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CHILD PROTECTION SERVICES TO CHILDREN  
IN THEIR OWN HOMES: A CASE ANALYSIS  
OF OUTCOME OF SUPERVISION ORDERS

by

DOMENIC GRATTA

---

A thesis  
submitted to the  
Faculty of Graduate Studies and Research  
through the School of Social Work  
in Partial Fulfillment of the requirements for the  
Degree of Master of Social Work  
at the University of Windsor

Windsor, Ontario, Canada

1988

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## ABSTRACT

This quantitative-descriptive study explored the association between specific case variables and the outcome status of 42 child protection families. The sample was drawn from child protection families who were subject to court authorized supervision orders under the direction of The Child and Family Services Act, 1984. The information used in the study was collected using a secondary analysis method. Existing case files dating from July 28/83 to September 10/86, were selected from a CAS in Northern Ontario.

The findings presented: (1) a socio-demographic profile of 42 child protection families; (2) a comprehensive analysis of the reasons for CAS intervention; (3) an analysis of the services implemented with the families by the CAS and other community agencies; (4) a demographic profile and analysis of the CAS protection workers involved with the 42 cases; and (5) comprehensive cross-tabulations of 96 independent case variables with seven dependent outcome variables. The results indicated that there was significant statistical association between six family characteristics and case outcomes one, four and six. It was found that in families where the mothers were young in age, the supervision orders were more likely to be extended. Further, in those families where CAS intervention with

mothers was intensive, the supervision orders were more likely to be terminated.

✓ Significant statistical association was also found between four CAS worker characteristics and case outcome one. These characteristics include (1) age; (2) educational degree; (3) related social work experience; and, (4) number of CAS workers involved with a family during the supervision order. The supervision order was more likely to be terminated with no further intervention when workers were older, had higher educational degrees, and had previous social work experience.

The study recommended that continued research was required to identify specific case variables that are associated with case outcome. Further study is necessary to determine if what social workers do in child protection is effective in protecting children and enhancing family functioning.

## ACKNOWLEDGEMENTS

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## INTRODUCTION

The evolution of child protection services in Ontario dates back to the latter part of the nineteenth century with the creation of the first Children's Aid Society in Toronto, in 1891 by J.J. Kelso (Ministry of Community and Social Services, 1980). Today, there are 52 Children's Aid Societies in Ontario, providing child protective services to thousands of children and families. The Child and Family Services Act, 1984 provides the Children's Aid Societies (CASS) with the legal authority to protect children from neglect and abuse.

The 52 CASS employ thousands of professional social workers and offer numerous services to children and families. However, a review of the literature demonstrates a lack of research into the area of case outcome evaluation which refers to a review of the services offered to children and families and how these services affected the outcome of the case. For example, did the number of services implemented with a family result in positive, negative or neutral results?

Case outcome is very important given Michael Austin's (1982) statement that although the 1970s were characterized as the age of accountability, the 1980s have become the age of agency survival. This necessitates the need for CASS to analyze their case management processes in order to

determine what specific variables result in positive, negative or neutral case outcomes. In this regard services to clients may be modified, changed or supported to ensure effective and efficient service delivery and ultimately, agency growth and survival.

#### Purpose and Nature of Study

The purpose of this study is to analyze what specific variables are associated with case outcome within the context of a CASS. More specifically, the study will focus on the use of supervision orders and their effects on service delivery and case outcomes through a case analysis of the characteristics present during a court authorized supervision order.

To accomplish the goals of this study, a review of the literature was conducted. Further, 45 child protection cases subject to court authorized supervision orders were selected and analyzed from a CAS in Timmins, Ontario. The analysis focused on specific variables and their effect on case outcome.

Social workers employed as child protection workers for CASS in the province of Ontario provide both voluntary and involuntary services to children and families. The Child and Family Services Act, 1984, provides CASS with the legal authority to protect children. This authority results in the provision of services involuntarily to clients by way of court authorization.

This study focuses on the provision of services to children and families as a result of the use of court authorized supervision orders. These services are provided to involuntary clients for the most part.

Supervision orders are granted by a family court judge when he/she is satisfied that legal supervision of a child at home is necessary because of protection concerns, under section 37(2) of The Child and Family Services Act, 1984. Supervision orders are time limited and must be reviewed by a family court judge prior to their expiration dates.

A supervision order gives the CAS the legal authority to supervise a child in the family home. Services are provided to the child and family by protection workers and by community agencies deemed appropriate to meet the family's needs. The community services are imposed on the family by the child protection worker, and/or the court order for supervision.

The major purpose of the study is to determine what specific variables affect the outcome of the court authorized supervision order. Outcome, for the purpose of this study, refers to the decision made by a family court judge when the supervision order is reviewed and a new decision is made regarding the status of the case. The study has identified seven possible outcomes that will be measured against key variables present during the supervision order. The seven outcomes are presented in Figure 1.

Figure 1. Supervision order case outcomes

- 1. Outcome One: supervision order terminated  
: no follow-up services
- 2. Outcome Two: supervision order terminated  
: continued intervention by CAS
- 3. Outcome Three: supervision order terminated  
: continued intervention by community agencies
- 4. Outcome Four: supervision order terminated  
: continued intervention by CAS and community agencies
- 5. Outcome Five: supervision order extended  
: continued intervention by CAS
- 6. Outcome Six: supervision order extended  
: continued intervention by CAS and community agencies
- 7. Outcome Seven: children apprehended

This study will attempt to measure the seven possible outcomes against the following four key variable components: (1) the client family socio-demographic profile; (2) the client family's history of involvement with the social service network; (3) the profiles of child protection workers; and, (4) the extensive and intensive use of services with the client family. These four variable components will be treated and analyzed as independent variables to determine if and how they affect the outcome of supervision orders (dependent variables).

## Concepts

The concepts used in this study have been operationally defined in the following manner:

Court authorized supervision order. This is an order made by a family court judge upon a determination that a child has been found in need of protection as per section 37(2) of The Child and Family Services Act, 1984. The supervision order permits the child to remain in the parental home with supervision to be carried out by a child protection worker. Supervision orders are time limited and must be reviewed prior to the termination date assigned by the court.

Case outcome. This occurs when a family court judge must review a supervision order prior to its termination date. At this hearing, the judge must make one of three decisions, (1) to extend the supervision order, (2) to terminate the supervision order, or (3) to authorize the admittance of a child to care for protection reasons. The decision reached by the judge results in the outcome of the case.

Socio-demographic characteristics. These are family factors such as marital status, religion, occupation, number of children in home, and cultural identification.

Presenting problems. These are the family problems identified by a child protection worker upon the initial contact and assessment.

Educational qualifications. The highest educational degree held by a child protection worker.

Experience. This refers to the actual number of months of child protection work completed by a social worker employed by a Children's Aid Society.

Extensive. The use of numerous services employed with assisting a family to overcome its problems!

Intensive. The number of times services are implemented with a family, ie. marital therapy once a week as opposed to marital therapy once a month.

C.A.S. service. The services provided specifically by a Children's Aid Society for a child and family.

Community service. The services provided specifically by agencies in the community and independent from the Children's Aid Society.

## REVIEW OF THE LITERATURE

As CASS are required to become more accountable to their respective communities, they need to demonstrate their effectiveness in the prevention of child abuse and neglect. To accomplish this they need to evaluate the services they offer to ensure that they are protecting children and enhancing individual and family growth.

Case outcome evaluation is one form of review that CASS may use to demonstrate that they are working toward greater efficiency. Case outcome is essentially the end result of the services offered to a child and family. The goal of this approach is to identify variables present during the intervention process that lead to the outcome of the case. The review of the literature identifies some of these variables and how they may affect case outcome.

The review of the literature begins with a review of the development of child protection in Ontario. The development of child protection is deemed as important as it represents society's changing values with respect to the protection of their children and the preservation of the family institution.

The review continues with a presentation of authority theory and its application to social work and child protection. This review was deemed to be of significance given that intervention by the use of a court authorized

supervision order is usually authority laden. An understanding of the use authority may also permit the reader to appreciate how outcome is affected by appropriate or inappropriate uses of authority.

The review also addresses the child protection worker's professional profile and the need for community based home services. Both of these variables affect case outcome and will be used in analyzing the data collected.

The final section of the literature review presents an understanding of case outcome variables and case outcome studies. This section attempts to identify how specific variables identified in previous studies, affects case outcome of child protection services.

#### Child Protection In Ontario

The development of child welfare services in Ontario began toward the close of the nineteenth century (Foster, 1964). The Orphans Act of 1799 and The Apprentices Act of 1851 placed orphaned and deserted children in apprenticeship situations in order to protect them from abuse and neglect (Ministry of Community and Social Services, 1979).

The Children's Protection Act of 1888 provided the courts with the legal authority to make children wards of institutions and charitable organizations (Ministry of Community and Social Services, 1979). This led the way for the development of the first CAS in Toronto in 1891 by J.J. Kelso.



In 1893, The Children's Protection Act gave Children's Aid Societies the legal authority to: (1) supervise children in their own homes; (2) remove children from their parental homes; and, (3) manage children in alternate placements (Ministry of Community and Social Services, 1979). By 1912, there were over 60 CASS in Ontario protecting children from abuse and neglect.

Child protection legislation continued to change between 1920 and 1950 as a result of society's increased concern for children. This resulted in the development of The Child Welfare Act of 1954. This act marked the provincial government's responsibility for CASS for the first time in legislation (Ministry of Community and Social Services, 1979). It also ensured greater structure and accountability of CASS to government and society. The new legislation also proved to be the beginning of government's recognition of the need for preventative services.

The Child Welfare Act was amended several times before it was replaced by the present legislation, The Child and Family Services Act, 1984. This revisional legislation was the result of several years of consultation, public debate, legislative development and discussion with professionals, special interest groups and individuals (Ministry of Community and Social Services, 1985).

The Child and Family Services Act consolidates eight previous separate acts relating to children's services in

Ontario. It also takes into consideration The Charter of Rights and Freedoms with respect to the rights of children, adults, and families (Ministry of Community and Social Services, 1985). This legislation provides one cohesive philosophy of children and families in Ontario such as providing services to children and families in the least intrusive manner.

The Act reinforces the characteristics of family integrity and family autonomy. The strength of the family as the single best place for children is emphasized. However, section 1(a) of The Child and Family Services Act, 1984 states that as a paramount objective, the purpose is to protect the best interests, and well-being of children. Thus, child protection workers in CASS are expected to carefully assess the best interests of the child as compared to the best interests of the family.

Although the Act promotes the best interests of children, section 1(c) indicates that the least intrusive course of action must be taken to help children and families (The Child and Family Services Act, 1984). Least intrusive measures begin with voluntary services to children and families. The second least intrusive step is to provide services to children and families by means of a court authorized supervision order. The third step is to remove the child from the home by means of an apprehension and court order.

In summary, child protection in Ontario has developed since the later part of the nineteenth century. The development of The Child and Family Services Act in 1984 witnessed the amalgamation of several separate children's acts into one comprehensive legislative act. The assumption is that this will ensure consistency and coordination of services to children and families. The Act also reinforces the need for family autonomy and integrity, the best interests of children, and the use of least intrusive methods of intervention with children and families.

#### Authority Theory

An understanding of authority theory seems relevant as child protection services are implemented in communities as a result of provincial legislation. The use of authority is a major component of the casework relationship with clients of CASS due to their mandate, The Child and Family Services Act, 1984.

According to Barnard (1971),

Authority is the character of communication (order) in a formal organization by virtue of which it is accepted by a contributor to a "member" of the organization as governing or determining what he does or is not to do so far as the organization is concerned. (p. 49)

This definition involves two components of the authority relationship. The first is the acceptance of communication as authoritative, and secondly, the acceptance of the

authority. Therefore, authority does not exist unless the person to whom the authority was directed understands and accepts the authority.

Authority theory is further developed by Weber (1971) and Fromm (1971). Originally, Barnard (1971) indicated that communication can not be accepted as authoritative unless four conditions are simultaneously obtained. These are: (1) that the person understands the communication; (2) that the person believes the communication is consistent with the purpose of the relationship; (3) that the person believes that the communication is compatible with his own interest; and, (4) that the person is mentally and physically able to comply.

Authority theory is discussed further by Weber (1971) who stated that there are three types of legitimate authority. They are: (1) legal authority; (2) traditional authority; and, (3) charismatic authority. Legal authority rests with the right of those individuals given the legal right to issue commands, such as CASS by virtue of The Child and Family Services Act, 1984. Traditional authority rests on established beliefs in traditions such as the authority of parents to raise their children. Charismatic authority is the result of exemplary character of an individual person, resulting in acceptance of his authority due to his specific character. Such individuals may include Pierre Trudeau, Martin Luther King and Robert Kennedy.

Fromm (1971) indicated that there are two other forms of authority. The first is rational authority, which has its source in competence. The person whose authority is respected and functions competently in the task with which he was entrusted by those who conferred it upon him demonstrates rational authority (Fromm, 1971). The second, is irrational authority which is basically power over people. According to Fromm (1971), this power may be mental or physical and where power is exerted on one side, fear exists on the other.

An understanding of authority theory seems vital to child protection workers who provide services to clients within an authority laden system. Authority used by child protection workers must be legitimate and rational if they are to be effective with clients. Thus, clients will only accept the authority of the worker if competency can be demonstrated.

#### Authority and Social Work

Palmer (1983) stated that authority is present in all social work relationships and it is the reluctance of social workers to use their authority that results in the failure of clients to be engaged in the treatment process. This view is supported by Watkins (1979) who indicated that authority may be used therapeutically only if social workers are comfortable with its use.

Grouse and Chescheir (1981) further related that it is the attitude of social workers toward the use of authority that significantly affects treatment outcome. In this regard, comfort with authority and its use generally results in healthy social worker/client relationships. Social workers who do not feel comfortable with authority fail to offer their clients the wide range of clinical services necessary for positive case outcome (Studt, 1959).

According to Palmer (1983),

Theoretically, the use of authority is consistent with social work theory of motivation, capacity, and opportunity, which states that clients become motivated by two basic forces - the push of discomfort and the pull of hope. Workers may have to provide the push of discomfort to clients who are functioning below acceptable community standards, and legally based power can be used as a tool to motivate the client. It may be unethical for workers who have the power not to use it. (pp. 121-122)

The appropriate use of authority may contribute to the achievement of several worthy goals, but as Palmer indicated, workers are reluctant to use their authority and thus positive case outcome is inadvertently jeopardized.

Similarly, Studt (1954 & 1959), Watkins (1979), and Grouse and Chescheir (1981) stated that authority is inherent in all social work relationships. These authors indicated that authority can and should be used as a tool to assist clients. The problem however, is the reluctance of social workers to use their authority to create positive change due to their lack of comfort with it.

Given the reluctance of social workers to use their authority even though it may be a powerful therapeutic tool, consideration must be given in the training, employment and supervision of staff and social work students (Watkins, 1979).

### Authority and Child Protection

Protection services are representative of society's concern for children and, therefore, community sanction and normative values form the basis for the protection legislation (Nyden, 1966). Protection workers use this provincial legislation and community sanction to protect children from abuse and neglect.

Authority granted by the legislation is effective if child protection workers feel comfortable with its use (Palmer, 1983).

Authority in child protection is used to protect children. Thus, the authority of the protection worker does not limit the ability of the parent or family other than to enforce that caretakers are not allowed to abuse or neglect children.

Koerin (1979) stated that neglecting parents may feel relief when caseworkers remove some of the responsibility from them by exercising their authority. These parents may perceive that the caseworker has the authority to take some control and place order in their lives.

According to the Ministry of Community and Social Services (1980), authority is used as a therapeutic tool with abusive parents. The protection worker may assist the abusing parent to work through conflicting feelings about parental authority.

The therapeutic use of authority in child protection is well documented in the literature (Nyden, 1966; Koerin, 1979). Child protection workers must be trained to use their authority appropriately. The Ministry of Community and Social Services and the Ontario Association of Children's Aid Societies have both developed training programs for protection workers. These programs include Front Line Protection One and Two (Ministry of Community and Social Services 1980) which have sections that deal specifically with authority and its application to child protective services.

In summary, supervision orders are the exercise by CASS of their legal authority. Child protection workers must be aware and understand authority and its impact on themselves and families. They must, therefore, be properly educated and trained in authority theory and its application to social work and child protection.

#### The Child Protection Worker

Child protection workers possess various educational degrees (M.S.W.'s, B.S.W.'s, BSc's and B.A.'s). These



individuals must provide treatment services to families while ensuring both the protection of children and the enforcement of community laws and standards (Daley and Williams, 1979). Yet, as Daley and Williams indicate, it is at this complex level that child protection agencies attract young and inexperienced workers (p. 33).

Maidman (1984) indicated that child protection workers carry out several complex tasks during the course of their day to day activities. These may include: protecting children; treating children and families; mobilizing community services for the families; court preparation and many others. To complete these tasks within such a demanding environment, child protection workers must be educated and trained on an ongoing basis.

According to Kaplan and Hartman (1986) child protection worker education and training should include a broad background in child welfare, with special attention to cultural factors. Arangio and Ayers (1979) concurred with this, adding that curricula at schools of social work should train students specifically for child welfare.

It is not only important to educate and train child protection workers, but it is also important to know which type of workers are effective at different jobs. A study conducted by Olsen and Holmes in 1977 found that M.S.W.s tended to be more successful with adoption and group care services, where a therapist role was required. B.S.W.s

were found to be effective with supportive services where a social broker role was emphasized. Workers not trained in social work were most effective in arranging transportation services for their clients. This study demonstrated that individuals educated at differing levels performed effectively at various levels of a child protection organization.

This stresses the need for child protection agencies to clearly identify the type of professional they require to perform different tasks. Secondly, child protection agencies must continue to provide educational and training opportunities for their staff to ensure effective service delivery.

The Ontario Association of Children's Aid Societies (OACAS) has developed a three week training program for newly recruited staff. The Ministry of Community and Social Services has similarly developed several training programs for child protection workers such as, Front Line Protection Training One and Two, Working With Adolescents, and Trust (Ministry of Community and Social Services, 1980). These programs were developed to meet the ongoing training needs of child protection agencies and workers.

The Ministry of Community and Social Services in 1986 published, Staffing Classifications Advisory Committee Interim Report which recognized the need for highly educated and trained child protection workers. The document sets out

specific guidelines for the educational qualifications of protection workers at different levels of the organization. For example, intake staff must have a minimum B.S.W. degree or its equivalent in education and experience.

#### Home Based Services

According to Ruger and Wooten (1982), coordination of effort at the level of counselling, education, and advocacy is essential to the improved functioning of families at risk. This was further indicated by Barozzi, Park, and Watson (1982) who stated that successful social service delivery in today's society requires coordination and integration of service. It appears that single service delivery to children and families is not sufficient to resolve problems. It appears that services to protection families require the use of a community coordinated approach to ensure effective case outcome.

Presently, the child welfare system is comprised of a great number of community services. Weil and Karls (1985) indicated that child protection often involves the police, hospitals, public health, court, schools, homemakers, and many more. The role of the protection worker is to coordinate inter-agency cooperation and services, thus ensuring a community approach to child protection.

Case management functions and the broker role (previously mentioned) highlight a child protection worker's

major responsibilities. According to Weil and Karls (1985), the CAS worker negotiates appropriate services for the client, improves access to services, and promotes compatibility. However, the implication for these workers and their respective agencies is that a variety of services should be available to address the diverse problems associated with protective families (Sundel and Hamen, 1979).

Kadushin (1974) indicated that

the first line of defense in dealing with situations requiring child welfare services are those designated to support, reinforce, and strengthen the ability of parents and children to meet effectively the responsibilities of their respective statuses. Supportive services are designed for children living in their own homes. (p. 78)

Children may be maintained in their own homes when protection workers arrange coordinated community services to children and families. Services to children in their own homes are provided by either voluntary agreements or court authorization (supervision order).

The goal of supportive services and home based services is to lessen the damage to the social functioning of the family members (Kadushin, 1974). Family service agencies and child guidance centers are examples of supportive services, and homemaker services are an example of home based services.

The literature refers to home based services as an

effective treatment component for protection families. Pecora, Delewski, Booth, Haapala, and Kinney (1985) stated that home-based services may be as extensive and intensive as required. The key to this strategy is that the primary site of the family's work is at home and, therefore, the effectiveness of treatment is improved (Pecora, et al, 1985).

According to Compher (1983) there are four primary categories of services to children and families in their own homes: (1) case management; (2) comprehensive social worker; (3) intra-agency team; and, (4) inter-agency team. Case management refers to the resolution of the clients' contextual needs such as health, employment and education. The comprehensive social worker category emphasizes the social worker's role in providing extensive family counselling. The intra-agency team refers to a group of experts within an agency that provide consultation to protection workers. The inter-agency team is made up of a group of community professionals who coordinate services to families and provide consultation when required to the protection worker. All four categories should be present during the treatment process.

An example of an effective home based service to protection families is the homemaker program. According to Kačushin (1974) homemaker services decrease the need for placing children in foster homes or institutions for short

periods of time. The homemaker provides the family with housekeeping functions, parent education, role modelling, and child care. On-the-spot availability is the key aspect. Stemplar and Stemplar (1981) further indicated that homemakers also use their time to develop long term relationships with the family ensuring long term support and guidance.

In summary, services to protective families involve the coordination of agency and community services. According to the literature reviewed, services to children and families appear to be most effective when children remain in their own homes and services are provided at this level. The extensive use of services depends on a family's needs. Child protection services are a community responsibility requiring a community coordinated approach.

#### Case Outcome

According to Magura and Moses (1986) there are three types of outcome variables: (1) client status; (2) client satisfaction; and, (3) case status. These three variables are presented in this section with special emphasis on case status.

Client status refers to changes in the client's behaviour, motives, knowledge or resources (Magura and Moses, 1986). For example, a family exhibiting neglectful behaviour toward a child may change its functioning to end

the neglectful behaviour. This change may be the result of knowledge learned from parenting courses offered by a CAS. Case outcome is based on the client's change of both behaviour and knowledge.

Client satisfaction variables measure the degree to which services have fulfilled a client's subjective needs, expectations or wishes (Magura and Moses, 1986). Case outcome is based on a client's perceptions and not necessarily on any concrete measure. For example, a client may be satisfied with service and outcome, but in reality his/her ability to function has not changed.

The third case outcome variable, case status, refers to changes in the stage or phase of a case, in a client's service status or legal status (Magura and Moses, 1986). This is usually measured by the agency involved and is based on collected data. For example, clients of a CAS subject to a supervision order change status when that order is terminated and the child remains in the family home. The termination of a supervision order means that the child is no longer in need of protection, or the family changed in such a fashion that the status of the case had a positive outcome.

Case outcome studies. This section will present a review of three case outcome studies conducted in the field of child protection. These studies identify specific

variables that affect the outcome of protection cases.

Sherman and Philips' (1974) study of services to children in their own homes, identified three major areas that affected the outcome of cases: (1) intake factors; (2) service factors; and, (3) caseworker factors. The findings of the intake factors indicated that there was no statistically significant relationship between case outcome and either: (1) household composition: single parent or two parent household; (2) marital status of mother: single, married, or divorced; or, (3) case status: whether the case was new or reopened.

Service factors were found to have the greatest affect on case outcome. According to Sherman and Philips (1974), there was a statistically significant relationship between case outcome and (1) length of service: specifically the greater the length of service offered up to a maximum of 12 months the greater the extent to which service objectives were attained, (2) face-to-face contact: e.g. the more face-to-face contact, the more exposure to service and the more opportunity for attainment of service objectives, and, (3) the number of telephone calls per month: that is the more calls per month the greater the attainment of service objectives.

Sherman and Philips (1974) found no statistically significant relationship existing between case outcome and caseworker factors. There was no relationship found between



case outcome and (1) worker gender, (2) worker educational degree, (3) worker's years of experience, or (4) the number of workers involved with a family during the case process.

The findings by Sherman and Phillips (1974) suggest that the frequency and intensity of service contacts, the length of service, the provision of multiple rather than single services, and the use of supportive case work methods are the significant factors in case outcome. It appears from the study that what workers do is more important than who workers are.

In 1979, Shapiro conducted a study of abusive parents in order to measure outcome and treatment effectiveness. The study found that there was no relationship between case outcome and either: (1) household status: single parent of two parent household; (2) family isolation; (3) family history; (4) worker educational qualifications and experience; or (5) number of workers involved with a family during the case process.

Shapiro, however, did find a relationship between case outcome and (1) length of service: cases opened two or more years showed greater improvement than those opened less than two years, and (2) number of services: families receiving an average number of services showed more improvement than those families that received too little or too many services. Shapiro did not indicate what 'too little' or 'too many' services were or what an average amount of

services included. In this regard, workers must assess a family's strengths and needs before implementing services to determine which services to include and with what intensity.

The major findings of Shapiro's study demonstrate again that case outcome is affected by the number of services involved and the intensity of their involvement. Clients are more able to meet their treatment goals if the worker can coordinate the appropriate use of community services.

In 1984, Lowder, Poulin and Andrews conducted a study of 101 protection cases. Their findings indicated that case outcome is associated with: (1) the length of service; (2) the average number of home visits per month; and, (3) the provision of a multitude of services. When these three factors are accounted for, case outcome was assessed as positive. Clients were more likely to meet their treatment goals when the outcome factors described by Lowder, Poulin and Andrews were present.

The three studies presented all draw similar results: (1) that a comprehensive program of services is more effective for families than single service; and, (2) that the more contact that occurs between service providers and families, the greater the ability of the clients to meet their treatment goals. Another interesting conclusion noted in these studies is that worker educational qualifications and/or experience is not a factor in successful case

outcome. These findings are significant, as they affect who agencies hire and how agencies will provide services.

### Summary

According to the literature, child protection workers must be educated and trained in the area of authority theory and its application to social work and child protection. Authority is present at all levels of the intervention process, and workers must be aware of its presence and how it may be used effectively in case work.

Children's Aid Societies must be aware of their hiring practices and how service delivery is affected by the type of professional they hire. The literature indicates that educational training is a factor in the ability of social workers to do different types of work. For example, B.S.W.s are more effective at the brokerage function, while M.S.W.s are effective with the therapist role (Olsen and Holmes, 1977). Given this, CASS should hire those individuals best suited for specific job functions.

The literature further related that child protection should be accepted as a community responsibility.

Coordination of agency and community services may be more effective than an uncoordinated approach. Further, this community approach ensures that services to children and families are localized in the family, thus contributing to family stability and growth.

Finally, previous studies have shown that case outcome is affected by the extensive and intensive use of community services. This concentrated approach should enable families to meet their treatment goals and thus enhance individual and family functioning.

## RESEARCH QUESTIONS

One general and three specific research questions have been developed for this study. The purpose of these questions is to focus the study process and ensure that the data collection and analyses sections are conducive to the purpose of the study.

The first research question was developed to include as many variables as possible that appeared to be associated with case outcome. The general research question is; What variables are associated with case outcome under the direction of a court authorized supervision order granted under The Child and Family Services Act, 1984? The three specific research questions are as follows:

1. What are the socio-demographic characteristics of the families involved with a CAS under court authorized supervision?
2. How do the families' socio-demographic characteristics affect case outcome?
3. How does the nature of the families' presenting problems affect case outcome?

The study will also test the following two null hypotheses:

1. The educational qualifications and experience of child protection workers does not affect the final outcome of a court authorized supervision order.

2. The extensive and intensive use of Children's Aid Society and community services does affect the final outcome of a court authorized supervision order.

This study will attempt to answer the research questions and test the hypotheses by way of critical analysis of the data collected.

## METHODOLOGY

### Research Design

The research design chosen for this study is classified as quantitative-descriptive, variable relationship study (Tripodi, Fellin, & Myer, 1983). The primary function of this design is to provide accurate quantitative-descriptive data which can be generalized to a specific population. This study will focus on outcome variables associated with CASS and court authorized supervision orders via The Child and Family Services Act, 1984.

### Population

The studies sample was selected from the cases of the Porcupine and District Children's Aid Society, Timmins, Ontario. According to Statistics Canada (1987), the population of Timmins was 46,657 in 1986. Further, 23,155 were described as English Canadian and 15,630 as French Canadian. The average number of children per family was 1.3, and the total number of children under age 18 and living in the family home was 12,950.

The Porcupine and District Children's Aid Society was involved with 162 families in 1984, 209 in 1985, and 151 families in 1986. Of these cases, 42 were selected that met the following criteria: (1) the families were subject to a court authorized supervision order via The Child and Family

Services Act, 1984; and, (2) the supervision order was reviewed and an outcome found prior to December 31, 1986. The 42 cases selected were subject to supervision orders between November 14, 1984 and October 20, 1986.

Authority to use the case files of the Porcupine and District Children's Aid Society was granted by the Executive Director. A letter requesting permission and the reply gaining approval are in Appendices A and B respectively.

#### The Data Collection Instrument

The data collection instrument used for the study was developed by the researcher (see Appendix C). The instrument was devised as a case reading schedule as all the information collected came directly from case files (secondary analysis). No information was collected from clients or protection workers.

The instrument was divided into six sections:

- (1) previous C.A.S. involvement with the client family prior to most recent contact leading to supervision order;
  - (2) parent profile of involvement with C.A.S. when they were children;
  - (3) C.A.S. client family socio-demographic data;
  - (4) C.A.S. client profile prior to supervision order via the C.F.S.A., 1984;
  - (5) C.A.S. case profile during supervision order; and,
  - (6) outcome status.
- Each section provides an extensive array of alternative options that require the data collector to check off the appropriate categories.



### Pretesting the Data Collection Instrument

The data collection instrument was pretested at the Porcupine and District Children's Aid Society in Timmins, Ontario in February and March of 1988. An agency supervisor completed a review of eight cases. The population from which the pretest sample was chosen was similar to the population from which the final cases were selected. Each case reading schedule took an average of one hour to complete. Suggestions made by the supervisor resulted in some minor changes to the case reading schedule. The final version was then sent to Timmins for collection of the data by the same supervisor that conducted the pretesting of the instrument.

### The Data Collection Process

A case reading schedule was chosen to collect the data for two reasons: (1) the cases subject to review for the study date back to 1985 and information could not be collected directly from case workers who had left the agency; and, (2) some clients of the agency had also left the area and could not be reached. Therefore, data was collected directly from the case files of the Porcupine and District Children's Aid Society.

According to Wechsler, Reinherz, Hyg, and Dablin (1981), and Arkava and Lane (1983), the use of available data is a reliable form of data collection. The case

reading schedule was administered to the subject files by the same supervisor who conducted the pretest.

This process necessitated: (1) a complete understanding of the data collection instrument by the data collector; (2) a review of the personnel files of the child protection workers who worked with the cases under analysis; and, (3) a review of case files subject to supervision orders under the authority of The Child and Family Services Act, 1984. The data was collected during the month of May, 1988. A total of 42 cases were reviewed.

#### Analyses of the Data

The data collected from the 42 case files were coded and entered into a computer for analyses using the University of Windsor Statistical Analysis System (SAS). The data was first analyzed to determine the frequency of responses to each question. Next, the data was cross-tabulated to determine the association of specific variables (I.V.'s) with outcome status variables (D.V.'s). The Chi-square statistic was calculated for all the cross-tabulations. Further analyses was conducted using the following three non-parametric tests: (1) Spearman rank correlation coefficient ( $r_s$ ); (2) Anova (F); and, (3) Wilcoxon rank-sum test.

### Methodological Limitations

Moss (1985) stated that limitations are often numerous in even the most carefully planned research projects. Five major areas where limitations could be located are: (1) in the validity and reliability of the data collection instrument; (2) in the ability to generalize the study's results; (3) in the access to the desired data required; (4) with regard to ethical issues throughout the process; and, (5) in the ability to control extraneous factors in the environment and with the respondents (Moss, 1985).

Given the five possible areas of limitation, the researcher has identified three:

1. The data for the study was not collected by the researcher, but rather by a trained assistant in Timmins. It is possible that the researcher and assistant interpreted some of the questions differently thus resulting in data being inadequate or incomplete.
2. The data collection instrument collected data directly from case records, therefore, the researcher had to rely on the agency's case recording and filing systems. The data in the files may at times be biased and incomplete. The validity of the data collected is limited for these reasons.
3. The study has been classified as quantitative-descriptive, sub-type variable relationship. This classification leads to low-order generalizations, thus

restricting the ability of the researcher to generalize  
the findings of the study to a large population.

## PRESENTATION OF THE FINDINGS

The chapter will be divided into two main sections, Part 1 will present a descriptive analysis of the population studied, while Part 2 will present statistical tests of a set of selected independent variables with the seven dependent case outcome variables. For Part One, distributions of frequency and percentages were completed for all the study variables. These data are sub-divided into the following sub-sections: (1) Demographic Data of Mothers; (2) Demographic Data of Fathers; (3) Demographic Data of Children; (4) Residential Status of Families, (5) History of Involvement with Families; (6) Referral Information Leading to Supervision Order; (7) Supervision Orders; (8) Services Implemented by CAS for Mothers During Supervision Order; (9) Services Implemented by CAS for Fathers During Supervision Order; (10) Services Implemented by CAS for Children During Supervision Order; (11) Services Implemented by Community Agencies for Children and Families During the Supervision Order; (12) Face-to-Face Contact Between CAS Workers and Family Members; (13) Telephone Contact Between CAS Workers and Family Members During Supervision Period; (14) Professional Profiles of CAS Workers Involved with Families During the Supervision Order; and, (15) Outcome of Supervision Orders.

## Descriptive Analyses of the Population

### 1. Demographic Data of Mothers

The sample consisted of 42 cases in which a mother was present in 41 of the cases. Of the 42 cases, ages were available for 39 of the 41 mothers. The ages ranged from 17 to 54 years of age. A large number of these women (38.5%) were between the ages of 26 and 35, while 30.8% of the women were between the ages of 36 and 45. The mean age at the time of CAS intervention was 32.6 years.

Regarding marital status, most mothers were separated, accounting for 34.1% of the 41 responses. Twenty-two per cent were married and 19.5% were divorced.

The majority of mothers (78%) identified in the study were of the Roman Catholic religion, while 7.3% were Protestant and 4.9% were Pentecostal. Three other religious affiliations accounted for the remaining three mothers (Anglican, Born Again Christian, and United). Culturally, 36.6% were English Canadian, while the remaining 63.4% were French Canadian.

Women remaining in the family home as homemakers accounted for 72.5% of the mothers. Further, 7.5% were employed as waitresses and 5% were employed as maids. The remainder of the women were employed in various employment situations as noted in Table 1.

Table 1

Description of Mothers by Occupation (n = 40)

Occupation	Frequency	Percent (%)
Homemaker	29	72.5
Waitress	3	7.5
Maid	2	5.0
Book-Keeper	1	2.5
Telephone Operator	1	2.5
Nurse	1	2.5
Nurses Aid	1	2.5
Artist	1	2.5
Store Clerk	1	2.5

Note. Missing value = 1

The employment status of the mothers in the study parallels the high proportion of mothers that remained in the home as noted in Table 1. For example, unemployed women accounted for 87.5%, while 7.5% were employed part-time and 5% full-time.

The mothers in the study were found to have had few previous relationships prior to their most recent marital condition. Previous relationships in this regard refers to any marriage or common law relationship that the mothers were involved with prior to their most recent marital status. In the sample, 63.4% no previous relationships, while 22% had one, 9.8% had two, and 4.9% had three previous relationships.

## 2. Demographic Data of Fathers

Although the study consisted of 42 families, fathers were identified in 32 of these cases. Of the 32 fathers, ages were available for 28. Half of the fathers in the study were between the ages of 36 and 45, while 28.6% were between the ages of 26 and 35. The mean age at the time of CAS intervention was 36.54. The fewest number of fathers were in the 16 to 25 year category representing 7.1% of the total as noted in Table 2.

Table 2

### Description of Fathers by Age (n = 28)

Age	Frequency	Percent (%)
16-25	2	7.1
26-35	8	28.6
36-45	14	50.0
46-55	4	14.3

Note. Missing values = 4

Regarding marital status of the fathers, most were separated (34.4%), while 28.1% were married. Further, 18.8% were divorced and 12.5% were living in common law relationships.

Further, 87.5% were Roman Catholic, while 6.3% were Protestant. Of the remaining fathers, 3.1% were United and 3.1% were Pentecostal.

These fathers were identified as belonging to three separate cultural groups. More specifically, 62.5% were



identified as French Canadians; while 34.4% were English Canadians, and 3.1% were reported as Irish Canadians.

The fathers occupations were categorized into 12 distinct areas as identified in Table 3.

Table 3

Description of Fathers by Occupation (n = 28)

Occupation	Frequency	Percent (%)
Miner	11	34.4
Forest Worker	4	12.5
Construction Worker	3	9.4
Paper Maker	2	6.3
Geologist	1	3.1
Welder	1	3.1
Mechanic	1	3.1
Taxi Driver	1	3.1
Janitor	1	3.1
Railway Worker	1	3.1
Store Clerk	1	3.1
Upholster	1	3.1

Note. Missing values = 4%

Among the sample, 65.6% were employed full-time and 6.3%, were employed part-time. Further, 15.6% of the fathers were unemployed and 3.1% were on sick leave.

The majority of men (93.6%) in the study were found to have had no previous marital relationships prior to their most recent marital condition. The remaining 6.3% had one previous marital relationship.

### 3. Demographic Data of Children

Eighty-one children were identified from the 42 cases under study. The number of children per family ranged from

1 to 5, with the mean number of children per family as 1.93.

The children's ages ranged from 1 to 20 years, with 17.3% of the children between the ages of 1 and 5, and 21% between the ages of 6 and 10. Of the remaining children, 34.6% were between the ages of 11 and 15, and 27.1% were between 16 and 20.

Male and female children were divided almost equally in the study group as the data revealed that 49.4% were males and 50.6% were females.

Of the 81 children in the study, 85.9% were Roman Catholic and 6.4% were Protestant. The remaining children were Pentecostal (3.8%), United (1.3%), Anglican (1.3%), and Born Again Christian (1.3%).

The study also categorized the legal status of the children in relation to both parents. For example, they could be the biological, adopted or step-child of the respective parents. It was also possible that a child not have any legal status with a particular parent such as when a new relationship begins between adults. In this study, 100% of the children were identified as being the biological child of the mother. The majority of the children (83.5%) were the biological child of the father, however, 12% were step-children, 3% had no status and 1.5% were adopted.

#### 4. Residential Status of Family

Of the 42 families in the study, 43.9% resided in a detached single family home. Further, 31.7% resided in

apartment houses, 14.6% were in apartment buildings and 4.9% in trailers.

The majority of the families (73.2%) in the study rented their place of residence, while 26.8% of the families owned the residence they resided in.

##### 5. History of Involvement with Families

The history of involvement refers to all contacts between the Children's Aid Society (CAS) and the families prior to the most recent contact that resulted in the court authorized supervision under The Child and Family Services Act, 1984. According to the data, 7.1% of the families had no previous contact, while 28.6% had one previous contact, 17.9% had two, 17.9% had three, 10.7% had four and 17.9% of the families had five previous contacts.

The data identified both the number of previous supervision orders granted by a family court judge under The Child Welfare Act, 1978, and the number of voluntary contacts with the family. The majority of families (92.9%) had no previous supervision orders, while 7.1% of the families had one contact. However, 30.8% of the families had one voluntary contact and 30.8% families had two voluntary contacts.

##### 6. Referral Information Leading to Supervision Order

This section presents an analyses of the referral process that lead up to the court authorized supervision

order under The Child and Family Services Act, 1984. All 42 referrals to the Porcupine and District Children's Aid Society occurred between July 28, 1983 and September 10, 1986. The referral sources in these cases are presented in Table 4. The most frequently reported referral sources are: parent self referrals (23.8%), neighbour's referrals (14.3%), and police referrals (14.3%).

Table 4

Referral Source to CAS (n = 42)

Referral Source	Frequency	Percent (%)
Parent (self)	10	23.8
Neighbour	6	14.3
Police	6	14.3
Relative	4	9.5
Child (self)	2	4.8
Community Social Worker	2	4.8
Other CAS	2	4.8
School	2	4.8
Physician	1	2.4
Family Service Agency	1	2.4
Adult Probation	1	2.4
Anonymous	1	2.4
Foster Parent	1	2.4
Nurse	1	2.4
Child Development Worker	1	2.4
Friend	1	2.4

The data further identified the reasons for the referral to the CAS. These were ranked from 1 to 3, whereby 1: was 'the most serious' reason, 2: was the 'second most serious' reason, and 3: was the 'third most serious' reason for referral.

The most serious reasons for referral to the CAS are presented in Table 5. In 21% of the cases, physical abuse was given as the most serious reason for referral to the CAS, while in 15.9% of the cases it was sexual abuse and lack of supervision was given in 13.2% of the cases.

Table 5

First Most Serious Reason for Referral to CAS (n = 38)

First Reason	Frequency	Percent (%)
Physical Abuse	8	21.0
Sexual Abuse	6	15.9
Behavior Problem: Child	5	13.2
Lack of Supervision	5	13.2
Neglect	4	10.5
Alcohol Abuse: Parent	2	5.3
Mental Illness: Child	2	5.3
Emotional Abuse	1	2.6
Parent/Child Conflict	1	2.6
Truancy	1	2.6
Unwanted Pregnancy	1	2.6
Unfit Home	1	2.6
Mental Retardation: Parent	1	2.6

Note. Missing values = 4

The second most serious reason for referral found that 26.1% of the cases were referred due to alcohol abuse by a parent, 17.5% of the cases due to mental health problems of a parent and 8.8% of the cases referred due to the emotional abuse of a child (see Table 6). Not all cases had a second reason for referral.

Table 6

Second Most Serious Reason for Referral to CAS (n = 23)

Second Reason	Frequency	Percent (%)
Alcohol Abuse: Parent	6	26.1
Mental Illness: Parent	4	17.5
Truancy	3	13.0
Emotional Abuse	2	8.8
Drug Abuse: Parent	2	8.8
Physical Abuse	1	4.3
Neglect	1	4.3
Lack of Supervision	1	4.3
Parent/Child Conflict	1	4.3
Behavioral Problem: Child	1	4.3
Lack of Parenting Skills	1	4.3

The third most serious reason for referral was cited in 10 of the 42 cases (see Table 7). Thirty per cent of the cases indicated that the third most serious reason for referral to the CAS was neglect, while another 30% were referred due to drug abuse by a parent. The four remaining reasons given, each accounted for 10% of the referrals.

Table 7

Third Most Serious Reason for Referral to CAS (n = 10)

Third Reason	Frequency	Percent (%)
Neglect	3	30.0
Drug Abuse: Parent	3	30.0
Lack of Supervision	1	10.0
Parent/Child Conflict	1	10.0
Alcohol Abuse: Parent	1	10.0
Lack of Housing	1	10.0

## 7. Supervision Orders

Court authorized supervision orders were granted in all 42 cases by a family court judge between November 14, 1984 and October 20, 1986. Of the 42 families, the length of the supervision orders were 6 months for 90.5% of the families and 12 months for the remaining 9.5% of the families.

As more than one child per family could be under supervision, the study sought to determine the number per family. Of the 42 families, 71.4% had 1 child under supervision, while 19% of the families had 2 children subject to CAS supervision.

In total, 60 of the 81 children identified in the study were subject to a supervision order due to protection concerns by the Children's Aid Society. The remainder of this sub-section will present the findings as they apply to these 60 children and not the 42 families.

The length of the supervision orders fell into two categories: 6 month or 12 month. The majority of the supervision orders (81.7%) were six months in length, while the remaining 18.3% of the supervision orders were twelve months in length.

The data collected identified the reasons cited by the Children's Aid Society for their requests of the supervision orders for each specific child. The data indicated that Section 37(2)(b) of the C&FSA, (1984) was used on 49.2% of the occasions where supervision orders were requested.

Section 37(2)(b) states that a child is in need of protection as there is substantial risk that a child will suffer physical harm (Government of Ontario, 1984).

Further, Section 37(2)(c) was used on 20.3% of the occasions as the child was in need of protection due to sexual molestation or sexual exploitation (Government of Ontario, 1984). Finally, Section 37(2)(a) was used on 18.6% of the occasions when a supervision order was requested. This section of The Child and Family Services Act, 1984 indicates that a child is in need of protection as the child has suffered physical harm (Government of Ontario, 1984).

Table 8 presents the reasons supervision orders were requested and granted for these children, while Appendix D presents Section 37 (2) of the C&FSA, (1984).

Table 8

First Section 37(2) Reason Used by CAS to Request and Receive Supervision Order (n = 60)

Section 37(2), <u>C&amp;FSA</u> , (1984) First Reason	Frequency	Percent (%)
37(2)(b): risk of physical harm	30	50.0
37(2)(c): actual sexual molestation	12	20.0
37(2)(a): actual physical harm	11	18.3
37(2)(f): actual emotional harm	2	3.3
37(2)(h): mental/emotional suffering	2	3.3
37(2)(g): risk of emotional harm	1	1.7
37(2)(i): child abandonment	1	1.7
37(2)(l): unable to care for child	1	1.7



Of the 60 children, the CAS gave a second Section 37(2) reason for supervision in 32 instances. Section 37(2)(b) was used on 37.5% of the occasions, while Section 37(2)(d) was used on 31.3% of the occasions and Section 37(2)(h) on 21.9% of the occasions (see Table 9).

Table 9

Second Section 37(2) Reason Used by CAS to Request and Receive Supervision Order (n = 32)

Section 37(2), C&FSA, (1984) Second Reason	Frequency	Percent (%)
37(2)(b): risk of physical harm	12	37.5
37(2)(d): risk of sexual molestation	10	31.3
37(2)(f): actual emotional harm	7	21.9
37(2)(g): risk of emotional harm	1	3.1
37(2)(h): mental/emotional suffering	1	3.1
37(2)(i): child abandonment	1	3.1

8. Services Implemented by CAS for Mothers During Supervision Order

The Children's Aid Society provided the following services for 40 of the mothers in the 42 cases under study: (1) supervision (85%); (2) individual counselling (37.5%); (3) family counselling (22.5%); (4) parenting program (25%); (5) homemaker services (2.5%); (6) volunteer services (2.5%); (7) support (10%); and, (8) information sharing (2.5%). The first four services will be elaborated on in more detail at this time.

Child protection workers provided protection services to children in their homes by supervising the activities of the mother. This supervision was used to monitor the ongoing activities of all family members. Supervision services implemented with mothers occurred on a weekly basis in 44.1% of the cases, a bi-weekly (every two weeks) basis in 35.3% of the cases and on a monthly basis with 14.7% of the cases.

Further, individual counselling was implemented in 15 cases for 15 mothers. Weekly counselling sessions were implemented with 46.7% of the mothers, while another 46.7% received this service bi-weekly. As well, family counselling services were implemented with nine families. Of these women, 44.4% participated on a bi-weekly basis, while 55.6% of the mothers were involved on a monthly basis.

Parenting programs that teach new parenting methods were implemented with 10 mothers. Half of the mothers (50%) received this service weekly, while 40% received this service bi-weekly.

Although services were implemented in four other areas, the frequency of service was minimal and, therefore, a statistical description will not be provided, however, the number of services received and the intensity of intervention will be presented. Data analyses indicated that 95.1% of the 41 mothers received between 1 and 3 services from the CAS, while 2.4% of the mothers received between 4 and 6 services (see Table 10).

An attempt was also made to measure the intensity in which the services were implemented. Three levels of intensity were developed: very intensive (daily and weekly contact); intensive (bi-weekly contact); and, non-intensive (monthly, quarterly or no contact). According to this categorization, 34.1% of the mothers received very intensive intervention, while 34.1% received intensive intervention and 31.7% of the remaining mothers received non-intensive intervention.

Table 10

Total Number and Intensity of CAS Services Provided by the CAS for Mothers (n = 41)

Services Received	Frequency	Percent (%)
<u>1. Number of Services</u>		
a. none	1	2.4
b. 1 - 3	39	95.1
c. 4 - 6	1	2.4
<u>2. Intensity of Service</u>		
a. very intensive	14	34.1
b. intensive	14	34.1
c. non-intensive	13	31.7

9. Services Implemented by CAS for Fathers During Supervision Order

Twenty fathers in the study received six services from CAS Staff (see Table 11). They were: (1) supervision (80%); (2) individual counselling (40%); (3) family counselling (25%); (4) parenting programs (30%); (5) support (5%); and,

(6) information sharing (10%). The first four services will be discussed further.

Table 11

Services Implemented by CAS for Fathers (n = 20)

Services Received	Frequency	Percent (%)
Supervision	16	80.0
Individual Counselling	8	40.0
Parenting Program	6	30.0
Family Counselling	5	25.5
Information Sharing	2	10.0
Support	1	5.0

Note. Some fathers received more than one service.

Supervision services were implemented with 16 fathers in the study. This service was provided to ensure that fathers did not place or allow their children to be placed in positions of risk of harm. Bi-weekly supervision was implemented with 31.3% of the fathers, while another 31.3% of the fathers received monthly supervision.

Individual counselling was implemented with 50% of the fathers on a bi-weekly basis. Further, 25% of the fathers received this service quarterly, while 12.5% of the fathers received individual counselling weekly and 12.5%, monthly.

Family Counselling was implemented with 9 families, however, fathers from 5 families participated in this service. Forty percent of the fathers received family counselling on a bi-weekly basis, while another 40% of the fathers participated monthly.

The CAS implemented a parenting program for six fathers in the study. Parenting programs are designed to educate parents in new methods for disciplining children, developing appropriate communication skills, and overall development of interactive skills with children. The majority of fathers (66.7%) received this service bi-weekly, while 33.3% of the fathers received the parenting program monthly.

The data analyses also indicated that 59.4% of the fathers received between 1 and 3 services from the CAS, while 3.1% received between 4 and 6, and 37.5% of the fathers received no services. The intensity to which these fathers received their services was also measured. The data analysis indicated that 9.4% of the fathers received very intensive intervention, while 18.8% received intensive CAS intervention (see Table 12).

Table 12

Total Number and Intensity of CAS Services Provided by the CAS for Fathers (n = 32)

Services Received	Frequency	Percent (%)
<u>1. Number of Services</u>		
a. none	12	37.5
b. 1 - 3	19	59.4
c. 4 - 6	1	3.1
<u>2. Intensity of Service</u>		
a. very intensive	3	9.4
b. intensive	6	18.8
c. non-intensive	23	71.9

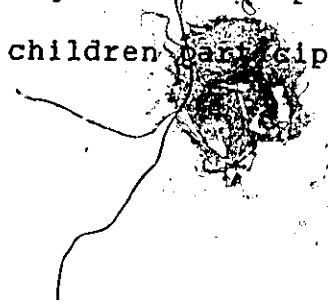
10. Services Implemented by CAS for Children During the Supervision Order

The study identified that of the 81 children residing with the 42 families in the study, 60 children were subject to supervision orders. Of these 60 children, 58 received the following four CAS services: (1) supervision (81%); (2) individual counselling (41.4%); (3) family counselling (34.5%); and, (4) group therapy (1.7%).

Supervision services were implemented with 81% of the 58 children subject to the supervision orders. Supervision orders authorized child protection workers to meet with children at home, school and elsewhere to ensure that the children had an opportunity to tell a protection worker if they were harmed or feared being harmed. They also ensure that child protection workers maintain contact with the child(ren) to ensure protection. Of the 47 children receiving supervision services, 51.1% were supervised bi-weekly, while another 36.2% of the children were supervised weekly.

Twenty-four children received individual counselling services from CAS workers. Bi-weekly supervision was implemented with 41.7% of the children, while 33.3% received supervision monthly and 25% weekly.

Nine families and twenty children were involved with family counselling services implemented by CAS. Sixty percent of the children participated in bi-weekly family



counselling sessions, while the remaining 40% of the children participated monthly.

Group therapy was implemented with one child on a bi-weekly basis. This program was specifically offered to children who were victims of abuse.

The data then attempted to account for the number of CAS services implemented with the children in their respective families. This does not account for the individual services, but rather for the cumulative number of services implemented in each family home. According to analyses, 85.7% of the families received between 1 and 3 CAS services for the children in their homes, while 9.5% of the families did not receive any CAS services for their children (see Table 13).

The intensity to which these CAS services were implemented was also measured. Of the 42 cases, 33.3% of the families received very intensive CAS intervention for their children, while 47.6% of the families received intensive intervention (see Table 13).

Table 13

Total Number and Intensity of CAS Services Provided for the Children in their Respective Families (n = 42)

Services Received	Frequency	Percent (%)
<u>1. Number of Services</u>		
a. none	4	9.5
b. 1 - 3	36	85.7
c. 4 - 6	2	4.8
<u>2. Intensity of Service</u>		
a. very intensive	14	33.3
b. intensive	20	47.6
c. non-intensive	8	19.0

11. Services Implemented by Community Agencies for Children and Families During the Supervision Order

Apart from the services implemented by the Children's Aid Society, several services were implemented with children and families under supervision by community agencies. These community agencies became involved either before or during supervision and usually at the request of the family, the Children's Aid Society or the family court judge. The names of the specific agencies will not be identified, but rather the type of service that was implemented with the families and children. This section presents the extent and nature of the services implemented by community agencies for the mothers, fathers and children of the study group.

Mothers. Twenty mothers in the study received 11



services implemented by various community agencies (see Table 14).

Table 14

Community Services Received by the Mothers (n = 20)

Service	Frequency	Percent (%)
Psychiatric Out-Patient Care	8	40.0
Child Development Program	6	30.0
Family Counselling	5	25.0
Parenting Program	5	25.0
Alcohol Out-Patient Care	2	10.0
Individual Counselling	2	10.0
Marital Counselling	1	5.0
Psychiatric In-Patient Care	1	5.0
Child Care Program	1	5.0
Credit Counselling	1	5.0
Adult Protection	1	5.0

Note. Some mothers received more than one service.

Family counselling services were implemented with five of the 42 families in the study. Five mothers participated with this service throughout the supervision period. Of these 5 mothers, 60% attended monthly sessions, while 40% attended bi-weekly.

Parenting programs were implemented with five mothers in the study. Sixty percent of these mothers received this service bi-weekly, while 20% of the mothers received the service weekly and 20% monthly.

Psychiatric out-patient care was the most utilized service by the mothers in the study. Of the 8 mothers that received this service, 37.5% were involved on a bi-weekly basis and 37.5% were involved quarterly.

Child development services, such as infant stimulation and infant development were implemented with 6 mothers. The majority of these mothers (83.3%) received this service bi-weekly, while 16.7% of the mothers were involved quarterly.

The data also indicated that 48.8% of the mothers received between 1 and 3 community services, while 51.2% received no services from community agencies during the supervision order (see Table 15). The intensity to which these services were implemented indicates that 2.4% of the mothers received very intensive intervention from the community agency's, while 70.7% received non-intensive intervention (see Table 15).

Table 15

Total Number and Intensity of Community Services Provided by Community Agencies for Mothers (n = 41)

Services Received	Frequency	Percent (%)
<u>1. Number of Services</u>		
a. none	21	51.2
b. 1 - 3	20	48.8
c. 4 - 6	0	0.0
<u>2. Intensity of Service</u>		
a. very intensive	1	2.4
b. intensive	11	26.8
c. non-intensive	29	70.7

Fathers. Few community services were implemented with the fathers of the 42 families in the study as noted in Table 16.

Table 16

Community Services Received by Fathers (n = 9)

Services Received	Frequency	Percent (%)
Psychiatric Out-Patient Care	3	33.3
Family Counselling	2	22.2
Marital Counselling	1	11.1
Parenting Program	1	11.1
Psychiatric In-Patient Care	1	11.1
Alcohol Out-Patient Care	1	11.1
Child Development	1	11.1
Probation/Parole	1	11.1

Note. Some fathers received more than one service.

Of the 9 fathers that did receive community services, none received more than 3 during the period of supervision (see Table 17). Further, the intensity to which the services were implemented indicated that 33.3% of the fathers received very intensive intervention, while 22.2% received intensive intervention and 44.4% of the fathers received non-intensive intervention from community agencies (see Table 17).

Table 17

Total Number and Intensity of Community Services Provided By  
Community Agencies for Fathers (n = 9)

Services Received	Frequency	Percent (%)
<u>1. Number of Services</u>		
a. none	0	0.0
b. 1 - 3	9	100.0
c. 4 - 6	0	0.0
<u>2. Intensity of Service</u>		
a. very intensive	3	33.3
b. intensive	2	22.2
c. non-intensive	4	44.4

Children. Eleven community services were implemented with a maximum of 28 children (see Table 18). Sixty days of in-patient psychiatric care was implemented with one child, while psychiatric out-patient care was offered to one other child. Alcohol out-patient services, special education classes, and secure custody services were implemented separately for three children. Two children each received the following services: (1) youth probation; (2) child development; and, (3) day care. Three children received speech language services from community agencies.

Table 18

Community Services Received by Children (n = 28)

Service	Frequency	Percent (%)
Individual Counselling	7	25.0
Family Counselling	6	21.4
Speech/Language	3	10.7
Child Development	2	7.1
Day Care	2	7.1
Secure Custody	2	7.1
Youth Probation	2	7.1
Psychiatric In-Patient Care	1	3.6
Psychiatric Out-Patient Care	1	3.6
Alcohol Out-Patient Care	1	3.6
Special Education	1	3.6

Note. Some children received more than one service.

Individual counselling was implemented with 8 children. Seventy-five percent of the children received this service bi-weekly, while 12.5% received this service weekly and another 12.5%, monthly.

Family counselling services were implemented with 5 families, of which 5 mothers, 1 father and 6 children participated. Of the children, 66.7% participated on a monthly basis, while 33.3% were involved on a bi-weekly basis.

The number of community services implemented for the children in their respective families was also measured. The majority of families (66.7%) received no services from community agencies for their children, while 33.3% of the families received between 1 and 3 services.

Further, the intensity to which the community services were provided to the children of the 14 families was measured. The findings indicated that 42.9% of the families received non-intensive intervention, while 28.6% of the families received very intensive intervention and the last 28.6% of the families received intensive intervention for the children.

12. Face-to-Face Contact between CAS Workers and Family Members

This section identifies the specific type of contact that existed between the child protection workers and family members during the period of supervision. Contact was divided into two categories: (1) contact that occurred in the family home; and, (2) contact that occurred in the CAS office.

Face-to-face contact with mothers. The total number of mothers who had regular face-to-face contact with a CAS worker in their own home was 33. Weekly face-to-face contact occurred with 30.3% of the mothers, while bi-weekly contact was implemented with another 30.3%.

Face-to-face contact between CAS workers and mothers occurred on a regular basis in the CAS office. Quarterly contact occurred with 42.9% of the mothers, while 35.7% of the mothers meet monthly with CAS workers.

Face-to-face contact with fathers. Face-to-face contact occurred bi-weekly in the family home with 31.3% of the fathers. Weekly contact involved 25% of the fathers and quarterly contact in the family home involved a further 25% of the fathers.

Seven fathers had face-to-face contact with CAS workers in the CAS office. The majority of these fathers (71.4%) had quarterly contact, while 28.6% of the fathers met monthly with a CAS worker.

Face-to-face contact with children. Sixty-one children had regular face-to-face contact with a CAS worker in their own homes. Of these, 36.1% of the children had bi-weekly contact, 34.4% had weekly contact, and 18.1% had monthly face-to-face contact in their own homes with a CAS worker.

Face-to-face contact occurred regularly in the CAS office with 16 children. Further, 37.5% of these children met with a CAS worker monthly, while 31.3% of the children met weekly.

13. Telephone Contact between CAS Workers and Family Members During Supervision Orders

This section presents the frequency of telephone contact between the CAS workers and family members. The analysis will also focus on which party initiated the contact, the CAS worker or a family member.

Telephone contact with mothers. CAS workers contacted 28 mothers on a regular basis during the period of supervision. The workers initiated and maintained weekly contact with 35.7% of the mothers and monthly contact with 28.6% of the mothers.

Of a total of 24 mothers, 33.3% initiated bi-weekly telephone contact with CAS workers. Further, 29.2% of the mothers initiated weekly contact and another 25% initiated quarterly telephone contact.

Telephone contact with fathers. CAS workers initiated and maintained regular telephone contact with 16 fathers. Of the 16 fathers, 43.8% received quarterly telephone contact, while 37.5% received bi-weekly contact.

Eight fathers initiated and maintained regular contact with CAS workers. Bi-weekly contact was initiated by 37.5% of the fathers, while another 37.5%, initiated quarterly telephone contact.

Telephone contact with children. Telephone contact between CAS workers and children was minimal. CAS workers initiated regular telephone contact with 11 children. Meanwhile, 7 children initiated and maintained regular telephone contact with CAS workers.

14. Professional Profiles of CAS Workers Involved with Families During the Supervision Orders

This part of the study presents data about the CAS worker's demographic profiles, as well as an analysis of



their intervention work with the 42 families.

Fifty-six workers were involved with the 42 families during the supervision orders. Of the 56 workers, 75% were female and 25% were male (see Table 19). The ages of these workers ranged from 22 to 34, with a mode of 23 and a mean age of 25.4. The majority of the workers (67.9%) were between the ages of 21 and 25 (see Table 19). Further, 53.6% of the workers held Honours Bachelor of Social Work Degrees (B.S.W.), while 23.2% held Social Service Worker Diplomas (S.S.W.), 16.1% had Bachelor of Art Degrees (B.A.), and 7.1% had Child Care Worker Diplomas (C.C.W.), (see Table 19).

Table 19

Selected Demographic Characteristics of the CAS Workers  
(n = 56)

Characteristic	Frequency	Percent (%)
<u>1. Gender</u>		
a. Male	14	25.0
b. Female	42	75.0
<u>2. Age</u>		
a. 21-25	38	67.9
b. 26-30	10	17.9
c. 31-35	8	14.3
<u>3. Degree</u>		
a. B.S.W.	30	53.6
b. B.A.	9	16.1
c. S.S.W.	13	23.2
d. C.C.W.	4	7.1

Further, the length of CAS experience these workers had prior to their involvement with the 42 families ranged from no experience to 60 months of CAS experience. The study found that 37.5% of the workers had between 0 and 12 months CAS experience, while 28.6% had between 13 and 24 months and 21.4% of the workers had between 25 and 36 months of CAS experience (see Table 20).

This group of workers also had a varying amount of related social work experience prior to their employment with the Children's Aid Society. Related experience refers to any and all previous employment in social work positions. Of the 56 workers, 67.9% had between 0 and 12 months of related experience, while 26.8% had between 13 and 24 months (see Table 20).

Table 20

CAS Worker Professional Employment Experiences (n = 56)

Employment Experience in Months	Frequency	Percent (%)
<u>1. CAS Experience</u>		
a. 0-12	21	37.5
b. 13-24	16	28.6
c. 25-36	12	21.4
d. 37-48	6	10.7
e. 49-60	1	1.8
<u>2. Related Experience</u>		
a. 0-12	38	67.9
b. 13-24	15	26.8
c. 25-36	0	0.0
d. 37-48	0	0.0
e. 49-60	3	5.3

The amount of time that individual workers spent in direct contact with families under supervision varied as well. Most families had more than one primary worker during their period of supervision as indicated in Table 21.

Table 21

Total CAS Worker Contact In Weeks With Families (n = 56)

Number of Weeks Contact	Frequency	Percent (%)
1 - 12	20	35.7
13 - 24	30	53.6
25 - 36	4	7.1
37 - 48	0	0.0
49 - 60	1	1.8
61 - 72	1	1.8

The data revealed that between the date of referral and the date the supervision order was granted, the 42 families shared 71 CAS workers. Of these, 47.6% of the families had 1 worker, 35.7% of the families had 2 workers, and 16.7% of the families had 3 workers assigned to them (see Table 22).

The 42 families also shared 57 workers during their periods of supervision. The majority of the families (73.8%) had 1 worker, while 19% had 2 workers, and 7.1% had 3 workers during the supervisory process (see Table 22). None of the families subject to supervision had more than 3 workers.

Table 22

Number of CAS Workers Involved With Families Prior to and During Supervision Orders (n = 42)

Number of Workers	Frequency	Percent (%)
<u>1. Before Supervision Order</u>		
a. 1 worker	20	47.6
b. 2 workers	15	35.7
c. 3 workers	7	16.7
<u>2. During Supervision Order</u>		
a. 1 worker	31	73.8
b. 2 workers	8	19.0
c. 3 workers	3	7.1

15. Outcome of Supervision Orders

This section presents the outcomes of the supervision orders and their effect on the 60 children subject to the 42 families. Table 23 presents the outcomes affecting the 42 respective families, while Table 24 presents the impact of the outcomes as they affect the 60 children.

Table 23

Outcome of Supervision Orders by Family (n = 42)

Outcome Status	Frequency	Percent (%)
Outcome One	11	26.2
Outcome Two	5	11.9
Outcome Three	5	11.9
Outcome Four	2	4.8
Outcome Five	2	4.8
Outcome Six	7	16.7
Outcome Seven	10	23.8

Table 24

Outcome of Supervision Orders by Children (n = 60)

Outcome	Frequency	Frequency	Percent (%)
Outcome One		13	21.7
Outcome Two		9	15.0
Outcome Three		10	16.7
Outcome Four		2	3.3
Outcome Five		2	3.3
Outcome Six		9	15.0
Outcome Seven		15	25.0

### Other Statistical Analyses

Following the analyses of the descriptive data, specific independent variables were chosen to be statistically tested with seven dependent outcome variables (see Figure 2). Four non-parametric tests were selected as the study used a biased non-probability sample resulting in restricted generalizability. The four tests used were: (1) chi-square; (2) Spearman rank correlation coefficient ( $r_s$ ); (3) anova (F); and, (4) Wilcoxon rank-sum test.

The chi-square statistical analyses found no statistically significant relationships between any of the independent and dependent variables. The other three statistical tests were successful in identifying associations between: (1) family characteristics and case outcomes one, four and six; and, (2) CAS worker characteristics and case outcome one.

Family characteristics. Significant statistical association was found to exist between six family characteristics and three case outcomes (see Table 25).

**Figure 2. Statistical Analyses of Independent Variables  
With Dependent Variables**

Independent Variables

1. Family History  
ie. previous CAS contacts
2. Family Demographic Data  
ie. age and sex of family members, religion, cultural identity
3. Reasons for Referral to CAS  
ie. neglect, abuse
4. Supervision Order Specifics  
ie. reasons for S.O., # of children involved
5. Services to Family  
ie. CAS services, community services
6. CAS Worker Demographics  
ie. age, sex, educational qualifications

Dependent Variables

1. Outcome One  
: supervision order terminated  
: no services implemented
2. Outcome Two  
: supervision order terminated  
: continued CAS intervention
3. Outcome Three  
: supervision order terminated  
: continued community agency intervention
4. Outcome Four  
: supervision order terminated  
: continued CAS and community agency intervention
5. Outcome Five  
: supervision order extended  
: continued CAS intervention
6. Outcome Six  
: supervision order extended  
: continued CAS and community agency intervention
7. Outcome Seven  
: children apprehended

Table 25

Associations between Family Characteristics and Case Outcomes One, Four and Six (n = 42)

Family Characteristic	Statistical Tests (*)		
	$r_s$	F	Wilcoxon
		<u>Outcome One</u>	
Telephone Contact with Mothers	.34	3.68	6.39
Intensity of CAS services for Mothers	.30		
		<u>Outcome Four</u>	
Community services implemented for children	-.32	4.44	4.10
		<u>Outcome Six</u>	
Mothers Age	-.31		
Face-to-face contact with fathers	-.37		5.94
Intensity of CAS services for fathers	-.37		5.94

Note. (\*) For all of the above,  $p < .05$

It appears that outcome one was associated with both the frequency of telephone contact with the mothers and the intensity to which CAS services were implemented with them.



The analyses indicated that the more contact between CAS workers and mothers, the more likely that the supervision order would terminate with no continued intervention necessary. Further, the greater the intensity of intervention with the mothers (ie. weekly vs. monthly intervention) the greater the probability of outcome one.

Outcome four appears to have been associated with community services. Community services were implemented with few children during the supervision order as previously indicated. Yet, the analyses indicated that lack of community services during the supervision order lead to a need for these services once the supervision order was terminated.

Outcome six was statistically associated with three independent variables. First, it seems that the younger the mother in the home, the greater the likelihood that the supervision order would be extended. Secondly, lack of, or minimal face-to-face contact with fathers was associated with the extension of the supervision orders. Thirdly, and last, there appeared to be association between outcome six and the lack of intensive CAS intervention with the fathers.

CAS worker characteristics. Outcome one was statistically associated with four worker characteristics as presented in Table 26.

Table 26

Associations between Worker Characteristics and Case Outcome One (n = 56)

Worker Characteristics	Statistical Tests (*)		
	$\chi^2$	F	Wilcoxon
Age	.37	7.10	6.48
Degree	.37	10.85	6.55
Related Experience	.39	3.91	6.53
Number of CAS workers involved during S.O.	.48	8.41	10.69

Note. (\*) For all of the above,  $p < .05$

From Table 26, it appears that workers who possess higher educational degrees, had more months of related social work experience, and were older in age, were more likely to terminate supervision orders without the need for ongoing intervention by CAS and other community agencies. Further, it appeared that in cases where more than one worker was involved with a family during the supervision order, the greater the likelihood that outcome one would result.

## DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

This final chapter of the study will be presented in four major areas: (1) discussion and conclusions related to the literature review; (2) discussion and conclusions related to the research questions and hypotheses; (3) discussion and conclusions related to case outcome; and, (4) recommendations.

### Discussion and Conclusions Related to the Literature Review

This section of the chapter will present both discussion and conclusions of the literature reviewed for this study. The material will be presented in the following four sub-sections: (1) authority; (2) the child protection worker; (3) home based services; and, (4) case outcome.

Authority. Authority is very much present in the child protection network. Legal authority is delegated to Children's Aid Societies and child protection workers by The Child and Family Services Act, 1984. Child protection workers are expected to use their legal authority to protect children from abuse and neglect.

Protection workers may only use their authority effectively when they understand authority theory and its application to social work and child protection. This has implications for both social work educators and child protection agencies. If workers are to be effective, they

must be educated and trained in authority theory and its application to social work. The literature indicates that child protection workers are often young and inexperienced, thus, it is vital that workers not hindered further by their lack of knowledge in authority. Therefore, workers must be educated by educational institutions and ongoing training must be provided by community agencies.

The child protection worker. According to Maidman (1984), child protection workers carry out several complex tasks in the course of their day to day activities. These include protecting children, treating children and families, mobilizing community services for families and court related duties. Yet, according to Dailey and Williams (1979), child protection agencies continue to attract young and inexperienced workers.

Given the nature of child protection and the type of worker that is attracted to it, ongoing education and training is required. Further, child protection agencies must identify the types of professionals they require to best meet the needs of the agency and ultimately their clients.

Education must be provided though the educational system, but protection agencies also have an obligation to train new workers and provide ongoing training to experienced staff. Otherwise, child protection agencies will be staffed by young inexperienced workers and poorly trained older staff members.

Home based services. Kadushin (1974) stated that the first line of defense in dealing with protection families is in the provision of services in the home. This requires coordination and management of services by the child protection worker as the social service system involves many agencies and services. Proper coordination and management will result in enhanced service delivery and ultimately the protection of children.

Home based services have been identified as effective as the primary site of intervention and treatment is in the family home. The family feels secure in their own environment and are therefore more likely to participate in treatment.

This has implications for both child protection agencies and community organizations. Outreach programs may need to be developed by the respective agencies and workers will be required to leave their offices and provide services in the homes of their clients. Further, services may need to be provided in the evenings and on weekends so that working parents can participate.

Case outcome. According to case outcome studies by Sherman and Philips (1974), Shapiro (1979), and Lowder, Poulin and Andrews (1984), case outcome is affected by both the number of services implemented with a family and the intensity of the intervention. These studies found that a comprehensive program was more effective with families than the provision of one service.

This requires social workers to coordinate several services in order that families can be engaged in treatment and thus result in positive change and growth. Further, workers must be conscious of the intensity of intervention by the services implemented. It may be appropriate to coordinate five services, but inappropriate that the services be implemented on a monthly basis. It appears that the more services provided and the greater the contact, the more likely that a family will succeed in treatment.

The implication for workers is that they will be required to determine how many services are enough and what levels of contact are most effective. Thus, ongoing assessment of the family and careful coordination of service delivery will result in enhanced family growth, and appropriate amounts of time will be required for workers to accomplish these tasks.

The outcome studies also suggested that worker characteristics such as gender, age, educational qualifications and experience were not associated with outcome. This is a very disturbing implication for child welfare agencies that prefer to hire highly educated and experienced workers. Do these agencies need to hire experienced workers with M.S.W.'s or can they hire community college graduates who have little or no experience?

Discussion and Conclusions Related to the Research Questions and Hypotheses

This part of the chapter will be sub-divided into five sections representing the three research questions and the two hypotheses. Major issues will be identified and their relevance to the study will be discussed.

What are the Socio-Demographic Characteristics of the Families Involved with a Children's Aid Society under Court Authorized Supervision? Forty-two families were subject to analyses for the purpose of this study. Of these, 41 mothers, 32 fathers and 81 children were identified as clients of the Children's Aid Society.

The mothers in the study ranged in age from 17 to 54, with a mean age of 32.6. The majority were either separated (34.1%) or divorced (19.5%), followed by married (22%) and common-law (9.8%). Over half the mothers (63.4%) in the study had no previous relationships prior to their most recent marital relationship.

Seventy-eight per cent of the mothers were Roman Catholic and 63.4% were French Canadian. Further, the majority of women (63.4%) in the study remained in the family dwelling as homemakers.

Fathers identified in the study were present in 32 of the 42 cases. The mean age for them was 36.5 years, with 50% found in the 36 to 55 year old category.

Eleven of the men were separated, while 6 were divorced, accounting for 53.2% of this group. The study also found that 40.6% of the fathers were either married or residing in common-law relationships. Twenty-nine of the 32 fathers had no previous relationships prior to their most recent marital condition.

The analyses also found that the majority of the men were Roman Catholic (87.5%) and French Canadian (62.5%). These men were primarily employed full-time (65.6%) in jobs such as mining, forestry and construction.

As previously indicated, 81 children were identified as residing in the family homes. Their ages ranged from 1 to 20, although the mean age was 11.44 years. Twenty-eight children were between the ages of 11 and 15, while 22 were between the ages of 16 and 20. These two age categories accounted for 61.7% of the child population in the study.

The gender of the children was almost split evenly between the males and the females. Males comprised 49.4% of the child population, while females accounted for the remaining 50.6%. Of the 81 children, 85.9% were Roman Catholic which is consistent with the religious affiliations of their parents, as was noted.

The study also identified that 100% of the children in the study (2 were missing cases for this variable) were the biological offspring of the mothers in the study. The data also revealed that 83.5% of the children were the biological



offspring of the fathers, while 12% were step-children, three percent had no status and the remaining child was adopted.

Further, of the 42 families studied, 43.9% resided in single dwelling family homes, while 31.7% resided in apartment houses. The majority of these families (73.2%) rented their places of residence.

From the analyses of the socio-demographic data it is possible to draw the following conclusions: (1) the characteristics of this sample are different from any other sample studied previously, thus comparative analysis was not possible; (2) the majority of the sample were French Canadian and Roman Catholic; (3) the majority of mothers and fathers in the study were either divorced or separated; (4) the majority of women were homemakers while the majority of men were employed full-time and in blue-collar jobs; (5) the majority of children in the study were between the ages of 11 and 20, and Roman Catholic; and, (6) the majority of children were the biological offspring of both the mothers and fathers in the study.

How do the Families' Socio-demographic Characteristics Affect Case Outcome? The chi-square statistic was used to determine the presence of any association between family socio-demographic characteristics and case outcome. Sixteen characteristics were cross-tabulated with the seven outcomes. Some of the family characteristics cross-tabulated

included: (1) age, marital status, religion and cultural status of the parents; and, (2) age, gender, and parental status of the children.

The results of the chi-square cross-tabulations found no statistically significant relationship existing between any of the family socio-demographic characteristics and case outcome. These findings are consistent with previous studies by Sherman and Philips (1974), Shapiro (1979), and Lowder, Poulin and Andrews (1984). These studies found that there was no statistically significant association between socio-demographic characteristics of families and case outcome.

Statistical significance was found between mothers ages and outcome six using the Spearman rank correlation coefficient ( $r_s = -.31, p < .05, n = 42$ ). It appeared that in families where mothers were young, supervision orders were more likely to be extended. This may be due in part to the stresses of raising a young child alone (the previous discussion indicated that most mothers were either divorced or separated). These mothers may have required longer term interventions by CAS and other professionals.

In cases where younger mothers were identified by CAS staff, attention may need to be given to the specialized needs of young mothers and their children. For example, intensive intervention may be necessary to alleviate a high risk situation and result in effective treatment.

How Does the Nature of the Families' Presenting Problems Affect Case Outcome? Families were referred to the Children's Aid Society for some of the following reasons: (1) physical abuse; (2) sexual abuse; (3) lack of supervision; and, (4) behavioural problems with a child in the home.

Physical abuse was the first reason given for referral in 21% of the cases, while sexual abuse was given in 15.9% of the cases. Lack of supervision was the reason for referral in 13.2% of the cases and behavioural problems with a child was noted in 13.2% of the cases.

Thus, physical and sexual abuse referrals accounted for 36% of the cases. These presenting problems are very serious and often involve lengthy investigations and long term treatment. Yet these presenting problems and others were analyzed with the seven case outcome variables and the results indicated that there was no statistically significant association between the presenting problems of the families and case outcome.

An attempt was made to locate other studies that measured association between case outcome and presenting problems of families. No other studies were found that analyzed this particular association.

The results of this analyses present child welfare agencies with several implications for future intervention with families. First, careful attention must be paid to how

much emphasis is placed on the initial presenting problems of a family. If a case is referred due to sexual abuse, workers may continuously see this problem as the major problem even after the abuse problem has been addressed. This re-enforces the initial problem and fails to allow the family to resolve their ongoing problems. Second, if presenting problems are not associated with case outcome, how will ongoing assessment and treatment be approached? The family unit must be assessed on an ongoing basis and treatment must change with the changes in the family's growth or deterioration. Fixation on the initial problems must be avoided if families are to be engaged in treatment.

Hypothesis 1: The Educational Qualifications and Experience of Child Protection Workers does not Affect the Final Outcome of a Court Authorized Supervision Order. Data analysis found that 75% of the CAS workers were female and 25% were male. Of these 56 workers, 67.9% were between the ages of 21 and 25.

The majority of the workers (53.6%) had Bachelor of Social Work Degrees, while 23.2% had their Social Service Worker Diploma from a community college. Further, 66.1% of the workers in the study had between 0 and 24 months of CAS experience, while 94.7% of this group had between 0 and 24 months of related social work experience.

The results of the chi-square test failed to identify any association between case outcome and (1) CAS worker

characteristics, (2) the educational qualifications of the CAS workers, and (3) the experience of the CAS workers, both CAS experience and related social work experience. The chi-square statistic was used to determine if any association was evident.

These findings were consistent with those of Sherman and Philips (1974) who found that there was no statistically significant association between case outcome and caseworker factors, such as gender, educational qualifications, and years of experience. These findings were further supported by Shapiro in 1979.

Yet, further analyses using the Spearman rank correlation coefficient ( $r_s$ ), Anova (F), and Wilcoxon rank-sum test found statistical significance between case outcome and worker age, educational degree and related social work experiences (refer to Table 26). From these analyses, it appeared that the older, higher educated and more experienced workers were more likely to terminate supervision orders.

It is possible to suggest that these older workers are better trained and educated, thus resulting in better skills necessary to protect children and enhance family functioning. Further, it is possible that these workers had greater influence in picking their own cases and thus picked those cases where success was more apt to occur.

Given these findings, it is possible to speculate that although older workers with greater experience and higher education do well, they are also subject to burnout and stress. These workers may become resentful as they usually receive the harder cases. Further, younger workers given easier cases may fail to develop new skills necessary to manage multi-problematic families. Supervisors who continuously assign the harder cases to the older workers do not have to invest a great deal of time with new staff. They may also feel comfort in knowing that their best people have the toughest cases.

Further, CASs must give serious consideration to the type of individuals they need to recruit and hire. Older, experienced staff with university degrees may be more qualified for child protection. These workers appear to be more successful at helping families resolve problems and thus protecting children.

In 1977, Olsen and Holmes found that M.S.W.'s tended to be more effective with adoption and group care, while B.S.W.'s were more successful as brokers in a supportive role. Workers not trained in social work were effective in arranging transportation services for clients. This is significant given that the results of Olsen and Holmes' study conflict with the findings of this study and those of Sherman and Phillips (1974). Further investigation is required to determine if worker characteristics affect case outcome.

As a result of these findings, the following conclusions were drawn, (1) that worker characteristics such as educational qualifications and experience do affect case outcome, and (2) the null-hypothesis can not be rejected.

Hypothesis 2: The Extensive and Intensive use of Children's Aid Society and Community Services does Affect the Final Outcome of a Court Authorized Supervision Order.

To determine if in fact this hypothesis was true, the following four non-parametric tests were used: (1) chi-square; (2) Spearman rank correlation coefficient ( $r_s$ ); (3) Anova (F); and, (4) Wilcoxon rank-sum test. Some of the service variables cross-tabulated included: (1) the number of CAS services implemented with all the family members; (2) the number of community services implemented with family members; and, (3) the intensity of intervention to all family members.

Of the 41 mothers in the study, eight CAS services were provided to 40 of the women. The majority of the mothers (85%) received supervision services, while 37.5% received individual counselling, 22.5% received family counselling, 25% received parenting programs, and 10% received supportive services.

When these services were grouped, the analyses found that 95.1% of the mothers received between one and three CAS services during the supervision order. The results further

indicated that 34.1% of the mothers received very intensive intervention, 34.1% received intensive intervention, and 31.7% of the women received non-intensive CAS intervention.

Data analyses found that both the intensity of CAS intervention with the mothers ( $r_s = .30, p < .05, n = 42$ ) and the frequency of telephone contact with the mothers ( $r_s = .34, p < .05, n = 42$ ) were associated with case outcome one. This suggests that mothers are a major factor in the treatment of families and therefore, the possible outcome status of a case. Given this, CAS workers may need to focus on the mothers' role in the family and in the treatment process. Case planning should address the special role of the mother in the family in order to make use their special status.

The study also found that 20 of 41 mothers received 11 community services during the period of supervision. Psychiatric out-patient care was implemented with 40% of the mothers, while 30% of the mothers received child development courses. When these services were grouped, the study found that 48.8% of the mothers received between one and three community services, but that 51.2% did not receive any community services. Further, 70.7% of the mothers received non-intensive intervention from the community agencies.

These results appear to indicate that the mothers in the study received relatively few services and of the services they did receive, the intensity of the intervention



was low. These are important factors given that the majority of the mothers in the study (72.5%) remained in the family home as homemakers and thus had primary responsibility for the children's care. Services to mothers must be comprehensive as they continue to be the primary caretakers of the children.

Twenty of the 32 fathers in the study received six CAS services during the supervision period. Eighty percent received supervision services, while 40% received individual counselling and 30% received parenting programs. Further, 59.4% of the fathers received between one and three CAS services, while 37.5% received none. The analysis also revealed that 71% of the fathers received non-intensive CAS intervention.

These results are significant given that case outcome six was associated with the lack of face-to-face contact with the fathers ( $r_s = -.37$ ,  $p < .05$ ,  $n = 42$ ) and the lack of intensity of CAS services to them ( $r_s = -.37$ ,  $p < .05$ ,  $n = 42$ ). The analyses demonstrated that the lack of involvement with the fathers resulted in the extension of the supervision orders.

Community services were implemented with only nine of the 32 fathers in the study. All of these fathers received between one and three community services. Further, 22.2% of these men received intensive intervention, while 44.4% received non-intensive intervention.

It is important to note that fathers in the study received few CAS and community services and that the intensity of intervention was also low. Fathers in the study were usually employed out of the home and this may account for the lack of comprehensive service implementation. Yet as a family system, fathers must be included in the treatment process if the family is expected to follow through with treatment goals.

Of the 81 children in the study, 60 were subject to CAS supervision, yet 58 received services from CAS workers. Services implemented with the children included (1) supervision, (2) individual counselling, (3) family counselling, and (4) group therapy. Further, the majority of the children (89.7%) received between one and three CAS services. The intensity of intervention found that 47.6% of the children received intensive intervention, while 33.3% received very intensive intervention.

Twelve community services were implemented with 28 children. All of these children received between one and three community services. Further, 42.9% of the children received non-intensive intervention, while 28.6% received intensive intervention and 28.6% received very intensive intervention.

These results indicated that service delivery to the children was minimal. This may be due to the children's attendance in school and the lack of service implementation

after the school day ends. It is also possible that the nature of the families problems are related to the parents and thus CAS<sup>\*</sup> intervention is focused on the parents.

The analyses revealed that the CAS provides the majority of services to the families under supervision. This is significant given that CAS workers are usually young and inexperienced (Dailey & Williams, 1979). Further, CAS staff and provincial court judges cannot force children and families to accept services while under supervision. Many CAS clients refuse to cooperate with CAS staff and refuse to accept any services provided by either CAS or community agencies. This resistance to accept services may have been a factor, and, therefore, the appearance that minimal services were implemented was the result of client resistance and refusal to accept services.

The findings of this study are somewhat consistent with the previous studies by Sherman and Philips (1974), Shapiro (1979), and Lowder, Poulin and Andrews (1984). These previous studies concluded that there was statistically significant associations between case outcome and (1) the extensive use of services for families, and (2) the intensive frequency of service delivery. Therefore, the more services and the more contact, the greater the ability of the client to meet their treatment goals.

Finally, as a result of the data analyses, the null-hypothesis can be rejected. The extensive and intensive use of services is associated with case outcome.

### Discussion and Conclusions Related to Case Outcome

Supervision orders were terminated with 26.2% of the 42 families once the supervision order was reviewed by a family court judge. These families terminated all contact with both the CAS and all other community agencies involved. In essence, these families did not require ongoing intervention and chose not to accept any voluntary services.

It was also found that supervision orders were terminated with 38.6% of the families, but these families chose to accept voluntary services from the CAS and community agencies. Continued intervention was implemented as family problems continued, but not to the degree that a supervision order was required.

Of the 42 families, 21.5% required ongoing mandated CAS intervention as children continued to be in need of protection. Supervision orders were extended and non-voluntary services were implemented with the family.

Somewhat surprising was that 23.8% of the families deteriorated, resulting in the apprehension of 15 children. The primary reason for apprehension was risk of physical harm. In these cases children were placed in alternate care centres and services were implemented with family members.

These results indicate that 73.8% of the families required ongoing intervention past the end of the supervision order. The results are consistent with those of

Shapiro's study in 1979. Shapiro found that cases opened two or more years showed greater improvement than those opened less than two years. Therefore, the high percentage of cases requiring ongoing intervention is the result of families requiring lengthy periods of time to resolve long term problems.

In conclusion, the length of intervention appears to be a significant factor in case intervention. Although this study could not show any significant association, data analysis indicated that a high percentage of cases required ongoing intervention.

#### Recommendations

Based on the review of the literature and the findings of the data analysis, the following recommendations are presented.

1. The educational institutions of Ontario must develop and implement social work courses that incorporate authority theory and child welfare.

This recommendation is based on the review of the literature and specifically from the writings of Palmer (1983), and Grouse and Chescheir (1981). These researchers and authors state that authority is present in all social work relationships and that it is the reluctance of social workers to use their authority that results in the failure of clients to be engaged in treatment. Child protection

workers must therefore be educated and trained both in authority theory and its application to child welfare.

2. Children's Aid Societies must decide on the type of professional they wish to recruit and hire, based on their service needs.

The literature emphasizes the need for agencies to be aware of what positions they have in their offices and what type of candidate can best meet the needs of the agency and their clients. This position is supported by Olsen and Holmes (1977) who indicated that M.S.W.'s are more successful in therapy roles, while B.S.W.'s are more effective in brokerage roles. Thus M.S.W.'s are hired for those positions where their skills are best suited.

3. Services to children and families must be implemented in the families' homes.

According to Alfred Kadushin (1974), the first line of defense in child welfare is to provide services to children and families in their own homes thus supporting, reinforcing and strengthening the family unit. Children can remain in their own homes when child protection workers can co-ordinate home based services allowing the family to work together and in an environment not foreign to them.


4. The use of CAS and community services must be coordinated, thus providing extensive and intensive service delivery resulting in clients meeting their treatment goals.

As indicated throughout the study, the use of extensive

and intensive service delivery affects case outcome. This study was able to demonstrate this statistically as supported by the studies by Sherman and Philips (1974), Shapiro (1979), and Lowder, Poulin and Andrews (1984). Therefore, a comprehensive program of services is more effective for families than any single service, and the more contact that occurs between service providers and the family, the greater the ability of the clients to meet their own treatment goals.

5. Further studies must be initiated to determine what variables are associated with case outcome in social work environments.

In order to provide effective and efficient social work services in child protection and the many other settings that social workers practice in, it is vital to know what works and what does not work. Continued research is required to demonstrate that certain social work practices are effective, and to determine which are not effective so that new theories can be developed.



Appendix A

Letter to Mr. Darryl V. Demers



Feb. 11, 1988

Domenic Gratta  
3044 Sandwich St.  
Apt. 204  
Windsor, Ont.  
N9C 1A4

Mr. Darryl V. Demers  
Executive Director  
Porcupine and District  
Children's Aid Society  
12 Elm St. N.  
Timmins, Ont.  
P4N 6A1

Dear Mr. Demers

I wish to take this opportunity to thank-you very much for permitting me to use your agencies case files to complete my research project. The information from the files will be invaluable in the completion of the project.

As discussed, the Title of my research project is, "Case outcome: The Use of Authority via the Child and Family Services act, 1984." The project will attempt to isolate those variables present during the supervision order process that are associated with outcome. To complete this task the project will make use of only non-identifying information from the files.

I have spoken with Lorraine Helin and a list of forty-five cases have been identified as helpful for the project. A further ten cases have been identified for the purpose of conducting a pre-test of my data collection instrument. Enclosed is a copy of the instrument.

Ms. Pat Kean has been very helpful. Pat has agreed to conduct both the pre-test and the actual collection of the data for me.

Although you have granted me verbal approval for the collection of the data from your agency files, I require your written approval as well. I would therefore very much appreciate if you could forward your written approval to me as soon as possible.

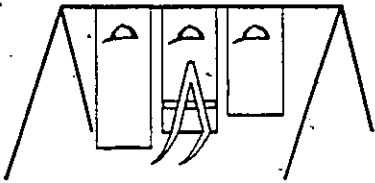
Once again, thank-you very much for your support, assistance and cooperation. Should you require any further information, please feel free to contact me at my home 1-519-252-9369 or at my field practicum, 1-519-254-1651.

Yours Very Truly

Domenic Gratta, B.S.W.  
Graduate Student

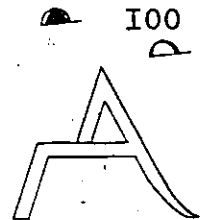
Appendix B

Response from Mr. Darryl V. Demers.



**JAMES SMEREK**  
PRESIDENT

*Société d'aide à l'enfance*  
*Children's Aid Society*  
for the District of  
pour la région de *Porcupine*



**DARRYL V. DEMERS**  
EXECUTIVE DIRECTOR  
DIRECTEUR GÉNÉRAL

February 23, 1988

Mr. Domenic Gratta  
3044 Sandwich St. Apt. 204  
Windsor, Ontario  
N9C 1A4

Dear Mr. Gratta:

Further to your correspondence dated February 11th, 1988, please be advised that I am prepared to allow you to access non-identifying information from our agency case files in order to assist you with the completion of your research project.

It is still my understanding that Ms. Pat Kean will conduct both your pre-test and the actual collection of your data. Ms. Kean will be an excellent liaison and resource person between yourself and our Society.

Please feel free to contact me if we can be of further assistance to you and many successes in all of your future endeavours.

Sincerely,

Darryl V. Demers  
Executive Director

DVD/dc

RETURN CORRESPONDENCE TO:  
RETOURNEZ VOTRE CORRESPONDANCE À:

HEAD OFFICE - BUREAU CHEF  
12 ELM NORTH  
TIMMINS, ONTARIO  
P4N 6A1

DISTRICT OFFICE - SUCCURSALE  
673 SYNAGOGUE C.P./BOX 771  
IROQUOIS FALLS "A", ONTARIO  
POK 1G0

Appendix C

Data Collection Instrument



02. Previous C.A.S. Involvement With Child(ren) Of Client Family Prior To Most Recent Contact

Note. Vol. = Voluntary Care

. Prot. = Court Ordered Care

. Date Adm. = Date Admitted

. Please use separate space for each time a child was in care

Child I.D.#	Date Adm.	Reasons for Care	Either Vol. Prot.		Services Provided	Days In Care

03. Total number of primary C.A.S. workers involved with family from first contact ever, to final contact prior to involvement that lead to most recent Supervision Order \_\_\_\_\_

**Part 2: Parent Profile Of Involvement With C.A.S. When They Were Children.**

- Note.** Vol. = Total # of times family involved with C.A.S. by voluntary agreement  
 . S.O. = Total # of times family involved with C.A.S. by court ordered supervision  
 . Prot. Care = Total # of times child in care by court order  
 . Vol. Care = Total # of times child in care voluntary agreement  
 . M = Mother  
 . F = Father

**01. Profile**

I.D.	Reasons for Contact	Vol. Total	S.O. Total	Prot. Care Total	Vol. Care Total
M					
F					

**02. Total number of primary C.A.S. workers involved with family of parents: Mother's Family \_\_\_\_\_  
 : Father's Family \_\_\_\_\_**



Part 3: C.A.S. Client Family Socio-demographic Data

01. Case #: \_\_\_\_\_

02. Data About Present Parental Situation.

< Note. please complete each section

Data	Mother	Father
Age		
Present Marital Status		
:Single		
:Married		
:Divorced		
:Common Law		
:Separated		
:Widow		
:Widower		
Religion		
Cultural I.D.		
Occupation		
Employment Status		
:full-time		
:part-time		
:unemployed		
# of Previous Relationships ie. marriage, common law, etc.		

## 03. Present Children's Data

Note. for those presently under age 18.  
 . Rel = Religion, Bio = Biological, Ad = Adopted,  
 St = Stepchild, N/S = No Status

Child I.D.#	D.O.B	Gender		Rel	Mother's Child				Father's Child					
		M	F		Bio	Ad	St	N/S	Bio	Ad	St	N/S		
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

## 04. Residential Status

Type of Housing	Own	Rent	Lease
Single House			
Semi-detached			
Town House			
Condominium			
Apt. Building			
Apt. House			
Room & Board			
Flat			

05. Identify All Adults Living In The Client Families Residence.

Adult I.D.#	Age	Gender	Relationship ie. aunt, uncle
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

06. Other Children Living In The Client Families Residence  
And Who Are Under The Age Of 18.

Child I.D.#	Age	Gender	Relationship ie. nephew
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Part 4: C.A.S. Client Profile Prior To Supervision Order  
Via The C.F.S.A., 1984.

01. Date Family Referred to C.A.S. \_\_\_\_\_

02. Referral Source

Note. please check one only [✓]

Source: please check only the first referral source used to activate the case.			
Parent (self)	[ ]	Police	[ ]
Child (self)	[ ]	Adult Probation	[ ]
Relative	[ ]	Youth Probation	[ ]
Neighbour	[ ]	Other C.A.S.	[ ]
School	[ ]	Public Health	[ ]
Physican	[ ]	Family Court	[ ]
Pschiatrist	[ ]	Anonymous	[ ]
Family Service Agency	[ ]		
Other: Please Specify	[ ]		

03. Reasons For Referral

Note. please rank by seriousness, 1 = most serious reason, 2 = second most serious reason: example, [1] = physical abuse, [2] = neglect, [3] = truancy.

Reason	
Physical Abuse [ ]	Truancy [ ]
Sexual Abuse [ ]	Behavior Problem [ ]
Emotional Abuse [ ]	Alcohol Abuse
Neglect [ ]	: child [ ]
Lack of Supervision [ ]	: parent [ ]
Parent/Child Conflict [ ]	Drug Abuse
Marital Conflict [ ]	: child [ ]
Lack of Income [ ]	: parent [ ]
Other: please Specify [ ]	Mental Illness
	: child [ ]
	: parent [ ]

04. Services Implemented By G.A.S. Prior To Supervision  
Order For Mother

Note. please check appropriate box(s)

CAS Service	Daily	Weekly	Bi-Weekly	Monthly	Quarterly
Supervision					
Individual Counselling					
Family Counselling					
Marital Counselling					
Parenting Program					
Life Skills Program					
Homemaker					
Volunteer					
Case Aid					
Foster Care Relief					
Other: please specify					

05. Services Implemented By C.A.S. Prior to Supervision Order for Father

Note. please check appropriate box(s)

CAS Service	Daily	Weekly	Bi-Weekly	Monthly	Quarterly
Supervision					
Individual Counselling					
Family Counselling					
Marital Counselling					
Parenting Program					
Life Skills Program					
Homemaker					
Volunteer					
Case Aid					
Foster Care Relief					
Other: please specify					



06. Services Implemented By C.A.S. Prior To Supervision Order for Child(ren)

Note. please check appropriate box(s)

please identify each child by identification number as previously assigned on page 5

CAS Service	Daily	Weekly	Bi-Weekly	Monthly	Quarterly
Supervision					
Individual Counselling					
Family Counselling					
Life Skills Program					
Volunteer					
Case Aid					
Foster Care					
Other: please specify					

07. Services Implemented By Community Agencies Prior to Supervision Order For Mother.

Note. please check appropriate box(s)

Community Services	Daily	Weekly	Bi-Weekly	Monthly	Quarterly
Individual Counselling					
Family Counselling					
Marital Counselling					
Parenting Program					
Homemaker					
Psychiatric Counselling :In-patient :Out-patient					
Alcohol Treatment :In-patient :Out-patient					
Drug Abuse Treatment :In-patient :Out-patient					
Child Care Program					
Child Devel. Program					
Day Care Program					

<b>Medical Care</b> :In-patient :Out-patient					
<b>Probation/ Parole</b>					
<b>Public Health Services</b>					
<b>Other: please specify</b>					

08. Services Implemented By Community Agencies Prior To Supervision Order For Father

Note. please check appropriate box(s)

Community Services	Daily	Weekly	Bi-Weekly	Monthly	Quarterly
Individual Counselling					
Family Counselling					
Marital Counselling					
Parenting Program					
Homemaker					
Psychiatric Counselling :In-patient :Out-patient					
Alcohol Treatment :In-patient :Out-patient					
Drug Abuse Treatment :In-patient :Out-patient					
Child Care Program					
Child Devel. Program					
Day Care Program					

<b>Medical Care</b>					
<b>:In-patient</b>					
<b>:Out-patient</b>					
<b>Probation/ Parole</b>					
<b>Public Health Services</b>					
<b>Other: please specify</b>					

09. Services Implemented By Community Agencies Prior To Supervision Order For Child(ren)

Note. please check appropriate box(s)  
 . please identify each child by indentification number as previously assigned on page 5

Community Services	Daily	Weekly	Bi-Weekly	Monthly	Quarterly
Individual Counselling					
Family Counselling					
Psychiatric Counselling :In-patient :Out-patient					
Alcohol Treatment :In-patient :Out-patient					
Drug Abuse Treatment :In-patient :Out-patient					
Child Care Program					
Child Devel. Program					
Day Care Program					
GroupHome Treatment					

Medical Care :In-patient :Out-patient					
Youth Probation					
Public Health Services					
Other: please specify					

10. C.A.S. Worker Face-to-Face Contact Prior To Supervision  
Order With Mother

Location	Daily	Weekly	Bi-Weekly	Monthly	Quarterly
Clients Home					
CAS Office					
Other: please specify					

11. C.A.S. Worker Face-to-Face Contact Prior To Supervision  
Order With Father

Location	Daily	Weekly	Bi-Weekly	Monthly	Quarterly
Clients Home					
CAS Office					
Other: please specify					



12. C.A.S. Worker Face-to-Face Contact Prior To Supervision Order With Child(ren)

Note. please identify child(ren) by identification number assigned previously on page 5

Location	Daily	Weekly	Bi-Weekly	Monthly	Quarterly
Clients Home					
CAS Office					
Other: please specify					

13. C.A.S. Worker Telephone Contact Prior To Supervision Order With Mother

Contact	Daily	Weekly	Bi-Weekly	Monthly	Quarterly
p/c to mother					
p/c from mother					

14. C.A.S. Worker Telephone Contact Prior To Supervision  
Order With Father

Contact	Daily	Weekly	Bi-Weekly	Monthly	Quarterly
p/c to father					
p/c from father					

15. C.A.S. Worker Telephone Contact Prior To Supervision  
Order with Child(ren)

Note. please identify child(ren) by identification  
number assigned previously on page 5

Contact	Daily	Weekly	Bi-Weekly	Monthly	Quarterly
p/c to child					
p/c from child					

16. C.A.S. Worker Face-to-Face and Telephone Contact Prior to Supervision Order with Collateral Service Providers

Note. frequency identified as daily, weekly, bi-weekly, monthly, quarterly.

Collateral Source I.D. (Specify)	p/c to Coll.	p/c from Coll.	Face to Face
	Fre.	Fre.	Fre.

Q

17. C.A.S. Worker Professional Profile Prior To Supervision Order

Note. Include C.A.S. workers involved with this case from the date of referral prior to Supervision Order, to the day prior to the request for the Supervision Order

- . Age = Age of worker at date of initial involvement with the client family
- . Edu. Degree = Educational Degree (last degree achieved)
- . C.A.S. Ex: = C.A.S. experience in months up to the time of contact with the family
- . Related Ex. = Related social work experience in months prior to employment with C.A.S.
- . Family Contact = Number of months involved with family prior to request for supervision order

WORKER I.D.#	Gender	Age	Edu. Degree	C.A.S Ex.	Related Ex.	Family Contact
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**Part 5: C.A.S. Case Profile During Supervision Order**

Note. this will include the time from when the C.A.S. was granted the Supervision Order to the date it was taken back to court for review and determination of Outcome.

**01. Supervision Order Specifics**

Child I.D.#	Date S.O. Requested	Date S.O. Granted	Length of S.O.	C.F.S.A. Reasons S. 37(2)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

02. Services Implemented By C.A.S. During Supervision Order  
For Mother

Note. please check appropriate box(s)

CAS Service	Daily	Weekly	Bi-Weekly	Monthly	Quarterly
Supervision					
Individual Counselling					
Family Counselling					
Marital Counselling					
Parenting Program					
Life Skills Program					
Homemaker					
Volunteer					
Case Aid					
Other: please specify					

03. Services Implemented By C.A.S. During Supervision Order  
For Father

Note. please check appropriate box(s)

CAS Service	Daily	Weekly	Bi-Weekly	Monthly	Quarterly
Supervision					
Individual Counselling					
Family Counselling					
Marital Counselling					
Parenting Program					
Life Skills Program					
Homemaker					
Volunteer					
Case Aid					
Other: please specify					

04. Services Implemented by C.A.S. During Supervision Order For Child(ren)

Note. please check appropriate box(s)  
 . please identify child(ren) by identification number assigned previously on page 5

CAS Service	Daily	Weekly	Bi-Weekly	Monthly	Quarterly
Supervision	✓				
Individual Counselling					
Family Counselling		✓			
Life Skills Program					
Volunteer					
Case Aid					
Foster Care					
Other: please specify					



05. Services Implemented By Community Agencies During  
Supervision Order For Mother

Note. please check appropriate box(s)

Community Service	Daily	Weekly	Bi-Weekly	Monthly	Quarterly
Individual Counselling					
Family Counselling					
Marital Counselling					
Parenting Program					
Homemaker					
Psychiatric Counselling :In-patient :Out-patient					
Alcohol Treatment :In-patient :Out-patient					
Drug Abuse Treatment :In-patient :Out-patient					
Child Care Program					
Child Devel. Program					
Day Care Program					

<b>Medical Care</b>					
<b>:In-patient</b>					
<b>:Out-patient</b>					
<b>Probation/ Parole</b>					
<b>Other: please specify</b>					

06. Services Implemented by Community Agencies During  
Supervision Order For Father

Note. please check appropriate box(s)

Community Service	Daily	Weekly	Bi-Weekly	Monthly	Quarterly
Individual Counselling					
Family Counselling					
Marital Counselling					
Parenting Program					
Homemaker					
Psychiatric Counselling :In-patient :Out-patient					
Alcohol Treatment :In-patient :Out-patient					
Drug Abuse Treatment :In-patient :Out-patient					
Child Care Program					
Child Devel. Program					
Day Care Program					

Medical Care					
:In-patient					
:Out-patient					
Probation/ Parole					
Other: please specify					

07. Services Implemented By Community Agencies During Supervision Order to Child(ren)

Note. please check appropriate box(s)  
 . please identify child(ren) by identification number assigned previously on page 5

Community Service	Daily	Weekly	Bi-Weekly	Monthly	Quarterly
Individual Counselling					
Family Counselling					
Psychiatric Counselling :In-patient :Out-patient					
Alcohol Treatment :In-patient :Out-patient					
Drug Abuse Treatment :In-patient :Out-patient					
Child Care Program					
Child Devel. Program					
Day Care Program					
Medical Care :In-patient :Out-patient					
Youth Probation					
Other: please specify					

08. C.A.S. Worker Face-to-Face Contact During Supervision  
Order With Mother

Location	Daily	Weekly	Bi-Weekly	Monthly	Quarterly
Clients Home					
CAS Office					
Other please specify					

09. C.A.S. Worker Face-to-Face Contact During Supervision  
Order With Father

Location	Daily	Weekly	Bi-Weekly	Monthly	Quarterly
Clients Home					
CAS Office					
Other: please specify					

10. C.A.S. Face-to-Face Contact During Supervision Order With Child(ren)

Note. please identify child(ren) by identification number assigned previously on page 5

Location	Daily	Weekly	Bi-Weekly	Monthly	Quarterly
Clients Home					
CAS Office					
Other: please specify					

11. C.A.S. Worker Telephone Contact During Supervision Order With Mother

Contact	Daily	Weekly	Bi-Weekly	Monthly	Quarterly
p/c to Mother					
p/c from Mother					

12. C.A.S. Worker Telephone Contact During Supervision  
Order With Father

Contact	Daily	Weekly	Bi-Weekly	Monthly	Quarterly
p/c to Father					
p/c from Father					

13. C.A.S. Worker Telephone Contact During Supervision  
Order With Child(ren)

Note. please identify child(ren) by identification  
number assigned previously on page 5

Contact	Daily	Weekly	Bi-Weekly	Monthly	Quarterly
p/c to Child					
p/c from Child					



14. C.A.S. Worker Face-to-Face and Telephone Contact During Supervision Order With Collateral Service Providers

Note. frequency identified as daily, weekly, bi-weekly, monthly and quarterly

Collateral Source I.D.	p/c to Coll.	p/c from Coll.	Face to Face
	Fre.	Fre.	Fre.



Part 6. Outcome Status

Note. this occurs when the supervision order is reviewed in family court for a decision regarding the future status of the case. separate outcomes may occur for different children in the home, please specify

01. Outcome Measure One [ ]
- (A) Supervision Order terminated and no follow-up services to family by C.A.S. and other community agencies.
- (B) Child I.D. #(s) \_\_\_\_\_
02. Outcome Measure Two [ ]
- (A) Supervision Order terminated and continued services provided by C.A.S. only.
- (B) Child I.D. #(s) \_\_\_\_\_
03. Outcome Measure Three [ ]
- (A) Supervision Order terminated and continued services provided by C.A.S. and other community agencies.
- (B) Child I.D. #(s) \_\_\_\_\_
04. Outcome Measure Four [ ]
- (A) Supervision Order terminated and continued service by community agencies only.
- (B) Child I.D. #(s) \_\_\_\_\_
05. Outcome Measure Five [ ]
- (A) Supervision Order extended and continued services by C.A.S. only
- (B) Child I.D. #(s) \_\_\_\_\_
- (C) Length of Extension \_\_\_\_\_
- (D) C.F.S.A. Reasons re: Section 37(2) \_\_\_\_\_

## 06. Outcome Measure Six [ ]

(A) Supervision Order extended and continued services by C.A.S. and other community agencies.

(B) Child I.D. #(s) \_\_\_\_\_

(C) Length of Extension \_\_\_\_\_

(D) C.F.S.A. Reasons re: Section 37(2) \_\_\_\_\_  
\_\_\_\_\_

## 07. Outcome Measure Seven [ ]

(A) Child(ren) Apprehended

(B) Child I.D. #(s) \_\_\_\_\_

(C) C.F.S.A. Reasons re: Section 37(2) \_\_\_\_\_  
\_\_\_\_\_

(D) Length of Admission to Care \_\_\_\_\_  
\_\_\_\_\_

Appendix D

Section 37(2) of the Child and Family

Services Act, 1984

Section 37(2) of the Child and Family Services Act, 1984

A Child is in Need of Protection Where,

- (a) the child has suffered physical harm, inflicted by the person, having charge of the child or caused by that person's failure to care and provide for or supervise and protect the child adequately;
- (b) there is substantial risk that the child will suffer physical harm inflicted or caused as described in clause (a);
- (c) the child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;
- (d) there is substantial risk that the child will be sexually molested or sexually exploited as described in clause (c);
- (e) the child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, the treatment;
- (f) the child has suffered emotional harm, demonstrated by severe,
  - (i) anxiety,
  - (ii) depression,
  - (iii) withdrawal, or
  - (iv) self-destructive or aggressive behaviour,and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

- (g) there is substantial risk that a child will suffer emotional harm of the kind described in clause (f), and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm;
- (h) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition;
- (i) the child has been abandoned, the child's parents has died or is unavailable to exercise his or her custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody;
- (j) the child is less than twelve years old and has killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, those services or treatment;
- (k) the child is less than twelve years old and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of that person's failure or inability to supervise the child adequately;
- (l) the child's parent is unable to care for the child and the child is brought before the court with the parent's consent and, where the child is twelve years of age or older, with the child's consent, to be dealt with under this Part.

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## VITA AUCTORIS

Domenic Gratta was born August 10, 1958 in South Porcupine Ontario. In 1972 he graduated from Golden Avenue Public School and later from Roland Michener Secondary School in 1977 with his grade 13 diploma. Domenic began his university education in the fall of 1977 at Laurentian University, Sudbury, Ontario. In 1981, Domenic graduated from Laurentian with his Honours Bachelor of Social Work Degree.

Domenic was initially employed with the Sudbury and District Children's Aid Society for approximately one year as an intake worker. He later moved to Timmins, Ontario and was employed as a child protection worker with the Porcupine and District Children's Aid Society. In 1984, Domenic was promoted to a supervisory position, supervising both the sub-office and family service/child care departments.

In the fall of 1987, Domenic enrolled in the Masters of Social Work Program at the University of Windsor, Windsor, Canada. Upon completion of the program in the fall of 1988, Domenic will return to the Porcupine and District Children's Aid Society with his Master of Social Work Degree.