$. ** $p < .01$. *** $p < .001$. unweighted $N = 6,534$

Interestingly, substantiated child maltreatment recurrence on the focal child was not significantly correlated, however, a previous case opening was.

4.5.3 Research Question # 3. What are the rates of substantiation for risk only cases and how do these rates compare to the rates of maltreatment only investigations? When examining the service disposition decision for maltreatment only cases vs. risk only cases, there was no

difference in the percentage of cases in which workers predicted the future risk of maltreatment. Workers predicted future risk of maltreatment in 22% of both the maltreatment only cases and the risk only cases. Yet, when we look at the decision to substantiate maltreatment cases vs. the decision to substantiate future risk of maltreatment, in the risk only cases, there is a significant difference in these outcome decisions (Figure 1). As noted above, only 22% of the risk only cases, a rate of 2 per 1000 children in Ontario, were substantiated for future risk of maltreatment. In maltreatment only investigations, 44% of the cases were substantiated for maltreatment, a rate of 17.5 per 1000 children in Ontario.

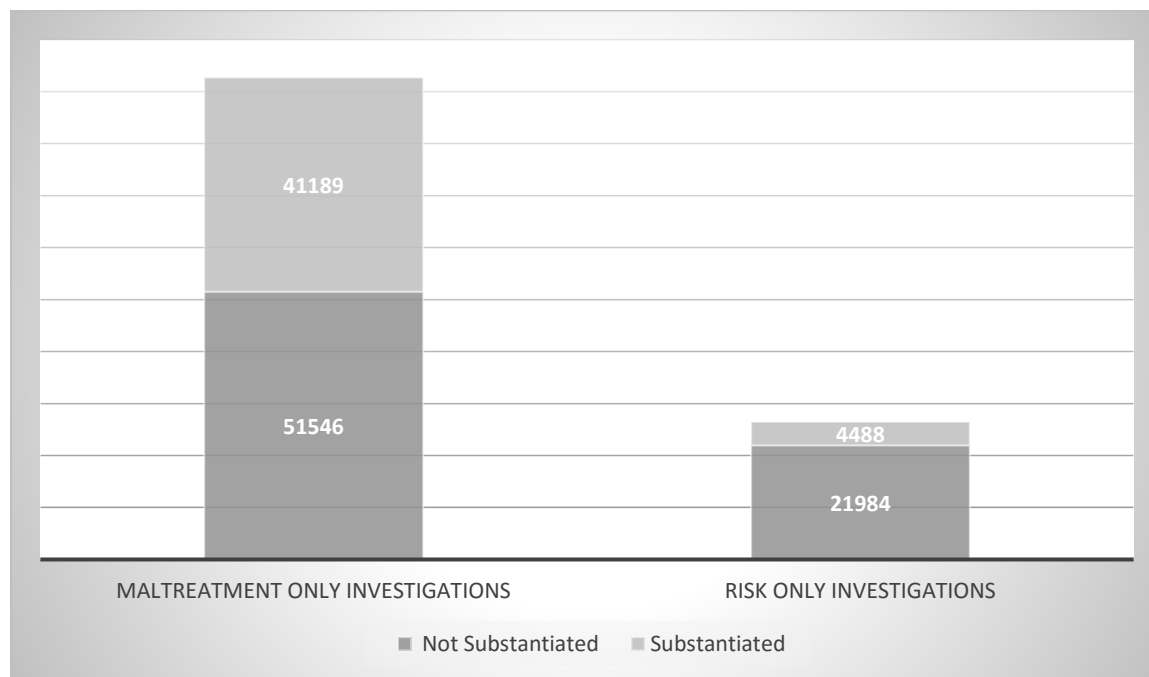


Figure 4.1. Substantiated maltreatment vs. substantiated risk in Ontario OIS-2013

4.5.4 Research Question # 4. What factors influence the decision to substantiate risk only and how to do these factors differ from the factors that influence the decision to substantiate maltreatment? Tables 4.4 and 4.5 show the results of the logistic regression analyses used to predict which variables were significant at the bivariate level ($p < .05$) for each type of

investigation that significantly influenced the worker's decision to substantiate maltreatment or future risk of maltreatment for the risk only cases. For risk only cases, the only primary caregiver factor which influenced the substantiation decision was lack of social supports, increasing the likelihood of substantiation 1.9 times. For maltreatment only cases, in addition to lack of social supports, the primary caregiver's mental health and alcohol abuse also significantly influenced the substantiation decision, 1.9 times and 2 times respectively. The child's mental and or emotional and cognitive and or physical functioning influenced the decision to substantiate future risk of harm in the risk only cases by 2.3 and 2.5 times respectively, while only the child's mental and or emotional functioning concerns had a significant influence on the decision to substantiate maltreatment only cases. Younger children were more likely to be substantiated for risk than older children, but the children's ages were not a significant predictor of the maltreatment substantiation decision. Receiving the referral from a professional source did not significantly predict substantiation for the risk only cases, but it did make it 1.9 times more likely in the maltreatment only cases. The family running out of money for necessities, including food, housing, or utilities within the previous 6 months did not significantly predict substantiation in the risk only cases, but it made it 2 times more likely in the maltreatment only cases. None of the other variables that were significant at the bivariate level had a significant influence on predicting substantiation in either the risk only cases or the maltreatment only cases.

Together, the predictor variables explain 26% of the variance in the risk only substantiation decision, with an overall classification rate of 79%, correctly predicting 25% of substantiated risk only investigations. The predictor variables explained 16% of the variance in the substantiation of maltreatment investigations, with an overall classification rate of 64%, correctly predicting 56% of substantiated maltreatment cases.

Table 4.4.

Predictors of Substantiated Risk Only Investigations

	Exp(B)
Caregiver Age	
21 and under	
22-50	0.64
<50	0.29
Primary Caregiver Ethnicity	
White	
Black	0.27
Aboriginal	1.21
Other	0.72
Primary Caregiver Risk	
Alcohol abuse	1.57
Drug solvent abuse	1.14
Cognitive Impairment	0.95
Mental Health	1.38
Physical health	1.43
Few Social Supports	1.91**
History of FC	1.43
Child Functioning- mental/emotional	2.26**
Child Functioning- cognitive/physical	2.56***
Child Functioning – behavioural	1.00

Age of Child	0.93**
Professional Referral	1.25
Household Finances (runs out for necessities)	
No	
Yes	1.04
Unknown	1.15
Home Overcrowded	
No	
Yes	3.91***
Unknown	1.87
Number of moves	
None	
One	0.82
Two or more	1.15
Unknown	0.59
Case previously investigated	1.06

Note. $\chi^2 (18) = 167.62^{***}$, Nagelkerke $R^2=0.26$. * $p<.05$. ** $p<.01$ *** $p<.001$.

Substantiated Risk Only is the reference category. The $\text{Exp}(\beta)$ reflects the effect of the odds that the risk only case will be substantiated for future risk of harm. The larger the $\text{Exp}(\beta)$, the more likely it is that the risk only investigation will be substantiated.

Table 4.5.

Predictors of Substantiated Maltreatment Only

	Exp(B)
Primary Caregiver Risk	
Alcohol abuse	2.00***
Drug solvent abuse	1.22
Cognitive impairment	0.98
Mental health	1.93***
Physical health	0.91
Few social supports	1.97***
Professional Referral Source	1.85***
Child Functioning- mental/emotional	1.92***
Child Functioning - behavioural	0.89
Age of Child	0.99
Household Finances	1.68***
Home Overcrowded	
No	
Yes	2.14***
Unknown	1.09
Number of moves	
None	
One	1.18
Two or more	1.11

Unknown	0.89
Case previously investigated	1.09

Note. $\chi^2 (18) = 449.12^{***}$, Nagelkerke $R^2=0.16$. * $p<.05$. ** $p<.01$. *** $p<.001$.

Substantiated Maltreatment Only is the reference category. The $\text{Exp}(\beta)$ reflects the effect of the odds that the maltreatment case will be substantiated rather than unfounded. The larger the $\text{Exp}(\beta)$, the more likely it is that the investigation will be substantiated.

4.5.5 Research Question #5. How many families receive service beyond an investigation, either through the provision of ongoing services by the child welfare agency or through a community referral? How do these service dispositions differ based on the type of investigation?

When looking at the follow up services provided to all of the families investigated for maltreatment and risk only, there are no significant differences in either the percentage of families that are transferred to ongoing services, or the percentage of families that are referred to at least one community service (See Table 4.1). However, when comparing cases that are substantiated for risk and maltreatment, there are significant differences in the services provided to families (See Figure 4.2). Families for which the worker substantiates future risk of maltreatment are referred more often to a child welfare agency's ongoing services than families in which there has been substantiated maltreatment (59% vs. 45%). These families are also referred more often to Community Services (69% vs. 61%).

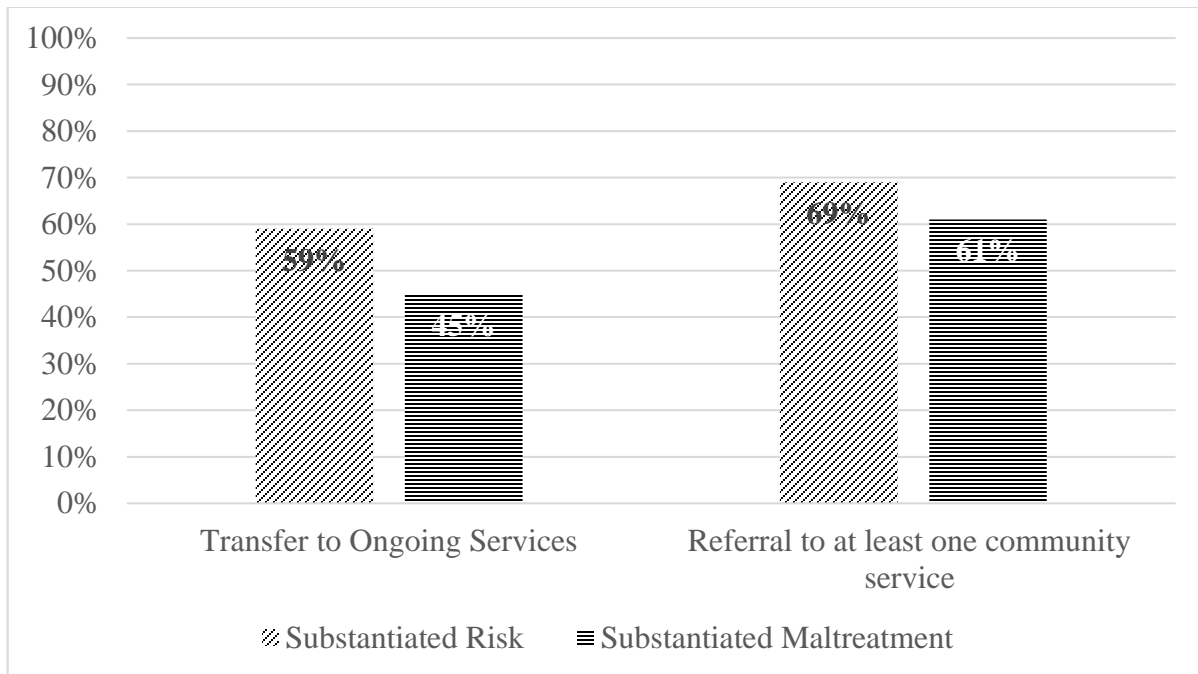


Figure 4.2. Follow-up service provision

4.6 Discussion

The overall rate of investigation in Ontario is largely unchanged from 2008 to 2013. However, within these overall investigation rates, we are seeing slightly more families investigated for maltreatment only, and fewer families investigated for both maltreatment and risk. The rate of investigations that involve only a concern about the future risk of maltreatment, without an incidence of maltreatment, have decreased slightly from 11 out of every 1000 children in Ontario to 9 out of every 1000.

There is limited research on the profile of risk only investigations in Canada (Fallon et al., 2011), and this study provides the first exploration of risk only investigations in Ontario. With one in almost every 10 children in Ontario being the subject of an investigation by a child welfare agency, without any reported incident of maltreatment, it is important to examine the profile of the families that come to the agency's attention. The profile of families who are being subjected to such an investigation emerge as young, single parents, with significant personal

stressors, such as drug use, cognitive impairments, mental health issues, and very few social supports. These families are more likely to rent or have unstable housing, such as living in a hotel, shelter, or with friends, than families involved in maltreatment investigations. They also tend to be more transient. Families who are investigated for risk of future maltreatment have more concerns regarding sufficient finances to cover basic necessities, such as food and housing, than families investigated for maltreatment, with almost 10% of families having run out of money for these basic necessities within the six months prior to the investigations.

While living in poverty increases the risk of maltreatment for children, not all children who are poor are maltreated, as many live in safe and loving families (Scannapieco & Connell, Carrick, 2003; Sedlak, 1997). There is no doubt that the families identified in this study could benefit from supportive, helpful services; but is the best form of help for young isolated parents living in poverty an intrusive child welfare investigation? Only 25% of these families investigated for risk of future maltreatment receive service from the child welfare agencies beyond an investigation, and only 43% are referred to other community organizations. Sixty-eight percent of families investigated for risk have already had at least one previous investigation, significantly more than those investigated for maltreatment. With such a vulnerable population, one has to ask if an investigation by a child welfare agency provides the help these families need, or if it further isolates these parents from helping systems. The relationship between the child welfare worker and the family is crucial, not only to the assessment of risk, but in addressing these risks. Unfortunately, the institutionalized power of the child welfare system often undermines the trust between workers and families (Christie & Mitler, 1999; Dumbrill, 2006; Lalyants, 2015). What is the cost and benefit for these families, especially when only 20% of the children are actually substantiated for any risk of future maltreatment?

Identifying the differences between families who maltreat or are at risk of future maltreatment and those who do not is imperative to helping families in need (Scannapieco & Connel Carrick, 2003). While there is a growing amount of research identifying the profile of families who maltreat, there is a dearth of information about the families who are substantiated for risk of maltreatment, and whether the interventions provided to these families actually help alleviate the factors that can lead to maltreatment (Fallon et al., 2011). The results of this study suggest that at least in Ontario, the factors that predict maltreatment are not completely consistent with the factors that predict future risk of maltreatment. Receiving the referral regarding child welfare concerns from a professional referral source is an important factor in predicting the eventual conclusion of the child maltreatment investigations. It is not a significant predictor for risk only cases. Primary caregiver substance abuses and mental health issues predict maltreatment, yet they were not strong influences on the workers' decisions about whether a child was at risk of future maltreatment. The only caregiver risk factor that predicts both maltreatment and the future risk of maltreatment is having few social supports. Families who are transient or have unstable housing, including homelessness, are at an increased risk of social isolation, and thus, involvement with child welfare agencies (Hong & Piescher, 2012). Having a social support network is known to help parents with their childrearing, making it more likely for parents to seek help for issues, such as mental health and substance use, and can improve overall physical and emotional well-being (Anooshian, 2005; Lyons, Henly, & Schuerman, 2005; Kotch et al, 1997). Recent promising practices in Ontario Child Welfare, such as Family Finding, can help shift the focus of support child welfare workers provide to families by facilitating the development of, or strengthening of, a family's social support network.

Child functioning concerns appear to have more of an influence on the decision to substantiate future risk of maltreatment than on incidents of maltreatment. Children with mental, emotional, cognitive, and physical functioning issues are 2 times more likely to be substantiated for risk of future maltreatment, while only emotional and or mental health functioning of the focal child predicts substantiated maltreatment. This is a somewhat surprising finding given that the study by Fallon et al. (2011), based on the OIS-2008 Canadian wide sample, found the opposite. One would assume that since what we know about the risk of future maltreatment comes from examining cases in which children have been substantiated for maltreatment, that child functioning concerns would have at least as much an influence, if not more, on their decision to substantiate maltreatment. It appears that again there is a shift to more of a focus on children who are at risk than those who have already been harmed.

Of the families investigated for concerns about future risk of maltreatment, younger children are more likely to be substantiated than older children, although the age of a child does not significantly influence the substantiation of maltreatment. This is not surprising given that prenatal concerns are captured within the risk only cases. This also means that there is an opportunity to intervene with families at risk early enough to prevent maltreatment of the child. However, this would require that helpful services are provided to parents to alleviate the caregiver functioning concerns. More research is needed on this subset of families to try to determine what services are actually provided to them, and if these services are helpful. This writer shares the concerns raised by others about the level of intrusiveness for families, and that investigations that focus on gathering evidence are not appropriate for all cases (Harries, Cant, Blison & Thorpe, 2015; Merkel-Holguin, Kaplan, & Kwak, 2006; Schene, 2005; Waldfogel, 1998, 2000; Trocmé, Knott & Knoke, 2003).

Finally, one of the strongest predictors of future risk of maltreatment is an overcrowded home, increasing the odds of substantiation by 3.9 times. This factor also predicts maltreatment with children living in overcrowded homes, being 2.1 times more likely to be substantiated victims of maltreatment. Overcrowding has been utilized in other studies as a proxy for poverty (Kotch et al., 1995; Sidebotham et al., 2002; Townsend, 1987). While these findings support other research which suggests that children living in poverty are at greater risk of maltreatment, these findings may also be a further indication of the subjugation of risk based on poverty. Another consideration is that these findings reflect a cultural bias of Canadians. If the goal is the prevention of maltreatment, then social policies should focus on the underlying inequalities in our society, and not on blaming parents for these inequalities.

Put together, the profile of families who come to the attention of child welfare agencies for concerns about future risk of maltreatment, and families in which the worker substantiates that the children are in fact at risk of future maltreatment, appear to be families with few social supports, unstable housing and finances, with children who are struggling emotionally or developmentally. It is important that the services provided to these families reflect their needs, which are different than families who have maltreated their children. Differential response has been proposed as a possible solution to providing services to families with these complex needs. Differential response was introduced in Ontario in 2005 with the intent that when faced with concerns, such as risks to a child's development and well-being, that workers would utilize tools beyond risk assessments, and focus more on engaging with families (MCYS, 2005). With most differential response models, the profile of the families found in this study would not have been subjected to an intrusive child maltreatment investigation, but would have been streamed to a more supportive service that focused on assessment of need while attempting to engage families

(Harries, Cant, Bilson, & Thorpe, 2015; Loman & Siegle, 2015; Lonne, Parton, Thomson, & Harries, 2009; Ruppel, Huang, & Haulenbeek, 2011; Scott, 2006). The implementation and the outcomes of Ontario's differential response model have not been evaluated, but given the rate and the profile of the families being investigated for the future risk of maltreatment, research examining the impact of Ontario's differential response model is critical.

When considering the follow-up services provided to families who are substantiated for maltreatment or for future risk of maltreatment, there is also a difference in the response provided. Families at risk of future maltreatment are transferred to ongoing child welfare services more frequently (69% vs. 59%) and referred to other community services more frequently (61% vs. 45%) than families in which there has been a substantiated incident of maltreatment. Although there is no doubt that these families require service, the question is, "What type of service would best meet their needs?" These findings support previous findings in this dissertation that workers appear to be more focused on children at perceived risk than on children who have already been harmed by maltreatment. Given the impact that the risk only families have on the volume of investigations every year in Ontario, it is critical to assess whether the benefit to these families outweighs the possible risk, to not only the families subjected to such an intrusive service, but also to the children who have actually been harmed and require focused, immediate responses, from an overburdened system.

It is important to note that, despite the large amount of case information used to predict the decision to substantiate maltreatment, and to substantiate future risk of maltreatment, there is still a significant proportion of unexplained variance, suggesting that there are additional confounding or explanatory variables that need to be examined further.

4.7 Conclusion and Limitations

As is common in studies that utilize secondary data, in the current study, variables are limited to those available in the OIS. When considering the risk of child maltreatment, there are a few factors thought to influence parenting knowledge and capacity that are not covered in the data collected by the OIS. These include having realistic expectations about the child, the ability to read and respond sensitively to a child's cues, a history of childhood trauma in the parent, and parental stress (Belsky, 1993; Mullick, Miller & Jacobsen, 2001; Scannapieco, 2003). The OIS has other specific limitations as a data set, including the fact that the data is limited to the initial stage of investigations and only tracks decisions made within the first 30 days, is based on assessments provided by the investigating child welfare worker, and that information provided by workers is not independently verified.

The current study explores the rates and profile of investigations conducted in Ontario in which there are concerns about the risk of future maltreatment to a child, even though there has been no incident of maltreatment to date. The study adds to what is known about families who receive services in the form of an investigation from child welfare for concerns about future risk of maltreatment and how these families differ from families investigated for incidents of maltreatment. The families involved in the risk only investigations are often young, single parents with significant personal stressors, such as drug use, cognitive impairments, and mental health issues. They also have very few social supports and unstable housing, including homelessness, coupled with lack of money for basic necessities.

Of those families investigated for the risk of maltreatment, the profile of families for which the worker makes a determination that she or he believes the children are in fact at risk of future maltreatment are also different in important ways from families who are confirmed to have had an incident of child maltreatment. While both sets of families have few social supports,

other parent functioning issues do not appear to be significant predictors of substantiated risk of maltreatment. Furthermore, families with substantiated maltreatment are more likely to have substance use and mental health concerns. Families with child functioning concerns, including emotional and mental health issues, as well as cognitive and physical delays, are 2 times more likely to be substantiated for risk, than families whose children do not display these concerns. Younger children are more likely to be found at risk than older children, and families living in overcrowded conditions are almost four times (OR=3.9) more likely to be found at risk.

Future research examining interventions provided by child welfare agencies and other community agencies that are designed to address the above concerns, including social isolation and homelessness, such as Family Finding are important to help the field ensure that the families who are coming to the attention of child welfare agencies at such significant rates receive services that address their unique needs, while not overburdening the system and drawing attention away from children who have already been maltreated. An evaluation of Ontario's differential response model is also needed to assess whether the policies introduced in 2005 to address the dramatic expansion in the number of children being investigated by the child welfare system since the early 1990s is having the intended effect, and whether the current model actually facilitates early intervention and prevention (MCYS, 2005).

Chapter 5

5.1 Paper 3: An exploration of the use of differential response in Ontario: is there a gap between vision and reality?

Child Welfare in Ontario has a dual mandate: to protect children from maltreatment, by ensuring that they are made safe, and to protect children from environments that negatively impact their well-being and future development. The protection mandate refers to the need to

keep children safe from harm or protect them from risk. When dealing with specific forms of maltreatment such as physical or sexual abuse the need to ‘protect’ children or keep them ‘safe’ from further harm is relatively clear. However, these terms become less clear when referring to forms of maltreatment that have been added as the mandate of child welfare has expanded, including neglect, emotional maltreatment, and intimate partner violence. In these cases, the focus shifts from concerns about the child’s imminent safety to the potential long term psychological harm associated with exposure to chronic neglect, violence in the home or emotional maltreatment (Trocmé, Kyte, Sinha & Fallon, 2014). Major policy initiatives were introduced by the province of Ontario in 2005 in response to a dramatic expansion in the number of children being investigated by the child welfare system, and the increase in the number of children in care since the early 1990s. The number of child abuse and neglect investigations nearly tripled between 1993 and 2003, and the Child Welfare Transformation in 2005 was designed to address the changing profile of families, as well as to allow for early intervention and prevention, and deal some of the unintended consequences of the Ontario Risk Assessment Model (ORAM; MCYS, 2005). Transformation was intended to move away from a predominantly risk-focused approach, to protecting children. As part of this new agenda, differential response was introduced in Ontario in April, 2007, allowing workers to provide different responses to families based on their presenting needs and type of maltreatment. Legislative changes introduced in late 1998 were designed to address growing knowledge and awareness of the long term impact of the development and well-being of children exposed to child neglect, emotional maltreatment, and domestic violence. These changes were clearly reflected in the dual mandate of the child welfare sector in Ontario: to address immediate safety concerns, preventing re-occurrence of maltreatment when it occurs, and to address risks to a

child's development and long term well-being. Despite this dual mandate, there was growing concern that risk adverse, focused protection investigations designed to gather evidence were not appropriate for all cases. Therefore, differential response was introduced in 2005, with the intent that when faced with concerns that were of *lower immediate risk*, workers would still focus on the risk to the child's development and well-being, utilize tools beyond risk assessments, and focus more on engaging families (MCYS, 2005). However, as with many policy initiatives, implementation of policies does not always reflect the intended outcome. Although some studies have examined outcomes for children who receive differential response services, little is known about broader system changes that have resulted from the implementation of differential response (Janczewski, 2015). This paper will explore what the practice of differential response looks like in Ontario almost 10 years after it was introduced.

5.2 Literature Review

Differential response, sometimes called *dual track* or *alternative response*, has been introduced in numerous jurisdictions across the United States, Australia, and Canada. Differential response first emerged in the early 1990s in response to a growing concern that child protection responses were inflexible and adversarial, and did not provide sufficient services to meet family needs. Concerns were also raised about the level of intrusiveness for families, and that investigations that focused on gathering evidence were not appropriate for all cases (Harries et al., 2015; Merkel-Holguin, Kaplan, & Kwak, 2006; Schene, 2005; Waldfogel, 1998, 2000; Trocmé, Knott & Knoke, 2003). Typically, these models provide a greater range of intake response options, ranging from full child protection investigations, to strength based family assessments, to referrals to community service providers. Based on such factors as the type and severity of the alleged maltreatment, the number of previous reports, and the motivation and

cooperation of the parent in addressing safety concerns, child welfare intake systems can use different approaches to the investigation and assessment of families designed to differentiate concerns about children and families from allegations of child maltreatment (Harries et al., 2015; Merkel-Holguin, Kaplan, & Kwak, 2006; Waldfogel, 2008). Typically, in differential response models, low and moderate risk cases receive a non-investigation assessment response and do not require the determination that maltreatment has occurred or that the child is at risk of maltreatment (Harries et al., 2015; U.S, Department of Health and Human Services, 2005). High-risk cases that generally include all reports of sexual abuse, physical abuse, or serious emotional harm or neglect, especially those in which criminal charges may be laid, receive traditional forensic investigative approaches (Merkel-Holguin et al, 2006; Trocmé et al., 2003)

There is growing research that demonstrates the positive results of differential response implemented the way it was initially proposed. Positive results include improved family engagement and increased numbers of family receiving supportive services and interventions, as well as significantly reducing the number of families subjected to an intrusive child maltreatment investigation (Harries et. al., 2015; Loman & Siegle, 2015; Lonne et al., 2009; Ruppel, Huang, & Haulenbeek, 2011; Scott, 2006). Reduced numbers of children removed from the care of their parents, and recurrence of reported safety threats and parenting problems have also been reported (Loman & Siegel, 2015). Loman and Siegel (2012) found evidence that differential response provided increased services to families, and addressed poverty without labelling these families as receiving child maltreatment services. These promising results suggest that through the use of differential response, the system can begin to focus on child and family needs rather than risk.

Differential response was initially proposed to address the concerns about the dramatic increase in families being investigated for child maltreatment. There was a recognition that the

majority of families being serviced by child welfare organizations in many countries, including Canada, the US, and Australia were not actually being reported for concerns of abuse or maltreatment, but were being reported for concerns about the well-being of children and families (Harries et al., 2015; Loman & Siegel, 2015; Trocmé et al., 2003). In many countries, the implementation included a narrowing of both the mandate of child protection services and the definition of abuse and neglect, while expanding services considered child welfare services to lower risk families (Harries et al., 2015; Loman & Siegel, 2015). The intent was that mandated child welfare or child protection systems would be narrowed to focus on families at high risk, while alternative community service systems would serve families at low to moderate risk (Connelly, 2007; Waldfogel, 1998). This is not the approach that was implemented in Ontario. Instead, the Ontario differential response model streamed all families reported for either maltreatment concerns or well-being concerns through child welfare agencies. The model was intended to emphasize the assessment of strengths and deficits while identifying community resources and engaging families on a voluntary basis (wherever possible). Ontario chose to implement differential response following the first face-to-face contact and safety assessment of the child or children. Following this initial contact, decisions could be made about the type of service that best met the children's and family's needs (MCYS, 2005). It reflected an attempt to help distinguish those cases that required traditional protection investigations, in which gathering forensic evidence was critical, from cases in which the assessment of family functioning and children's needs should be at the forefront (Fallon et al., 2011)

Has the introduction of differential response in Ontario actually changed the way risk is assessed and responded to? This paper will explore what, if any, changes have occurred in the use of differential responses since it was introduced into policy in 2005. Utilizing the 2008 and

2013 cycles of the OIS provides us with some insights into the rates of families receiving the very risk focused forensic investigations and those receiving more customized responses. Can the difference in these assessments be distinguished, or has risk society theory embedded itself so soundly in child welfare practice in Ontario, that risk continues to be viewed unidimensionally, despite this very specific policy attempt to re-balance practice? In a 2014 article, researchers from the *Canadian Incidence Study of Reported Child Abuse and Neglect – 2008* (CIS-2008) attempted to unpack these differences. Trocmé et al. (2014) divided investigated reports of maltreatment into two categories; urgent protection investigations and other investigations, and assessments representing chronic need. Utilizing these same groupings, this study explores the OIS-2013 cycles and uses a Chi Square Interaction Detection (CHAID) analysis to see if cases requiring urgent protection investigations utilize the traditional response, and if those categorized as *chronic need* are more likely to receive customized responses. If the intent of the policy has become imbedded into practice, then the CHAID decision tree should resemble Figure 5.1. Given that the vast majority of the investigations conducted in Ontario are related to chronic need, and not urgent protection concerns as reported in the OIS-2013, it will be important for workers, agency leaders, and policy makers in Ontario to see if the introduction of differential response has had the intended outcome on decision-making.

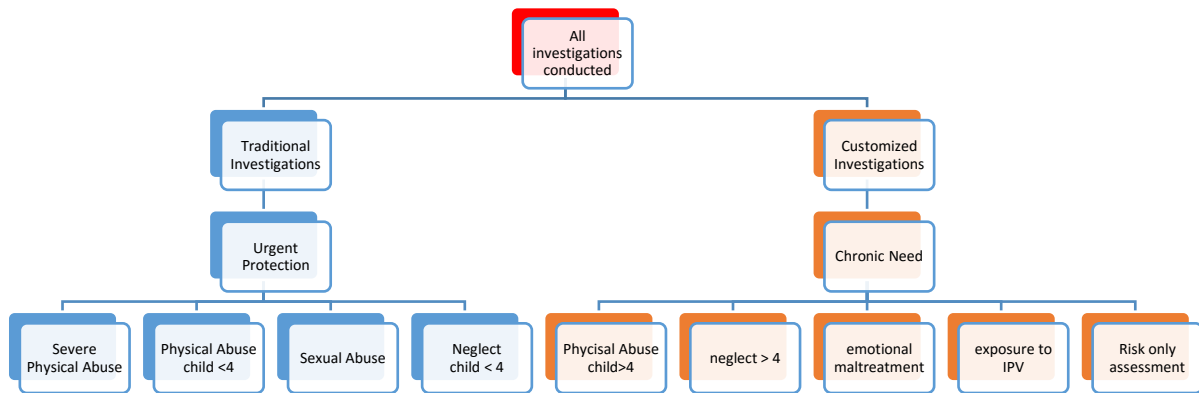


Figure 5.1. Hypothetical decision tree reflecting differential response and the dual mandate concern.

Research Questions:

1. What is the rate of cases receiving traditional vs. customized responses to investigations in the OIS 2008 and OIS 2013?
2. What is the profile of cases receiving traditional vs. customized response to investigations in the OIS-2013?
3. Do the profile of cases receiving traditional vs. customized response match up to the hypothetical decision tree that is reflected in differential response and dual mandate?

5.3 Methodology

The purpose of this exploratory study is to examine if the differential response policy introduced in 2005 has had the intended impact on decision-making related to the type of investigatory procedures used by workers. The Ontario Incidence Study of Reported Child

Abuse and Neglect (OIS) is a provincial study examining the incidence of reported child abuse and neglect in Ontario. The primary objective of the OIS is to gather reliable data regarding the rates of investigation and substantiation of maltreatment. Data used for this study comes from the 2008 and 2013 cycles of the OIS. The OIS tracks a sample of investigations involving children up to 15 years of age conducted in sites across Ontario. Child welfare agencies are the primary sampling unit for the OIS. The term child welfare agency is used to describe any organization that has the authority to conduct child protection investigations. Each of the cycles of the OIS utilized a multi-stage sampling design, first to select a representative sample of child welfare agencies across Ontario, then to select cases within the three-month sampling period, and finally, to select child investigations that met the study criteria from the sampled cases. The OIS-2008 gathered data on 7,471 child maltreatment investigations conducted in a representative sample of 23 child welfare organizations. The OIS-2013 gathered data on 5,265 children who were the subject of investigations of maltreatment from a representative sample of 17 child welfare organizations. The samples were then weighted to reflect provincial annual and regional estimates resulting in 128,108 estimated maltreatment-related investigations in 2003; 128,748 in 2008; and 125,280 investigations in 2013.

The OIS-2008 form was changed to reflect cases in which a child may be at risk of future maltreatment, but in which there were no specific concerns that an incident of maltreatment had already occurred. The OIS-2008 was redesigned to separately track both types of investigations, which reflected the change in the type of cases being referred to child welfare organizations across the province. Using two consecutive data sets collected in 2008 and 2013 allows for comparison over time of the rates of investigations based on the different categories of maltreatment. Having only two points of data does not allow for a trend to be established but is

still an interesting and valuable comparison. The OIS-2013 data set will be used to explore the case factors currently influencing a worker's clinical decision about the type of investigation to use with families.

The OIS collected information directly from investigating workers at the conclusion of the investigation. Site researchers provided training to workers covering key definitions and study procedures, and conducted follow-up visits to verify adherence to the sampling protocol and data collection on the OIS forms. The data collection form described the alleged maltreatment in addition to other child, family, and investigation related information that included: (a) child age, sex, Aboriginal status, and a child functioning checklist, (b) family size, structure and housing conditions, (c) caregiver age, education, ethnicity, income, and a caregiver risk factor checklist, (e) source of report, caregiver response to investigation, ongoing service status, service referrals, out-of-home placement, child welfare court application, as well as police and criminal court involvement. Reflecting a fairly broad definition of child maltreatment, the OIS distinguishes five primary categories of maltreatment: physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to domestic violence. Every investigation could be classified as up to three forms of maltreatment (i.e., primary, secondary, and tertiary). For each form of maltreatment, the study tracked information on substantiation, duration, perpetration, physical harm, and use of punishment. A case was considered substantiated if the balance of evidence indicated that abuse or neglect had occurred. If there was not enough evidence to substantiate maltreatment, but there remained a suspicion that maltreatment had occurred, a case was classified as suspected. A case was classified as unfounded if there was sufficient evidence to conclude that the child had not been maltreated. Workers were asked to complete a 3-page

Maltreatment Assessment Form with additional pages for each child included in the investigation.

In their study titled “Urgent versus chronic need: clarifying the dual mandate of child welfare services across Canada,” Trocmé et al. (2014) grouped the child welfare investigations into two streams. The first, termed *Urgent Child Protection* cases, consisted of four categories: any type of severe harm, all sexual abuse, physical abuse for children under four years of age, and neglect for children under four years of age. The second, termed *Chronic Child Protection*, generally reflects issues or concerns of well-being for children, including physical abuse for children over four years of age, when no severe harm has occurred, neglect of children over four years of age, when no severe harm has occurred, exposure to intimate partner violence, emotional maltreatment without severe harm, and risk only investigations when there has been no incident of maltreatment, but when factors have raised concerns for the child’s safety or well-being. This study will rely on information collected by the OIS Maltreatment Assessment Forms and will utilize the above categories to separate the urgent from the chronic cases.

5.4 Analysis

The analysis for this paper was done using SPSS version 23. The purpose of this study was to determine if the type of maltreatment and level of harm to a child can predict the type of investigative approach used by the workers. To examine the rates of substantiated maltreatment, bivariate (using t-tests and Chi-square analyses) and multivariate analyses were conducted. Descriptive statistics were used to examine the profile of factors associated with each type of investigation. Trocmé et al. (2014) divided investigated reports of maltreatment into two categories: urgent protection investigations and other investigations, and assessments representing chronic need. Utilizing these same groupings, a chi-square bivariate analysis was

conducted to examine the relationship between the categories of cases and the type of investigation the worker chose to use. Eight categories were derived to differentiate between urgent (sexual abuse, severe physical harm, physical abuse <4, neglect <4) and chronic (risk only, emotional maltreatment, physical abuse >4, neglect >4) cases. Chi-square analyses were used to examine the relationship between the type of investigation used with categories of urgent and chronic investigations, and several additional factors which might influence the worker's decision about the type of investigative approach to use. Additional factors include age of child (under 6 and over 7), substantiated child recurrence (noted or not noted), case previously opened (never, 1 time, 2-3 times, or >3 times), police involvement in the investigation, and caregiver ethno-racial status (white, black, aboriginal, other). Cases that concerned a community caregiver, and not the child's family, were excluded from this study. A CHAID tree was used for analyses in order to identify factors predictive of the decision to utilize a customized or traditional investigation. CHAID is a classification tree method that focuses on interactions rather than on main effects in the data set being examined. In the first step of the CHAID procedure, the total group of subjects is divided into a number of subgroups on the basis of the variable most strongly associated with the type of investigation. In the second step, the groups are split again on the basis of the variable that is then most strongly associated with type of investigation used. This procedure is repeated until no variables remain that have a significant association with type of investigation in the subgroups, or until the groups have reached a minimum size. CHAID is highly appropriate for gaining insight into profiles of cases investigated using traditional and customized approaches because it identifies groups of cases that share the same factors, as well as the same investigative approach. Another advantage of CHAID is that the results are visual, and therefore, easy to interpret. CHAID was chosen as the statistical method in this study, as it is

exploratory in nature and intended to see if cases are classified into two distinct streams, as is the intent of the differential response policy. CHAID is often able to uncover complex interactions between predictors that may be difficult or impossible to uncover using traditional multivariate techniques.

In order to avoid over fitting the data, the minimum sizes for parent ($n=50$) and child nodes ($n=20$) was specified. Cross validation was utilized in order to assess the generalizability and stability of the final model. CHAID analysis classifies missing values for a particular variable as a unique category, which it subsequently collapses with other statistically homogenous categories (Thomas & Galambos, 2004). Since community caregivers were classified as *missing* for several of the independent variables in the model, and the focus of this analysis was the family, these cases have been excluded. The chi-square analyses utilized the full weights in order to calculate provincial rates. The multivariate CHAID analysis was unweighted in order to examine the individual decisions at the worker level. Please see Appendix A for a description of the weight calculations (Fallon et al., 2015).

5.5 Findings

5.5.1 Rate of cases receiving traditional vs. customized responses to investigations.

Table 5.1 presents the rates per 1000 children in Ontario for traditional investigations and customized responses in 2008 and 2013. Rates of traditional investigations dropped from 13.5 per 1000 children in 2008 to 9.8 per 1000 children in 2013 and the rates of customized investigations increased from 40.4 per 1000 children in 2008 to 43.3 per 1000 children in 2013. T-tests were conducted and after accounting for estimates of error, no significant differences were found between the 2008 and 2013 rates.

Table 5.1

Traditional Investigations Vs Customized Response: Rate per 1000 Children in Ontario – OIS 2008 and OIS 2013

	OIS-2008			OIS-2013			
	Estimate	Rate	%	Estimate	Rate	%	
Traditional	32,321	13.5	25%	23,128	9.8	18.5%	<i>ns</i>
Customized/Alternative	96,347	40.4	75%	101,919	43.4	81.5%	<i>ns</i>
Total	128,688	54.0	100%	125,047	53.2	100%	<i>ns</i>

5.5.2 Profile of cases receiving traditional vs. customized response to investigations.

Table 5.2 presents the rates of traditional and customized investigations by urgent and chronic child protection investigations for the year 2013. For urgent protection investigations, traditional investigations represent 30% of investigations in the year 2013, and vary from a low of 26% and 27% for physical abuse and neglect in children under four years of age, respectively, to a high of 51% for severe physical harm. Thirty-four percent of all sexual abuse investigations utilized a traditional forensic investigative approach. Customized investigations were used in 70% of all urgent protection investigations in the year 2013, and vary from a low of 49% for severe physical harm to a high of 73% and 74% for neglect and physical abuse in children under four years of age, respectively. Sixty-six percent of all sexual abuse cases utilized a customized investigation approach. Traditional investigations were utilized in 28% of all chronic investigations in the year 2013, and vary from a low of 10% for exposure to IPV to a high of 28% in cases of physical abuse over the age of 4. Neglect in children over four years of age, emotional maltreatment, and risk only investigations had similar rates of 18%, 16%, and 16%, respectively. Customized investigations were utilized in 83% of all chronic investigations in the year 2013, and vary from a low of 72% for physical abuse in children over four years of age to a high of 90% for exposure to IPV. Neglect

in children over four years of age, emotional maltreatment, and risk only investigations had similar rates of 82%, 84%, and 84%, respectively.

Table 5.2.

Traditional Investigations vs. Customized Response OIS-2013

	Traditional		Customized		Total	χ^2
	Investigation		Response			
	Estimate	%	Estimate	%		
Urgent Protection						
Severe Physical Harm	395	51%	381	49%	100%	χ^2 31.95(1)***
Physical Abuse <4	758	26%	2,119	74%	100%	χ^2 6.99(1)**
Sexual Abuse	1,457	34%	2,804	66%	100%	χ^2 42.33(1)***
Neglect <4	1,620	27%	4,458	73%	100%	χ^2 16.28(1)***
<i>Total Urgent Protection</i>	4,230	30%	9,762	70%	100%	χ^2 83.12(1)***
Other Investigations						
Physical Abuse >=4	6,046	28%	15,759	72%	100%	χ^2 87.00(1)***
Neglect>=4	3,737	18%	16,554	82%	100%	<i>ns</i>
Emotional Maltreatment	1,700	16%	8,791	84%	100%	<i>ns</i>
Exposure to IPV	3,093	10%	28,144	90%	100%	χ^2 118.95(1)***
Risk only	4,322	16%	22,909	84%	100%	χ^2 9.12(1)**
<i>Total other investigations**</i>	18,899	17%	92,157	83%	100%	χ^2 83.12(1)***
Total	23,129	18%	101,919	82%	100%	

Note. $p < .05^*$. $p < .01^{**}$. $p < .001^{***}$. N=7,256 sample weight.

Table 5.3 presents the descriptive statistics of several other factors that theoretically might be used in determining the type of investigative approach utilized. Only police involvement and previous case openings displayed statistical differences in the types of investigations used. When police were involved in the investigation, traditional forensic approaches were used in 24% of the investigations, and 76% utilized a customized approach. There were no statistically significant differences in the investigative approach used based on the ethno-racial status of the primary caregiver. Eighteen to twenty percent of investigations utilized a traditional approach and 80% to 82% utilized a customized approach regardless of the ethno-racial status of the primary caregiver. Investigative approach did not differ based on referral source, with both professional and non-professional sources utilizing traditional investigations in 18% to 19% of cases, and customized approaches in 80% to 81% of investigations. There was also no statistical difference in type of investigation if the focal child had previously been the subject of a substantiated maltreatment incident. Nineteen percent of all cases with substantiated child maltreatment recurrence utilized a traditional approach, and 81% utilized a customized approach. If the case had previously been opened for any child protection investigations, there was a statistical difference in the type of investigation utilized. Traditional investigations ranged from a low of 17% for cases with no previous opening, to 29% for cases with more than three previous openings. Conversely, the range of customized investigations utilized ranged from a high of 83% for cases with no prior history, to a low of 71% for cases with more than three prior openings. Nineteen percent of all investigations utilized a traditional investigation regardless of whether the children were under 6 or over 7; conversely, 81% of these investigations utilized a customized response regardless of age.

Table 5.3.

Additional Factors by Type of Investigation (N=125,281 full weight)

	Traditional		Customized		Total	χ^2
	Investigation		Response			
	Estimate	%	Estimate	%		
Police Involvement	6,476	24%	80,969	76%	100%	χ^2 35.51(1)***
PC Ethnicity						<i>ns</i>
White	15,038	18%	67,790	82%	100%	
Black	1,627	20%	6,609	80%	100%	
Aboriginal	1,467	18%	6,515	82%	100%	
Other minority	3,930	18%	17,378	82%	100%	
Professional Referral	17,469	19%	76,117	81%	100%	<i>ns</i>
Non professional	5,659	18%	25,801	82%	100%	
Previous Substantiated	7,840	19%	34,001	81%	100%	<i>ns</i>
Child Maltreatment						
Case Previously Opened					100%	χ^2 23.22(1)***
Never	7,351	17%	36,163	83%	100%	
1 time	3,087	15%	18,136	85%	100%	
2-3 times	4,984	21%	19,257	79%	100%	
>3 times	6,773	29%	27,178	71%	100%	
Child under 6	8,122	19%	37,492	82%	100%	<i>ns</i>
Child over 7	15,006	19%	64,427	82%	100%	

Note. $p < .05^*$. $p < .01^{**}$. $p < .001^{***}$. $N=7,256$ sample weight.

5.5.3 Decision tree of cases receiving traditional vs. customized response. To examine whether the use of differential response matches the dual mandate of Ontario's child welfare system, a CHAID analysis was performed. All of the items included in the bivariate analyses were included as independent variables for this analysis. This includes the eight categories derived to reflect urgent protection (severe physical harm, sexual abuse, physical abuse <4, neglect <4) and chronic well-being issues (physical abuse>4, neglect>4, emotional maltreatment, exposure to intimate partner violence, risk only investigations), whether police were involved in the investigation, the age of the child, the ethno-racial status of the primary caregivers, referral source, and both child maltreatment recurrence and previous case openings. Cases involving community caregivers were excluded from this analysis, as this study is focused on families' experiences with differential response, leaving a sample of 5, 186 cases. Figure 3.2 shows the CHAID output for the analysis.

Overall, 81% ($n=4,191$) of cases utilized a customized investigation approach, and traditional investigations were used in 19% ($n=995$) of cases. The most highly significant predictor of customized investigations was exposure to intimate partner violence, $\chi^2(1, n=5,186) = 58.18, (p<.001)$. Cases involving intimate partner violence were more likely to receive a customized response than a traditional investigation (88% vs. 12%). The CHAID analysis then identified a final split of this group into two subgroups that were significantly different according to whether police were involved with the investigations, $\chi^2(1, n=1,290) = 15.42 (p<.001)$. If there was no police involvement, cases were more likely to receive a customized response than a traditional investigation (92% vs. 8%), and the subsample ($n=591$) that did include police involvement utilized customized investigations in 85% vs. 15% of cases.

In the other 75% of cases that did not involve exposure to domestic violence, the CHAID analysis split the group into two subsamples, again based on whether police were involved, $\chi^2 (1, n= 3, 896) = 143.90 (p<.001)$. If the investigations included the police, 45% ($n=545$) were traditional investigations. This group was further split based on whether they involved emotional maltreatment, $\chi^2 (1, n= 388) = 43.95 (p<.001)$. If the cases did involve emotional maltreatment, they were more likely to receive a customized response than a traditional investigation (88% vs. 12%) and there were no further splits of this subgroup. Cases that did not involve emotional maltreatment were more likely to receive a traditional response than a customized response (54% vs. 46%). This group was further split based on whether the concern involved the physical abuse of a child over 4, $\chi^2 (1, n= 311) = 22.23 (p<.001)$. Cases that involved police in an investigation for physical abuse of children over 4 were most likely to receive a traditional investigation (72% vs. 27%). The remaining subsample of cases involving police that were not being investigated for exposure to domestic violence, emotional maltreatment, or physical abuse >4 were more likely to receive a customized response (56% vs. 44%).

The original group of cases that did not involve domestic violence, or police, was split based on whether they involved neglect of children under 4, $\chi^2 (1, n= 3,508) = 4.88 (p<.05)$. Of the group investigated for neglect of children under four years of age, 25% involved a traditional investigation. The group that did not involve neglect to children under four years of age was again split based on whether the focal child had a previous substantiation of maltreatment, $\chi^2 (1, n= 3,284) = 5.61 (p<.05)$. In these final two groups, in which there was substantiated child maltreatment recurrence, 84% ($n=946$) involved a customized response compared to 80% ($n=1,728$) of the group in which there was no previous substantiated child maltreatment.

In summary, exposure to intimate partner violence, neglect of children under four years of age, and emotional maltreatment and physical abuse for children older than four years of age, were the only categories of maltreatment in this model that significantly influenced the type of investigation used. Physical abuse for children older than four years of age was the only category of maltreatment that significantly predicted an increased use of traditional investigations. Police involvement in the investigation, and substantiated prior maltreatment of the focal child were the other factors which predicted the type of investigation used. The subgroup that was most likely to experience a customized investigation were cases involving exposure to intimate partner violence that did not involve police (92%; Node 4). Physical abuse for children over four years of age that did involve police in the investigation was the subgroup most likely to experience a traditional investigation (72%; Node 12). The classification table indicated that the model correctly classified 82% of cases, 99% for customized cases, and 8% for traditional investigations. A risk estimate of the cross-validation, a measure of the predictive accuracy of the tree was .183 (SE=.005), indicating that the category of investigation predicted by the model is incorrect for 18.3% of the investigations.

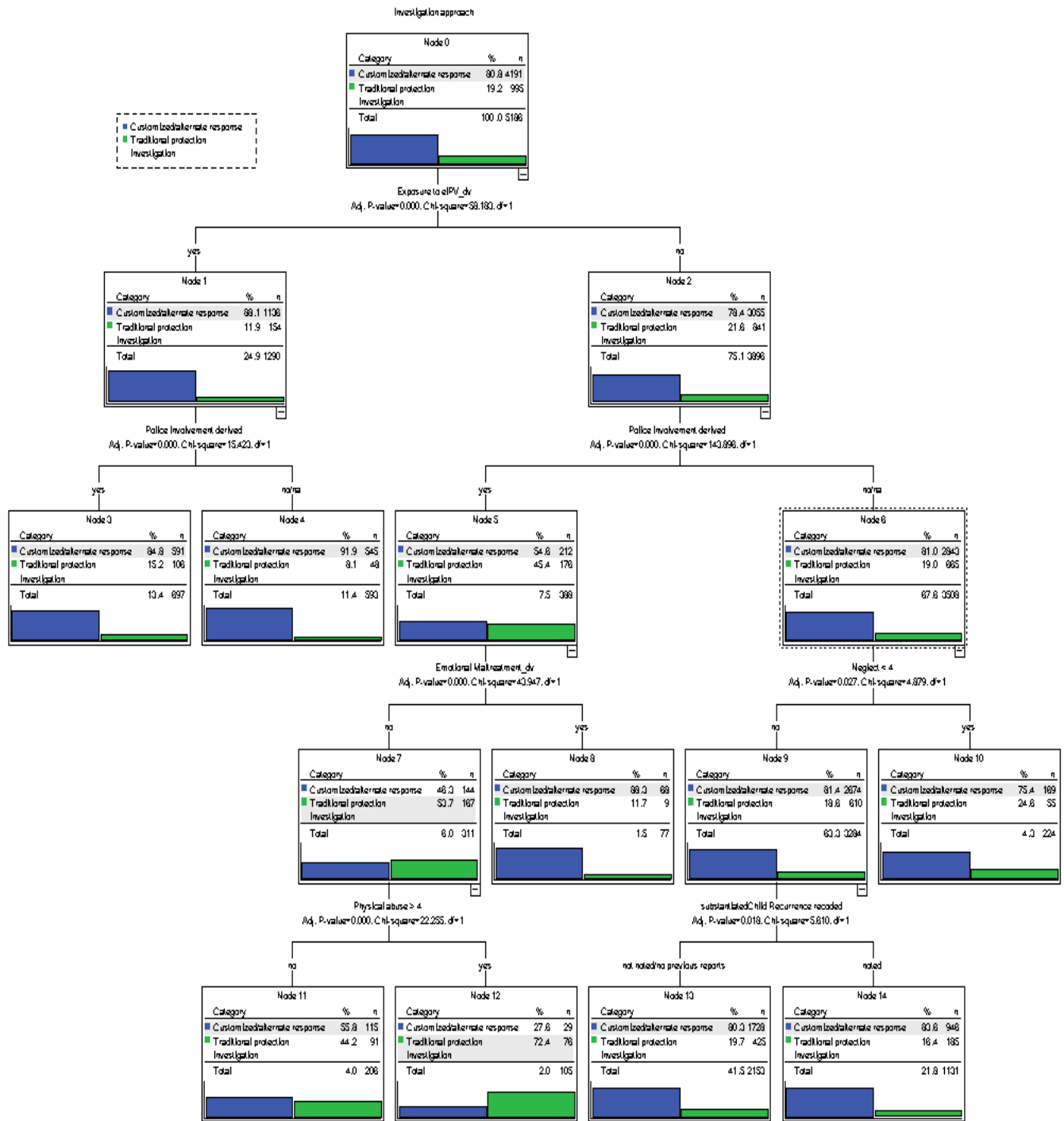


Figure 5.2. Type of investigations used for all family based cases.

5.6 Discussion

Rates of investigations per 1000 children utilizing traditional have decreased since 2008 and customized investigations have increased, however these changes are no statistically significant when accounting for estimates of error. Only about one tenth of all investigations conducted in Ontario involve situations that would be classified as urgent protection concerns based on the categories utilized in this study (Trocmé et al., 2014). The remainder of the investigations involve cases in the chronic need category, which generally contains concerns about a child's well-being or family functioning. Although only about one tenth of cases fall in the urgent protection categories, these are the cases that require traditional protection investigations, in which gathering forensic evidence is critical.

Overall, traditional investigations were only used in 30% of these urgent protection cases in 2013, ranging from a low of 26% for physical abuse of children under four years of age, to a high of 51% for cases in which there was evidence of severe physical harm. Surprisingly, sexual abuse investigations only utilized a traditional approach in 34% of cases. Customized investigations were used in the majority of all maltreatment categories except for children under four years of age who experienced severe physical harm. Workers indicated that they used traditional investigations in only 18% of all family investigations, and the only additional factors that made a significant difference to this percentage were police involvement and prior case openings.

It was surprising to note that traditional investigations were only utilized in 24% of all cases involving police. The Ontario Child Protection Standards (CPS; MCYS, 2016) require all local Children's Aid Societies to have protocols with police related to joint investigations. These protocols generally require either the CAS or the police to initiate a joint investigation when

there is concern that a criminal act has been perpetrated against a child. The definition of a traditional investigative approach based on the CPS is as follows:

The traditional approach to investigation focuses on ascertaining facts and collecting evidence in a legally defensible manner. While it is the primary approach when conducting investigations with the police, it is also used in cases where the police are not involved... (MCYS, 2007).

According to most differential response models, traditional investigations are used for high risk cases, generally including all reports of sexual abuse, physical abuse, or serious neglect, especially when criminal charges may be laid (Merkel-Holguin et al, 2006; Trocmé et al., 2003). This does not appear to be the way differential response has been implemented in Ontario.

To examine more fully whether the use of differential response matches the dual mandate of Ontario's Child Welfare system, a CHAID analysis was performed. The results of this analysis show that exposure to intimate partner violence, neglect of children under four years of age, and emotional maltreatment and physical abuse for children older than four years of age, were the only categories of maltreatment that significantly influenced the type of investigation used. Exposure to intimate partner violence and emotional maltreatment significantly influenced an increase in the use of customized responses, as was hypothesized. However, severe physical harm and sexual abuse were not significant factors in this model, nor were investigations of physical abuse for very young children. Police involvement did significantly influence the decisions regarding the type of investigation to use, but not to the degree that one would expect given the policy intent and the standards. Only physical abuse cases for children over four years of age, in which police were involved, experienced significantly more traditional investigations than customized investigations (72% vs. 28%). Substantiated child maltreatment had an

interesting effect on the type of investigation utilized. If the cases did not involve exposure to domestic violence or neglect for children under four years of age, previously substantiated maltreatment actually reduced the likelihood of a traditional investigation being used (16% vs. 20%).

Based on the puzzling results of this study, the Ministry of Children and Youth Services and Leaders within Child Welfare in Ontario should go back and evaluate their differential response model, as well as the decisions they made when they first implemented it. Based on a focus of risk, a decision was made to subject all families to an investigation, and to not stream cases away from CAS prior to an investigation, as they have done in other differential response models. It appears this decision was made based on the fear of concerns regarding risk, which was termed “Ontario’s focus on safety” (MCYS, 2005; OACAS, 2006). What this author argues, is for the system to focus on a *clear articulation of the difference between concerns of maltreatment and concerns for child and family well-being*. Pulling from learnings on Australia’s differential response model, 10 years after implementation, streaming families prior to an investigation did not increase the risk to children. Longitudinal evaluation found that there were no increases in substantiated maltreatment during this time or increases in significant harm to children. Instead, it was found that differential response resulted in a tighter and more precise classification of reports, which ensured that investigations were used when they were most required, on actual maltreatment concerns, instead of concerns regarding a child’s or family’s welfare. It is likely that this occurred because the decrease in the numbers of actual investigations allowed child welfare workers to focus on conducting thorough investigations when they were most needed. It also meant that families who required assistance and support for concerns regarding well-being received this help without the stigma of being the subject of a

child maltreatment investigation (Harries et al, 2015). Given that only 11% to 12% of families serviced by child welfare fit the criteria for urgent protection cases, this would make a significant difference for the lives of many Ontario children and families, and may in fact keep children safer by more clearly identifying those children who require an urgent and thorough forensic investigation.

5.7 Conclusions and Limitations

Utilizing categories devised by Trocmé et al. (2014) to reflect the dual mandate of child welfare, this study examined the practice of differential response almost 10 years after its initial implementation. In jurisdictions where differential response was implemented in a way that streamed cases at the front door, instead of following an investigation, outcomes include a reduction in the number of investigations required by traditionally overburdened child welfare systems, and an increase in the level of family engagement in services and interventions designed to address child and family needs (Harries et. al., 2015; Loman & Siegle, 2015).

In Ontario, the rates of investigations remain amongst the highest in Canada (Fallon et al., 2015), with more than 5% of children in the province being the focus of an investigation. Only one tenth of these investigations fall into the categories derived to reflect urgent protection concerns. Despite the small number of cases that would warrant a traditional forensic investigations based on the policy intent and the Ontario Child Protection Standards, traditional forensic investigations are used in only 30% of these cases (MCYS, 2007). Cases involving severe physical harm, sexual abuse, and physical abuse of children younger than four years of age, did not emerge in the CHAID analysis as significant in predicting the type of investigative approach used by the worker.

The findings of this study suggest that differential response has not assisted in reducing the number of families subjected to a child welfare investigation, nor that the model has assisted the system in more clearly identifying cases that require an urgent and thorough forensic investigation. Given that the system remains overburdened, and over 80% of the families investigated do not fit the criteria for urgent protection investigations, more research is needed into the implementation of Ontario's differential response model. Are the customized investigations occurring in Ontario successfully increasing the engagement of families and providing them with appropriate services to meet their needs? Do the actuarial risk assessment and the needs assessment tools implemented as part of the differential response model assist workers in meaningful ways in order to help keep children safe and provide helpful interventions to reduce the risk factors associated with child maltreatment?

As is common in all studies that utilize secondary data, in the current study, variables are limited to those available in the Ontario Incidence Study. The validity of the categories derived to reflect urgent protection vs. chronic need are hypothetical, and may not be a complete reflection of these categories. The OIS is also based on assessments provided by the investigating child welfare worker, and information provided by workers is not independently verified.

Chapter 6: Discussion

The introduction of the Ontario Risk Assessment Model (ORAM) in the late 1990s resulted in an escalating focus on risk, including a reliance on the legal system to control families and manage risk. It also resulted in a dramatic expansion in the number of children being investigated by the child welfare system and an increase in the number of children in care. The number of child abuse and neglect investigations nearly tripled between 1993 and 2003,

prompting the Ministry to introduce the Child Welfare Transformation in 2005 (MCYS, 2005), designed to attempt to balance child safety with client strengths, early intervention, and prevention (Young & Dumbrill, 2010). As part of this new agenda, differential response was introduced in Ontario, allowing workers to provide different responses to families based on their presenting needs and the type of maltreatment. This multiple manuscript dissertation was designed to explore whether these policy changes have actually altered the way risk is assessed and responded to, or if risk society theory has embedded itself so soundly in child welfare practice in Ontario that risk continues to be viewed unidimensionally.

Other authors have identified the potential negative impact of risk on child welfare practice (Ferguson, 1997; Houston & Griffiths, 2000; Munro, 2004, 2010; Rothstein et al., 2006; Swift & Callahan, 2009; Swift, 2011). These risks of risk include: directing attention away from helping children who have already been harmed to a focus on children who are at risk of future maltreatment (Callahan & Swift, 2006; Gambrill, 2008); contributing to a focus on blaming parents instead of attending to social issues, such as poverty (Callahan & Swift, 2006; Christianson-Wood, 2011; Gambrill, 2008; Swift & Callahan, 2009); and reduced opportunities for successful engagement of families in decision-making (Arad-Davidzon & Benbenishty, 2008; Gambrill & Shlonsky, 2000; Regehr, et. al., 2010).

This multiple manuscript dissertation explored three key decisions related to risk that influence the service responses families experience to see if any of these risks of risk can be seen in child welfare practice in Ontario. Each of these studies found evidence that Risk Society Theory was at play, influencing the way child welfare practitioners make decisions about children and their families.

6.1 Risk of Risk #1 - Directing attention away from helping children who have already been harmed to a focus on children who are at risk of future maltreatment.

The risks of risk have been discussed previously in the literature, and much of the literature is theoretical in nature, and focuses on the impact of risk on policy. Scourfield and Welsh (2003) argue that a focus on risk in policy development leads to a focus on *lessening the risk*, and not *meeting the need*. According to Parton (1998), “New strategies have emerged which do not have as their central focus either meeting the needs of children or responding to child abuse but the assessment and management of risk” (p. 6). A study by Hayes and Spratt (2008) on child welfare case files in Northern Ireland found that there was a lack of any focus on needs, and in actual fact, that “child welfare cases bearing no perceivable risk are most likely to receive services” (p. 1593). Authors from both Canada and the US have pointed out the risk of the ever expanding mandate of child welfare. Once risk technologies were introduced, rates of investigations increased dramatically. In Ontario, the number of child abuse and neglect investigations nearly tripled between 1993 and 2003 (Fallon et al., 2011; Trocmé et al., 2005; Trocmé, Lajoie, Fallon, & Felstinger, 2007). This dramatic increase lead to a concern that the inclusion of thousands of families into the child welfare system for issues that are related to concerns about future risk of maltreatment or risk to development would take the focus away from children who have already been harmed and require an urgent and focused response by child welfare (Callahan & Swift, 2006; Gambrill, 2008).

In the first study, which focused on the decisions workers make regarding the substantiation of maltreatment, one of the findings was that, despite the introduction of many new policy initiatives, the rates of substantiation of maltreatment have remained largely unchanged over the past 10 years. However, the rates of substantiated physical and sexual abuse

have declined, while the rates of substantiated exposure to intimate partner violence have increased. This reflects the shift in focus from events of maltreatment that have already occurred to a focus on the future risk of well-being for children exposed to environments that may be damaging to their development. Almost half of all substantiated maltreatment investigations in 2013 involved children who had been exposed to intimate partner violence. While exposure to violence does pose a risk to some children, it is not classified as maltreatment in itself. The Ontario Child and Family Services Act indicates that a child is in need of protection when there is evidence that a child has suffered physical harm, or is suffering mental, emotional, or developmental impairment as a result of exposure to adult violence (OCFSA, 2002, Section 37[2]). This study found that only 5% of children in these cases had any evidence of physical harm, and only between 11% and 12% had any child functioning concerns. Despite this, workers assessed that maltreatment had occurred, and in one third of these cases, that there was a future risk of maltreatment. I contend that this is evidence of workers focusing on the risk of what might happen to children, instead of what has happened to them.

The logistic regression analysis in the first study found that when controlling for all forms of maltreatment, the presence of physical harm was a strong predictor of case substantiation. However, the workers' assessments of the future risk of maltreatment were an even stronger predictor. The workers' perception of the future risk increased the likelihood of substantiation by 6.6 times, compared to 2.8 times for the presence of physical harm when controlling for all other variables in the model. Assessing risk focuses on future behavior, while substantiation decisions should concern current behavior (Pecora, 1991; Wald & Woolverton, 1990). This is another example of workers focussing on the risk to children of future maltreatment, rather than on the harm that has already occurred.

In the second study focussing on the cases that are investigated for a risk of future maltreatment when there has been no maltreatment concern reported, there was also evidence of this risk of risk. One in almost every 10 children in Ontario are the subject of an investigation by a child welfare agency without any reported incident of maltreatment. Multiple clinical factors must be considered in making this decision and there are several significant differences in the profile of the families investigated for an incident of maltreatment and those that are investigated for risk only. These differences will be discussed in the next section, which focuses on the subjugation of risk. Of note is the fact that when examining the follow-up services provided to families who are substantiated for maltreatment or for future risk of maltreatment, there is a difference in the response provided.

Families at risk of future maltreatment are transferred to ongoing child welfare services more frequently and referred to other community services more frequently than families in which there has been a substantiated incident of maltreatment. While I am not disputing that these families require service, the question is, “What type of service would best meet their needs and should these families get services over children who have already been maltreated?” With limited resources and growing fiscal constraints on the child welfare systems it is critical that children who have already experienced maltreatment receive effective interventions to ensure their safety and to help address the physical and psychological impacts of their abuse. These findings provide evidence that workers are more focused on children at perceived risk than on children who have already been harmed by maltreatment.

The third study explored the implementation of differential response and whether this approach to service has helped address some of this risk of risk. Only about one tenth of all investigations conducted in Ontario involve situations that would be classified as urgent

protection concerns based on the categories utilized in this study (Trocmé et al., 2014). The remainder of the investigations involved cases in the chronic need category, which are generally concerns about a child's well-being or family functioning. The study confirmed that rates of investigation remain largely unchanged since 2008. Ontario investigation rates are amongst the highest in Canada (Fallon et al., 2015). Based on the CHAID analyses used in this study, exposure to intimate partner violence and emotional maltreatment significantly influenced an increase in the use of customized responses, however, severe physical harm and sexual abuse were not significant factors in this model, nor were investigations of physical abuse for very young children.

The findings of this study suggest that the differential response model implemented in Ontario has not assisted in reducing the number of families subjected to a child welfare investigation, nor has it assisted the system in more clearly identifying cases that require an urgent and thorough forensic investigation. It appears that risk society is at play despite policy attempts to shift the focus away from risk. Workers appear to be more focused on the children who are at future risk of maltreatment than those children who have already been harmed. With limited resources available to child welfare agencies and an increased focus on accountability and sustainability of the system, I agree with authors such as Callahan and Swift (2006) and Gambrill (2008) who suggest that focusing on risk has the potential to put more children at risk. These studies find evidence that in attempts to try to predict the future, children who have already been maltreated are receiving less focus and attention. Some promising practices are emerging across Canada that warrant further research, including streaming high risk forensic cases to Child and Youth Advocacy Centers (CYAC) where child welfare, police, the courts, child witness and clinical treatment services respond collaboratively to cases of physical and

sexual abuse. Currently eight Ontario communities have CYAC's including Toronto, Niagara and Kitchener-Waterloo. Hopefully these changing practices are being evaluated to measure their effectiveness. It will be interesting to see how this approach to forensic investigations will impact the results of the 2018 cycle of the OIS.

6.2 Risk of Risk #2 - Contributing to a focus on blaming parents instead of attending to social issues

Risk Society Theory suggests that social risks are treated as if they are technical risks that are able to be resolved through knowledge and skill. Risk is a reflection of what society values and what it also deems undesirable (Swift & Callahan, 2009). Those who are identified as *at risk* generally have lower moral worth in society (Caragata, 2009; Douglas, 1992), and with each expansion of the powers and mandate of child welfare systems, the subjugation of people receiving these services becomes more and more hegemonic. The identification of poverty, unemployment, and low levels of education, as risks on many commonly used risk assessments, demonstrate that people in poverty are targeted for risk management (Dakil, Sakai, Lin, & Flores, 2011; Hayes & Spratt, 2009; Scourfield & Welsh, 2003; Spratt & Houston, 1999). The results of the three studies in this dissertation find evidence of social issues being framed through the lens of risk in Ontario child welfare practice.

In the first study, a proxy measure of poverty was constructed, combining such factors as family residing in a shelter, public housing, other housing, unsafe housing, overcrowded home, two or more moves in the past 12 months, and if the household ran out of money for food, housing or utilities in the past six months. For the purposes of analysis, scores were collapsed into no housing risk, one risk, or two or more risks. Cases in which there were two or more housing risks were more likely to be substantiated when controlling for all the other variables in

the model. This supports numerous other studies which suggest that children living in poverty are more likely to be maltreated (Kotch et al., 1995; Sidebotham et al., 2002; Townsend, 1987). Cases involving neglect are more likely to be substantiated than unfounded cases involving physical or sexual abuse. Neglect is a case of children being in need, and is more likely to be related to the broader child welfare construct of adequacy of social conditions. The child is substantiated for maltreatment when the parent is found at fault for not being able to ameliorate the impacting social conditions. This is an example of social inequities becoming a personal problem of failure to meet needs, and the underlying social inequities becoming framed as individual human failings (Caragata, 2009; Dakil et al., 2011; Hayes & Spratt, 2009).

The second study found that the profile of families investigated for risk of maltreatment when no incident of maltreatment had been reported, included young, single parents with significant personal stressors such as drug use, cognitive impairments and mental health issues, with very few social supports. These families were more likely to rent or have unstable housing, such as living in a hotel, shelter, or with friends, than families involved in maltreatment investigations. They also tended to be more transient. Families who were investigated for risk of future maltreatment also had more concerns regarding sufficient finances to cover basic necessities. Only one quarter of these families investigated for risk of future maltreatment received service from the child welfare agencies beyond an investigation, and less than half of them were referred to other community organizations. With such a vulnerable population, one has to ask if an investigation by a child welfare agency provides the help these families need, or if it further stigmatizes and isolates them, reinforcing hegemonic power through the labelling of poverty, mental illness and social inequalities as risks posed by parents to their children (Collings & Davies, 2008; Swift, 1995).

The profile of families who are substantiated for risk of future maltreatment emerge as families with few social supports, unstable housing and finances, with children who are struggling emotionally or developmentally. These findings support other research which suggests that children living in poverty are more likely to be assessed for future risk of maltreatment, and provides evidence to suggest the subjugation of risk based on poverty (Caragata, 2009; Dakil et al., 2011; Hayes & Spratt, 2009).

The third study found that almost 90% of families investigated in Ontario involve issues that relate to concerns about the future well-being of children, and not necessarily their immediate safety. Yet, almost 20% of these families were still subjected to a forensic child maltreatment investigation, and the rates of investigation were largely unchanged between 2008 and 2013.

Taken together, these studies clearly identify the recipients of child welfare services, as families with few social supports, living in poverty, with multiple additional stressors. According to Hasenfeld (2000), all actions taken by workers in human service organizations, especially those that aim to change behaviors, such as child welfare agencies, are involved in moral work. This work accords a moral judgment about the parents' social worth, and the cause of their circumstances (including poverty). By focusing the blame for the poverty on the parents alone, those in power are able to continue to avoid responsibility for alleviating the social problem (Caragata, 2009; Caragata & Skau, 2001; Hacking, 1999; Swift & Callahan, 2009). What is needed is a social welfare policy model that focuses on a collective response to child and family well-being, and the supports they require. An integration of society's institutions such as social welfare, health, education, and child welfare would increase opportunities to respond to the needs of children and their families rather than on labelling and blaming.

6.3 Risk of Risk #3 - Reduced opportunities for successful engagement of families.

As discussed earlier in this paper, Foucault used the lens of governmentality to track the path of various government rationalities throughout history. Government rationality of neo-liberalism shifts the emphasis away from government and society towards an increase in the responsibility for individuals to manage their own welfare risks (Foucault, 1991). Under the guise of assistance, these mechanisms also opened up the subjugated populations to the examination and monitoring of the authorities, with the goal of encouraging voluntary self-management and participation in modes of social control. The assessment, management, communication, and control of risk are technologies that allow for the governing of moral order in society. The social worker's role is to try to encourage families to address their own risks by modifying their behaviors or circumstances, while maintaining their freedom to choose, or the illusion of freedom. 'Investigating' families and using labels such as 'substantiated maltreatment' or 'verification of risk' divides individuals into categories subjected to governmental power and control. The word *substantiation* is not a social work term. Substantiation decisions emerged within a governmental, legal context and the term itself labels and ascribes guilt, contrary to many social work values. This individual approach to risk leads to a blame response, and divides those who are willing and able to manage their own risk, and those who are identified as risky that must be managed (Caragata & Skau, 2001; McDonald, Marston, & Buckley, 2003; Parton, 1994; Power, 2004; Rose, 2000). In cases where the threshold of child abuses or neglect meets the legal definition of a criminal act, substantiation may be an appropriate disposition to ask workers to make. In the remaining 90% of cases an assessment of service needs might be more helpful for families and useful in engaging them in supports and services than using a guilty/not guilty dichotomy (Cross et al., 2010).

In the general population, parenting is regulated by anxiety for the safety of children, but the parenting of those under the scrutiny of the child welfare system is regulated by threat of sanctions, fear, anxiety, and the crisis created by the involvement of the child welfare system itself (Buckley, Carr & Whelan, 2011; Houston & Griffiths, 2000; Scourfield & Welsh, 2003). Identifying the parents as the cause of the risk to the child may impact on efforts to move the child welfare practice away from *blaming* parents, towards a *relationship-based, supportive approach* to helping children and families. Others add caution to the use of risk paradigms in assessing families, suggesting that focusing on the risk of the parents to the children is too narrow a view of the issues (Gambrill, 2008; Houston & Griffiths, 2000). When the assessment process focuses on deficits and weaknesses, rather than strengths and resources, the family's sense of its own abilities to keep their children safe can be undermined, which may contribute to them appearing defensive and resistant (Turnell & Edwards, 1999). The research has found that the institutionalized power of the child welfare system often undermines the trust between workers and families (Christie & Mittler, 1999; Dumbrill, 2006b; Lalyants, 2015). One study exploring the views of families involved with child protection services found that the majority of parents felt that any allegation of child maltreatment, or even the need to seek services offered by child welfare, was threatening to parents' self-esteem and their integrity as parents (Buckley, et. al, 2011).

In the first study in this dissertation, cases in which the primary caregiver had one, or two, or more risk factors were 2.2 and 3.9 times more likely to be substantiated than unfounded, respectively. Cases in which the parent was not cooperative with the investigation almost doubled the likelihood that the cases would be substantiated instead of unfounded. This supports previous research which suggests that the workers' view of the parents influences their decision-

making (Holland 2010; Platt 2007). Buckley (2000) found workers often based their decisions about the parents' capacity to protect their children on their level of cooperation and compliance with child welfare authorities.

In the second study, sixty-eight percent of families investigated for risk had already had at least one previous investigation, significantly more than those investigated for maltreatment. The relationship between the child welfare worker and the family is crucial, not only to the assessment of risk, but in addressing these risks. As mentioned above, this group of families is very vulnerable, with few social supports. If an investigation by a child welfare agency does not provide the assistance that these families need, it may further isolate these parents from helping systems. This is a significant risk of risk given that the study found that 80% of children are not actually assessed to be at risk of future maltreatment.

Recognition of this potential risk was evident in the introduction of Ontario's differential response model in 2005. The intent was to address concerns regarding the risks to a child's development and well-being by utilizing tools beyond risk assessments and focusing more on engaging families (MCYS, 2005). But, as with many policy initiatives, the implementation of policies does not always reflect the intended outcome. The results of the third study call into question the effectiveness of the differential response model in Ontario. The findings suggest that differential response has not assisted in reducing the number of families subjected to a child welfare investigation, nor that the model has assisted the system in more clearly identifying cases that require an urgent and thorough forensic investigation. Since risk presumes a decision, the decision makers hold all the power, creating a power imbalance between those who define the risks, and those who may have risk assigned to them, or suffer the consequences. Often, it is the people who pay the greatest price who have no chance to be involved in the decision making

process. The ability to collaborate with parents in protecting children hinges on developing a trusting relationship, which is the foundation of family-worker collaboration. Research has consistently shown that the quality of the relationship between the worker and the client is one of the most important factors in positive outcomes for families (De Boer & Coady, 2007). There continues to be a very large number of families currently serviced through an investigation that might engage more actively in a more emancipatory form of social work service (Clapton et al., 2013).

6.4 Risk of Risk to Decision-Making

Every day, social workers in the field of child welfare gather information about children and families, which they assess and analyze with varying degrees of child and family participation. The information, assessment, and analysis of children and families informs the construction of an understanding of the children and families through the lens of risk. Once formed, these judgments are often difficult to shift, as a result of some common decision-making errors such as anchoring, confirmation bias, ratcheting, and framing or focusing biases (Croskerry et al., 2012; Gambrill, 2005, 2008; Kahneman et al. 1990; Munro, 1996, 1999, 2008, 2010).

Decisions by child welfare workers are influenced by numerous factors, including the evidence available to them, their own personal characteristics, the context in which their decisions are made, and other external factors, including organizational factors, and the larger community environment in which they work (Camasso & Jagannathan, 2013; Fluke et al., 2014; Gambrill, 2005, 2008). This dissertation adds to the knowledge about decision making in child welfare by identifying that risk is having a continued and significant impact on decisions made by child welfare workers about the substantiation of maltreatment, risk of future maltreatment,

the decision to provide services to families, and the type of investigative approach to use. The ever-expanding focus on the risk of child maltreatment results in risk to both the system and the families being served, and becomes more and more hegemonic. This makes it even more difficult for child welfare workers who have been charged with the complex task of protecting children (Christine & Mittler, 1999).

Chapter 7: General Conclusions and Implications

Society expects, even demands, that we get all our decisions in child welfare right. However, that is realistically not possible; to do so would require social workers to predict the future. Without the ability to predict the future, social workers are left trying to make the best decisions they can, based on competing demands and pressures. As society identifies more risks to children and families, the secondary risks to workers and organizations continue to grow. The Ontario government has been responding to this spiraling of risk by increasing the expectations on workers through accountability measures, including increased auditing, and expectations to meet standards. This expansion, in turn, results in an ever increasing pressure on child welfare workers to keep up with the latest assumed risk to children's safety, without providing the resources needed to actually assist families in reducing these risks (Clapton, et. al., 2013; Swift, 2011; Turnell et al., 2013).

The three studies utilized bivariate and multivariate analyses, as well as CHAID analyses, on data from several cycles of the Ontario Incidence Study to examine the impact of risk on key decisions made by child welfare workers at the initial investigation stage of service. The findings seem to indicate that the assessment and management of risk is influencing worker decision making in Ontario. When controlling for the multiple factors previously found to influence substantiation decisions, the caseworker's perceptions of risk emerges as one of the strongest explanatory factors. The second study adds to what is known about the 20% of cases not covered

in the first study, that which involve concerns about future risk of maltreatment when no maltreatment has been reported. The families involved in the risk only investigations are often young, single parents, with significant personal stressors such as drug use, cognitive impairments, and mental health issues. They also have very few social supports and unstable housing, including homelessness coupled with lack of money for basic necessities. Less than 25% of these families receive any services from child welfare beyond an investigation, and less than half are even referred to other organizations for service. Only 20% of these same families are actually substantiated for any risk of future maltreatment.

Ontario's differential response model, which was intended to address the changing profile of families being serviced by child welfare agencies, was the subject of the third study. Only one tenth of these investigations fall into the categories derived to reflect urgent protection concerns. Of the cases that categorized as urgent safety concerns for children, only 30% received a traditional forensic investigation. Of the 90% of families investigated for concerns about future harm to a child's development or well-being, 20% were subjected to a forensic investigation. The study suggested that differential response had not assisted in reducing the number of families subjected to a child welfare investigation, nor had it resulted in a tighter, more precise classification of reports by ensuring that investigations were used when most required.

Taken together, these findings indicate that the system's focus on risk is directing attention away from helping children who have already been harmed, to a focus on children who are at risk of future maltreatment, contributing to a focus on blaming parents instead of attending to social issues, and interfering with opportunities for the successful engagement of families. Simply verifying that a child has been a victim of substantiated maltreatment or is at risk of future maltreatment without offering services or supports to alleviate the risks, which include

poverty and other socio economic conditions, increases stress, and risks further isolating families from social services through fear of repeated investigations. If investigations do not lead to service provision to families, they simply increase the workload, and make detection of actual abuse or maltreatment that has already occurred more difficult.

If the purpose of the “investigation” is to provide early intervention or prevention, then it is necessary for either the child welfare agency to provide some assistance or refer to a community organization to provide support. The risk projections will be accurate only insofar as conditions remain similar. For example, any changes in the child’s living conditions or the caregiver risk factors would change the estimates of risk in the future. Therefore, it is pointless to simply identify families at risk if nothing is done to change the family’s current conditions.

7.1 Implications for Child Welfare Policy

The results of these three studies suggest that the Government of Ontario needs to consider how effective their current welfare policies are to address the inequities within the province. There is a need to increase or redesign the current social safety net to address the conditions known to contribute to poor outcomes for children, such as poverty, unstable or unsafe housing, social isolation, as well as providing mental health services, or ensuring that services designed to help alleviate these conditions become imbedded as core services of child welfare agencies. More deliberate service integration of society’s institutions such as social welfare, health, education, and child welfare would provide increased opportunities to respond to the needs of children and their families more holistically.

Perhaps looking to countries such as Sweden can provide us with insights into policies and interventions that may prove more effective in improving the safety of children. Sweden has lower rates of maltreatment and also lower rates of child poverty and parental risk factors,

including alcohol consumption and intimate partner violence. Sweden provides a policy model focused on a collaborative, collective response to social inequalities and caregiving demands instead of making individual parents the target of blame. Swedish child protection policies focus on universal child and family welfare policies, designed to address child and family well-being, and the supports they require rather than on risk (Gilbert et. al., 2012).

The results of these studies also suggest the need to rethink Ontario's current differential response model. The current revolving door of risk investigations is doing little to reduce the risk to children in Ontario. Given the risks of risk revealed in the three studies, I urge leaders and policy makers in Ontario to re-examine our growing trend towards a focus on risk and consider the potential negative consequences to the well-being of children and their families. Learning from research conducted on other differential response models will be helpful in evaluating where Ontario's model can be improved. When considering the three risks of risk identified in this dissertation, it will be important to rethink our response to families who present as lower risk or who do not present with imminent safety concerns. The response provided to these families should look substantively different than an intrusive child welfare investigation in order to maximize opportunities for family engagement and collaborative planning while also reducing the stigma, highlighting the socio-economic context of families' lives, and ensuring that these families are no longer targeted and blamed for being unable to ameliorate social inequalities.

One emerging practice may provide an opportunity to re-design Ontario's differential response model. There are currently eight Child and Youth Advocacy Centers located across Ontario and in 8 other provinces and territories (<http://cac-cae.ca>). These centers operate multi-disciplinary collaborations (amongst victim services, police, crown attorneys, child protection, medical practitioners, counselling services) in order to respond to children who have been

victims of crime including physical and sexual abuse. By providing a multi-disciplinary response to children who require a forensic response to urgent safety needs could allow child welfare to provide a completely different response to the other 90% of families. Utilizing an assessment approach instead of an investigative approach to these families would help reduce the stigma and blame on families, increase the potential for engagement in the services and supports provided to families and allow child welfare to focus on providing interventions which are evidence based.

7.2 Implications for Research

A number of possibilities for further research are generated from these studies. One of the objectives of the studies was to assess the impact of risk discourses on decision making. Further research is needed to explore worker and organizational factors that also influence the decisions regarding substantiation of maltreatment and risk in Ontario. Based on the findings of these studies, follow up research on the validity and reliability of Ontario's risk assessment tools and their actual use in practice is critical in fully understanding how much of an influence the current risk assessment tools are having on worker decision making.

A second research area that emerged was the need to examine interventions currently provided by child welfare agencies and other community agencies that are designed to address the concerns that emerged regarding social isolation and homelessness. Currently, models designed to increase the quantity and quality of supports in a child's and family's life, such as Family Finding© are being utilized by several child welfare organizations. Identifying promising practices through research is important to help the field ensure that the families who are coming to the attention of child welfare agencies, at such significant rates, receive services that address their needs, while not overburdening the system and drawing attention away from children who have already been maltreated.

Third, more research is needed into the implementation of Ontario's differential response model to fully assess whether the policies introduced in 2005 to address the dramatic expansion in the number of children being investigated by the child welfare system since the early 1990s is having the intended effect, and whether the current model actually facilitates early intervention and prevention. Research into the CYAC approach to forensic investigations and the provision of treatment to children who have been the victims of child abuse could help assess whether this promising practice might provide an alternative model to the current differential response approach.

7.3 Implications for Education and Training

The impact that Risk Society Theory is having on child welfare decision making and policy development is not likely restricted to child welfare. Social work education and professional training for those already in the field should include an understanding of how this impacts our response to many of the situations that social workers are charged with addressing as societal risks. Our social institutions work from a white Eurocentric middle class habitus, from which current child welfare policy and practice stems, including the method in which risk assessments are created, conducted, and scored.

Turning back to Foucault's and Gramsci's views of power can be helpful in social work education in understanding what social work can do in response to the impact of Risk Society Theory on practice. Both contend that power is not just about one person or one group holding all the power over others, but that individuals can play a role in their own domination and control by participating in the structures and processes of this power (Carey & Foster, 2011; Ives, 2004). It is critical that social work education, even at the undergraduate level, provide learning opportunities for social work students to critically assess and begin to understand the role of

social work in the act of governmentality and to help make the unconscious conscious.

Understanding the role and the implications of risk technologies on worker decision-making and on children and families is important in raising the consciousness of the individual actors.

However, Gramsci offers a more concrete approach, which is critical for all social workers to understand; it is possible to alter hegemonic power by coming together and using collective political action to fight inequality and oppression through what he refers to as counter-hegemonic acts (Ives, 2004).

Social work education needs to prepare all levels of social workers to play a role in fighting inequality and oppression, and not to be lured by the false sense of security that risk assessments may offer to their practice. Ultimately, if social workers are to help guard against biases in their own decision making, they need to fully understand the factors that can influence them. Regardless of the tools, policy framework, or process of family engagement, there is still a need to build skill and ensure adequate processes for critical analysis.

7.4 Implications for Practice

Viewing risk through the lens of Risk Society Theory may be helpful to child welfare practitioners and policy makers in Ontario to understand that risk is not ultimately manageable and predictable (Ferguson, 2007). Police are not expected to prevent all crime; doctors are not expected to prevent all deaths, or even errors in treatment; and child welfare professionals need to understand and accept that we cannot prevent all deaths or defend against all risks. Reflexivity provides the opportunity to construct risk in such a way that it balances well-being and safety.

Child welfare professionals need to reflect more on research findings than on inquiries and catastrophes in order to help the system move towards a focus on child need, and not purely risk. Ferguson (1997) suggested that the solution to dealing with the reality of Risk Society

Theory in child welfare is to focus on developing trust within the system in order to reduce the secondary risks. While engaging with families and service providers to build trust in the system, families could be empowered by their own expertise.

Family engagement models such as Signs of Safety (Turnell & Edwards, 1999) could hold promise in helping develop a public discourse that reskills professionals and lay people by opening space for child welfare workers to engage differently with families and community partners. It brings together stakeholders to co-construct the view of risk, taking into account the family's strengths and resources available to help mitigate these risks. The research suggests that effective child protection workers help clients to identify personal, social, and environmental issues that are of concern to them and help families develop goals and strategies to address these issues. By helping families define the problem, rather than the worker or child welfare agency's view of the problem, everyone can focus on the issues that led to the abuse or neglect, instead of pointing fingers for the abuse itself (Trotter, 2002).

It is important for workers, agency leaders, and policy makers to understand what is currently occurring related to key screening and investigation decisions in child welfare in Ontario. The child welfare field and the Ministry of Child and Youth Services in Ontario are currently contemplating a complete reconfiguration of the child welfare system with increased focus on accountability. When systems undergo significant policy shifts, considerable time, effort, and resources are focused on change. Constant change within child welfare systems erodes staff morale and societal confidence, leaving organizations fragile (Mansell, Ota, Erasmus, & Marks, 2011). Financial resources are expended for consultants, training, evaluation, and system reorganization in order to implement large scale change. Human costs include significant time, effort, attention for training, as well as other change efforts, which take away

from time spent with service recipients. With scarce financial and human resources, time and money devoted to change efforts are often at the expense of other services and supports provided directly to families. When change efforts are not fully realized prior to the next set of changes, workers may experience change fatigue, making them less likely to engage fully in the next swing (Mansell, Ota, Erasmus, & Marks, 2011; Munro, 2010).

It is this writer's hope that these studies will help child welfare agencies and the Ministry begin to understand the potential impact of Risk Society Theory on child welfare practice and decision making. They need to begin to seek deeper understanding as to why current rates of investigations remain unchanged despite the introduction of policies intended to divert lower risk families away from intrusive child protection approaches and instead of adding to the primary and secondary risks that workers and agencies need to focus on. The ever-expanding list of risks for child welfare to focus on and manage is only liable to increase the risks of risk.

7.5 Strengths and Limitations of Dissertation Research Studies

All three studies in this multiple manuscript dissertation utilize secondary data from the Ontario Incidence Study of Reported Child Abuse and Neglect (OIS). Roughly 25 researchers were involved in developing the study, and in collecting and analyzing the data. The OIS has an advisory group that includes members from child welfare organizations across Ontario to ensure that data accurately reflects Ontario Child Welfare practice and is relevant to the field. A representative sample of child welfare agencies across Ontario was included in the study and provides an accurate estimate of maltreatment investigations across Ontario. However, the sample from a single organization cannot be considered to be an accurate estimation of maltreatment investigations by a specific organization, and therefore no individual agency's data was examined in these studies.

The OIS randomly selects investigations that occur during a three-month period and then asks the workers to document the details of the cases, including decisions they made related to substantiation of maltreatment, removal of children from the family home, and provision of ongoing services. The fact that the OIS is performed every five years allows for a longitudinal analysis of trends related to maltreatment investigations in Ontario. The consistent sampling and data collection methods that are carried out by the OIS team at the University of Toronto ensures consistency in the way case characteristics and decisions are documented across multiple organizational sites. One key strength of utilizing OIS data is the consistency of data collection across organizations. Because of the independent nature of Ontario's Child Welfare System, with 46 organizations operated by local boards of directors, there is a great deal of inconsistency in practice and documentation across organizations, and therefore much of the child welfare information in Ontario is not able to be aggregated. As such, our understanding of key themes and trends in child welfare practice is limited. The data collection forms for the OIS are verified twice, once onsite, and again at the University of Toronto, which helps ensure high levels of consistency of the data and allows the data to be aggregated provincially. Utilizing secondary data can also allow for new insights into previous analyses, such as my first study, which replicates previous findings from a 2003 study, and adds new discoveries through the use of alternative methods and alternative research questions, such as my use of the CHAID analysis for differential response implementation. Finally, although also viewed as a potential limitation of the study, the fact that the OIS collects data directly from the frontline child protection worker allows us to examine their perceptions of what happened and what they believe about families they serve which is exactly what these studies were interested in exploring. Since the OIS is non-

identifying and retrospective, it allows workers to respond honestly without the secondary risk to themselves.

The use of secondary data for my dissertation studies has some limitations. Since the data was not collected to answer the specific research questions I was asking in my studies, there were some limitations in the variables available for my analysis. The OIS has specific limitations as a data set, including the fact that the data is limited to the initial stage of investigations and only tracks decisions made within the first 30 days. Again despite what has been indicated above as a strength of the study, it is important to understand that the information is based on assessments provided by the investigating child welfare worker, and that information provided by workers is not independently verified.

7.6 Ethical Considerations of Dissertation Research Studies

The OIS utilizes a case file review methodology. The files are the property of the individual organizations. Any identifying case information, including participants, workers, and organizations are maintained at the individual sites and not included in the data base. As a senior leader in one of the agencies that participated in the Ontario Incidence study, it is important to identify any ethical concerns or conflict of interest regarding my role in the collection process of the data, and the analysis in this dissertation. My own agency did not participate in the 2008 cycle. The data sets that I used for my analysis simply had agency ID numbers, and agencies were not named, nor was any identifying worker or family information included. Since the secondary data was based on casework that had already occurred, any influence I may or may not have had in my organization would not have impacted the way the workers did their investigations or documented this work. Researchers from the OIS study were on site providing

instruction and support to workers as they completed the forms, and I had no role internally in the case level collection of data.

Appendix A

Description of Weighting Procedure for Ontario Incidence Study

Four different weights are used in the Ontario Incidence study to adjust the representation of each case in the data sets to correct for disproportionate representation and generate a sample that conforms to known population distributions.

Agency weight – The first weight, called W_s represents the ratio of the total number of agencies in a stratum (a group of agencies within a geographic region from which agencies were randomly sampled) to the number of agencies sampled from that stratum.

$$W_s = \frac{\text{\# of agencies in stratum}}{\text{\# of agencies sampled in stratum}}$$

Subsampling weight – Data is collected for all new investigations opened during the three-month data collection period for each cycle. However, in very large agencies the sample size was limited to 250 randomly selected investigations in order to reduce the burden to frontline staff. As a result, the unweighted data underrepresents investigations done in large agencies. The second weight, called W_{ss} , represents the ratio of the number of investigations opened by an agency during the three-month data collection period to the number of investigations included in the OIS sample from that specific agency.

$$W_{ss} = \frac{\text{\# of investigations Oct. 1–Dec. 31}}{\text{\# of investigations sampled}}$$

Agency Size Correction – The number of children served by each child welfare agency in the province of Ontario varies significantly, as does the number of investigations they conduct. The *agency weight* described above adjusts for differences in the number of agencies selected from

each stratum, but does not account for variations in the size of the agencies within these strata. The third weight, called PS_r , is intended to adjust for variations in the number of investigations opened by agencies. PS_r represents the ratio of the average child population served by an agency within a stratum to the average child population for all agencies in that same stratum. Child population is used as a proxy for agency size because reliable statistics on the number of investigations completed by an agency have not been consistently available. This weight assumes that the numbers of investigations opened by the agencies within a stratum are proportional to agency child population and does not account for variations in the per capita rate of investigations.

$$PS_r = \frac{\text{average child population in sampled agencies}}{\text{average child population in agencies in stratum}}$$

Together, these three factors, $W_s \times W_{ss} \times PS_r$ are used to create estimates of the number of investigations completed within the three-month data collection period by all Ontario agencies.

Annualization – In addition to the weight adjustment of data from the province, all data presented in the OIS reports are weighted in order to derive annual estimates. Because the OIS collects data only during a three-month period from a sample of child welfare agencies, data are weighted to create estimates of the number of investigations conducted by sampled agencies during each cycle year.

Data are multiplied by PS_a , which represents the ratio of all investigations conducted by sampled agencies during 2008/2013 to all investigations opened by the sampled agency during the three-month sample period (Oct. 1–Dec. 31).

$$PS_a = \frac{\text{\# of investigations in 2008/2013}}{\text{\# of investigations Oct. 1–Dec. 1}}$$

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