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THE EXPERIENCE OF ASSESSING RISK BY CHILD PROTECTION WORKERS IN THE NORTH REGION OF BRITISH COLUMBIA

by

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Abstract

The aim of this qualitative study was to explore the experience of child protection social workers in the assessment of risk within a structured risk assessment model that employs a comprehensive risk assessment instrument to guide decision-making. The study explored the experiences of six female child protection workers employed by the Ministry of Children and Family Development in the North Region of British Columbia in completing a "risk assessment" case scenario of an "at-risk" child. Qualitative data were analyzed using thematic analysis to reveal the experience of assessing risk. The analyses revealed two broad themes: the meaning of the experience and reflection on practice with four sub themes (the experience of assessing risk, professional versus the personal, information gathering, and practice differences) that attempt to capture the interrelationship between the self and the job.

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Chapter 1: Introduction

The purpose of this study was to explore the experiences of six child protection social workers employed by the Ministry of Children and Family Development (MCFD) in the North Region of British Columbia (BC) in completing a case scenario of an "at-risk" child. The study pursued two objectives: to compare the results of a risk assessment of a critical incident case scenario of an "at-risk" child using the MCFD structured risk assessment tool, the comprehensive risk assessment (CRA), and to examine the personal attitudes, beliefs, values, and assumptions of the child protection caseworkers in assessing risk and decision-making based on the results of the risk assessment.

Background

Every year, MCFD receives thousands of reports of child abuse and neglect (Ministry of Children and Family Development [MCFD], 2003, 2004, 2005). According to MCFD's 2001/02 annual report, the ministry received, on average, 90 calls a day reporting abuse and neglect of children. Approximately 66% of these reports are investigated by a child protection caseworker, resulting in an average of 11 removals[1] each day (MCFD, 2001/2002). Given the high stakes for children and families, child protection social workers in BC are required to use a standardized risk assessment instrument for assessment consistency and to control for potential bias in clinical judgment. Overestimating the threat of danger, for example, could needlessly devastate a family and have enormous implications for the developmental growth and well-being of the affected child. On the other hand, underestimating the threat could result in ongoing abuse and neglect and even death. The issues confronting child protection social workers are not only complex; everyday they are also required to make critical decisions. They must enter other people's homes and evaluate, if a welt mark is caused by a slap with a leather belt or the result of an accidental fall. They need to judge whether a particular parental act has crossed the line between "acceptable" care and "abuse." In addition, caseworkers must assess risk very quickly and often with little information.

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[1] Children removed from the care of their caregivers and placed in temporary government care pending a court hearing.

The standardized risk assessment instrument is regarded by MCFD as an integral part of the initial (intake) assessment and decision-making process in the investigation of allegations of abuse and neglect and establishing the likelihood that the abuse or neglect will continue keeping the child at risk for future harm. The ministry's rationale is that standardized risk assessments both provide a uniform way for child protection caseworkers to collect and organize information relevant to risk and improve the consistency of evaluation and reliability among child protection caseworkers. Critics, however, argue that standardized risk assessments are narrow in focus, tend to emphasize deficits rather than capacities, and provide an unreliable foundation on which to base critical child protection decisions (Baird & Wagner, 2000; Baird, Wagner, Healy, & Johnson, 1999; Leschied et al., 2003).

Rationale

While child abuse and neglect is a very serious matter, being in government care is no safe haven for many children. Children in care often drift from foster home to foster home, which greatly affects all areas of their development (Fahlberg, 1991; Francis, 2000; Heath, Colton, & Algate, 1994; Kufeldt & Theriault, 1995; Trocmé, 2003). Research consistently shows that children raised in government care have a poor sense of identity and low self-esteem, and are behind their peers in all aspects of cognitive development and school performance (Dubowitz & Sawyer 1994; Francis, 2000; Heath et al., 1994; Kufeldt, Simard, Tite, & Vachon, 2003; Noble, 1997). Given this evidence, it is not enough for child protection workers to simply accept the notion that "at-risk" children removed from their families and placed in government care will be better off. The weight of the research on the developmental outcomes of children who spend time in government care cannot be ignored.

Over the past few decades, standardized risk assessment and decision-making instruments (Allan, Pease, & Briskman, 2003; Fook, 2002; Mullaly, 1997) have increasingly driven child protection practice. While standardized risk assessment instruments are evidence-based, it is not clear whether child protection caseworkers using these tools are consistent in their judgments about risks (Knoke & Trocmé, 2004). As Knoke and Trocmé explain, "We do not know, for example, if two workers would assign the same risk level for a particular child. Yet the risk level assigned by a single worker often determines services received" (p. 2).

Researcher's Perspective

This study arose from my interest and in-depth awareness of the responsibilities and practices that a child protection social worker undertakes while assessing risk. I have worked in the child protection field for eight years; four years in Prince Rupert and four years in Terrace. The differences I saw in the task of assessing risk in these two communities along with the differences in the scoring of the risk factors in the comprehensive risk assessment intrigued me.

The variation in how risk was assessed and documented in the CRA, in the Prince Rupert and Terrace offices, brought several questions to light: Does the assessment of risk truly vary from community to community and, if so, why? What are the differences that influence the level of risk and what role do these influences play in the determination of the likelihood of future harm? If practice is standardized, why do differences exist? What is the experience like for child protection social workers in rural communities, where services are limited but where practice of assessing risk is standardized?

My own experience in noticing how my child protection practice changed when moving from one community to another, piqued my interested in knowing if my observations and experiences reflected those of other child protection social workers working within a structured risk assessment model and working with the CRA.

The British Columbia Child Welfare Context

Like other provincial and territorial child welfare jurisdictions,[2] BC has adopted a structured approach to risk assessment and decision-making (Cradock, 2004; Ministry of Children and Family Development, 1996). As a result, child protection workers charged with investigating complaints of abuse and neglect are required to follow a standard investigative procedure called the Risk Assessment Model (RAM) for Child Protection in BC. This practice was, in part, the result of recommendations made in the Gove Inquiry Report (Gove, 1995) into the death of Matthew Vaudreuil at the age of five—after a life of abuse and neglect.

The model is based on a design used by the New York State Child Protection Services (Salovitz, 1992) and adapted to meet the needs of child protection practice in BC:

> The Design Team chose the "New York Model" because it best met the selection criteria of being well-researched, credible, valid and field-usable. The team

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[2] In Canada, the responsibility for child welfare services lies with each of the 10 provincial and three territorial governments. Each province and territory has its own legislation that outlines the range and extent of child protection services and provides the mandate for policy and program development. In addition, Aboriginal authorities (under provincial or territorial legislation) are legally mandated to deliver the full range of child welfare services under the federal First Nations Child and Family Services Program.

established that the instrument, a "consensus model," could be readily adapted to BC's child protection practice environment (MCFD, 1996, p.10).

BC Risk Assessment Model

The BC risk assessment model, formally introduced in 1996, is outlined in an 85-page practice guidebook. The primary goals of the risk assessment model are to (a) bring a greater degree of consistency, objectivity, and validity to child welfare case decisions, and (b) help child protection agencies focus their limited resources on cases at the highest levels of risk and need. The risk assessment model sets out a highly structured investigative process that involves the use of a structured risk assessment instrument. The risk assessment model is comprised of nine risk decision points. These include:

- investigating or not investigating a report
- determining response time to a report
- assessing the child's immediate safety
- determining the child's need for protection
- assessing the risk of future abuse or neglect
- developing a Risk Reduction Service Plan
- reassessing risk
- reunifying a family
- transferring/closing a case.

The risk assessment model is designed to assess the child's immediate safety and to predict the future risk of harm to the child through the risk decision points noted above. For each risk decision, the risk assessment model sets out detailed criteria to consider. Ministry social workers and child protection consultants are trained to use this model, which serves different purposes at different stages of the complaint investigation. For each risk decision, the risk assessment model sets out detailed criteria to consider. At risk decision points 1, 2, and 3, the risk decision points help make decisions about:

- whether or not to investigate a report of abuse or neglect
- if, or how quickly, a child needs protection
- the best plan for a child's safety and care
- expectations for the parents
- recommendations for the court
- how risks can be reduced
- a safe time for children to return to their parents.

When an investigation begins, the information received is assessed at risk decision 1, where deciding whether to investigate a report is made. For example, the risk assessment model presumes that a child is more likely to be at risk of harm if one or more of the following factors are present:

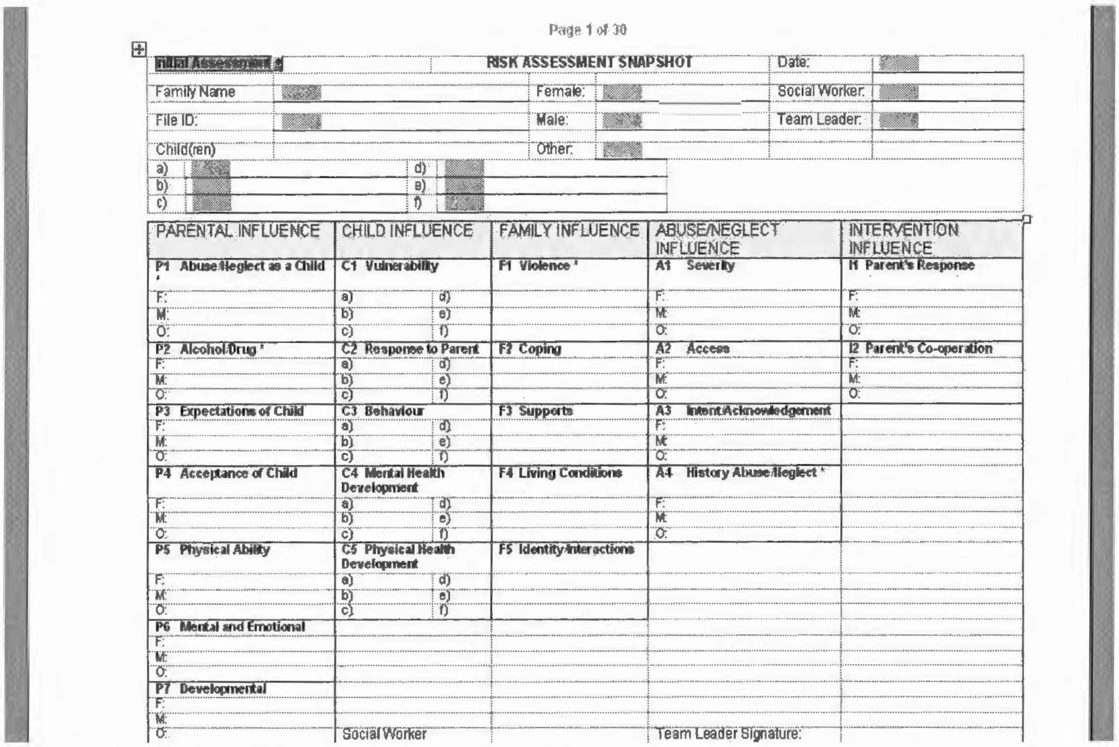
- the child is young
- the child has a disability or other special need
- the ministry has already received two complaints
- the child's parents live in poverty and have a hard time providing enough food, clothing and shelter.
- the child's parents have a history of addictions or mental illness

- the child's parents were abused as children
- violence occurs between the parents
- the child has been abused or neglected before.

If a decision has been made to investigate a report, risk decision 2 addresses the response time to a report. If a child is presumed to be at immediate risk, a child protection worker will go out and assess the report immediately. If the child does not need immediate protection, the assessment will begin within five days of the report. Risk decision 3 assesses the child's immediate safety and the investigating child protection social worker, in collaboration with his/her supervisor, develops an immediate safety plan.

Risk decision 4 is the conclusion of a child protection investigation where information gathered is used to determine whether a child needs protection and what steps, if any, are needed to address the child's need for protection (MCFD, 1996). If a child is found to be in need of protection, a plan is developed and implemented to keep a child safe. The tool used to help in the planning and assessing of future abuse and neglect is the comprehensive risk assessment.

Risk decision 5 is the use of the comprehensive risk assessment tool and it is also the decision point where it is determined what level of risk exists for future abuse and/or neglect. The risk assessment instrument is composed of 23 risk factors found within five influences: parental influence, child influence, family influence, abuse or neglect influence, and intervention influence. Figure 1 shows the Risk Assessment Snapshot, the first page of the compressive risk assessment tool and the lay out of the influences and below the 5 influence headings, the 23 risk factors that a child protection social worker will attempt to score based on the information gathered.



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Initial Assessment

RISK ASSESSMENT SNAPSHOT

Date:

Family Name

Female:

Social Worker:

File ID:

Male:

Team Leader:

Child(ren)

Other:

a)
b)
c)
d)
e)
f)

PARENTAL INFLUENCE	CHILD INFLUENCE	FAMILY INFLUENCE	ABUSE/NEGLECT INFLUENCE	INTERVENTION INFLUENCE
P1 Abuse/Neglect as a Child * F: M: O:	**C1 Vulnerability** a) d) b) e) c) f)	**F1 Violence ***	**A1 Severity** F: M: O:	**I1 Parent's Response** F: M: O:
P2 Alcohol/Drug * F: M: O:	**C2 Response to Parent** a) d) b) e) c) f)	**F2 Coping**	**A2 Access** F: M: O:	**I2 Parent's Co-operation** F: M: O:
P3 Expectations of Child F: M: O:	**C3 Behaviour** a) d) b) e) c) f)	**F3 Supports**	**A3 Intent/Acknowledgement** F: M: O:	
P4 Acceptance of Child F: M: O:	**C4 Mental Health Development** a) d) b) e) c) f)	**F4 Living Conditions**	**A4 History Abuse/Neglect *** F: M: O:	
P5 Physical Ability F: M: O:	**C5 Physical Health Development** a) d) b) e) c) f)	**F5 Identity/Interactions**		
P6 Mental and Emotional F: M: O:				
P7 Developmental F: M: O:	Social Worker		Team Leader Signature:	

Figure 1. Snapshot page of the comprehensive risk assessment tool used to rate the risk factors according to female, male and other adults in the home. Note. Page 1 of the Comprehensive Risk assessment tool, MCFD, 1997, Victoria, B.C.

According to the RAM (1996) handbook:

> Each risk factor is rated on a scale of 4-0 (with 9 representing insufficient information available). Descriptions provide the standard for assigning an appropriate rating....Where portion of more than one factor apply, chose the description with the closet fit: an exact "fit" seldom occurs. If in doubt, assign the higher rating (p. 38).

The practice guide notes that of the 23 risk factors, four factors (identified by asterisks on the snapshot page); parental history of abuse, alcohol or drug use, family violence, and history of abuse or neglect committed by parents "are more highly correlated with threats to a child's safety than other factors" (MCFD, 1996, p. 39). It is suggested that if any of the 23 risk factors rate a score of 3 or higher, the child protection worker examines the risk carefully, particularly if the above four risk factors appear in a cluster or have ratings of higher than 3.

Research Paradigm

As a "critical" social work practitioner,[3] the overarching research paradigm in which this study is oriented is one of critical theory. According to Creswell (2003), Crotty (2003), and Denzin and Lincoln (2000), a research paradigm is the basic belief system or worldview that guides the investigator, not only in choices of method but also in ontologically and epistemologically fundamental ways. Informed by a critical social work practice perspective, this study was grounded in critical inquiry. Critical inquiry raises the question of knowledge —defined by whom, about whom, and for what purpose (Lather, 1986; Wallerstein, 1999)— and invites a more critical stance by challenging current ideology and initiating action towards the search for social justice (Freire,1982; Foucault, 1980; Gitlin & Russell, 1994). It views knowledge as historically and socially constructed and mediated through perspectives of the dominant society. The main task of critical inquiry is seen as one of social critique, in which the restrictive and alienating conditions of the status quo are brought to light. Thus, it calls for knowledge that challenges researchers to go beyond conventional worldviews and create new social relations (Guba & Lincoln, 1994; Habermas, 1987; Kemmis, 2001).

From a critical standpoint, there is a great deal of skepticism about a risk assessment instrument that is free of cognitive biases and thinking errors (Shlonsky & Wagner, 2005), cultural biases (Brissett-Chapman, 1997; Burck & Speed, 1995), and socio-economic biases (Davies & Krane, 1996; Swift, 1995). Wald and Woolverton (1990) assert that it is highly likely that some factors included in risk assessment instruments may be false predictors, in that risk factors are normally derived from literature reviews identifying factors associated with initial abuse that are based on reported cases of abuse and on retrospective research. They judiciously point out that secondary sources of data are often prone to biases. From the perspective of critical theory, risk assessment instruments may promote and reproduce often-concealed relations of gender, race, and class (Callahan, 1993; Carter, 1999; Krane & Davies, 2000). Munro (2002) equates this adoption of a risk assessment instrument without first ensuring that it "has been evaluated by a group of people similar to the group on which it will be used" (p. 73) as buying off the shelf.

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[3] Critical analysis in social work looks at competing forces, such as the capitalist economic system, the welfare state, or human free will, as all affecting individual choices. Therefore, according to critical theory, the aim of work is to emancipate people from oppression and allow individual liberty to prevail.

According to Cradock (2004), the dominant form of risk assessment discourse is the tendency to focus only on the "risks" and the "likelihood of risk"; as a result, the assessment process can impose constraints on the courses of action available to the child protection worker within the model in order to reduce any identified risks. Similarly, social constructivists argue that the dominant claim of objectivity associated with the prevailing scientific paradigm underpinning contemporary child welfare policy and practice masks profound political and discursive practices, outcomes, and consequences. Social constructionists' arguments about the socially negotiated nature of knowledge and authority share the viewpoints of critical theory, which maintain that the world is not a universe of facts that exists independently of the observer (Ives, 2004; Kincheloe & McLaren, 1994). Social constructivist critics in Britain (Ferguson, 1997; Parton et al., 1997) and Australia (Scott & Swain, 2002) argue that risk assessment instruments have turned out to be increasingly coercive of families, supported by cutbacks that saw needed resources to support families in providing care for their children lost.

For the social constructivist, the risks that are identified as being present in a child protection investigation are not fixed (Parton et al., 1997). Child protection evolves as the social construction of what a society considers child abuse and neglect changes.

Research Questions

Three data-generating research questions guided the study:

1. What is the experience of child protection workers in completing a comprehensive risk assessment using the critical incident case scenario?
2. Does the use of the standardized risk assessment model by MCFD produce consistent decision-making by child protection caseworkers within the context of location, gender, cultural background, and practice experience differences?
3. Can a highly structured approach in assessing risk be applied with consistency where services that are needed to reduce risk are either readily available or scarce?

Organization of this Report

In this chapter, I have presented the background to the framework of the study. It outlines the rationale, research paradigm, and research questions. Chapter 2 places the study in context by providing a review of the literature on the concept of risk assessment, the different types of risk assessment models, comparative research on the effectiveness of risk assessment instruments within the context of child welfare, and research on human service decision-making. Chapter 3 presents the research design and methodological framework for the study, including a discussion of the ethical considerations. In Chapter 4, I present the research findings. Finally, in Chapter 5, I conclude with a discussion of the study results and their implications for child welfare practice and social work education. Limitations of the current study and suggestions for future research are also presented.

Chapter 2: Literature Review

The literature for this study was collected using the general catalogue and electronic journal portal of the University of Northern British Columbia library, and Internet search engines. Additional sources of literature were obtained by reviewing reference lists in published articles. An initial search was conducted in 2005 as part of a self-directed reading course.

The literature review encompassed a critical examination of the literature on the concept of risk assessment in child welfare, an overview of the different risk assessment models, relevant issues related to structured risk assessment, comparative research on the effectiveness of risk assessment instruments within the context of child welfare, and research on human service decision-making.

The Concept of Risk Assessment in Child Welfare

Consideration of the historical, political, economic, and organizational contexts within which risk assessment procedures have increasingly been adopted in child protection practice is intended to shed light on their potential to reduce personal bias, as well as their deficiencies and illegitimacy as predictive devices (Bellefeuille & Ricks, 2003; DePanfilis, 1996).

Published literature prior to the 1950s, shows that assessment of risk is a relatively new concept in the field of child protection. According to Munro (2002), up until the late 1950s and early 1960s, language that spoke to risk within the work of child welfare is not to be found; rather, what one finds is material that speaks to the functioning of the family. Assessment focused on the ability of family to meet the needs of the children, and did not attempt to determine the level of risk for a child (Munro, 2002). It was at this time that the

Declaration of the rights of the Child drafted by the UN Commission on Human Rights in 1959, and on November 20, 1959, adopted by the General Assembly of the United Nation on (United Nations, 1959). The document spoke to the rights of children to be free from abuse and neglect and children seen as individuals with individual rights separate from their family and parents. The declaration, coupled with an influential article on child abuse in the 1960s by Henry Kemp and his team (Kempe, Silverman, Steele, et al. 1962), saw the direction and shape of child welfare change and influence policy in both the United States and Canada. Kempe's identification of the battered child syndrome in 1962 placed child protection on the national agenda. The "modern discovery" of child abuse in the 1960s resulted in services and the extension of state authority in terms of government regulation, case management standards, and monitoring activities to investigate child abuse (Tomison, 2001; Waldfogel, 1998).

Consequently, the assessment of risk became the cornerstone in a process of investigation and substantiation of child abuse and neglect (Rycus & Hughes, 2003). Among other factors, the assessment of potential for future harm became the primary justification for child welfare intervention (Rycus & Hughes, 2003). Although risk assessment was undertaken in various ways, social workers would exercise the full scope of their expertise in assessment and intervention in child protection practice (Jamrozik, 1995).

However, with a dramatic upsurge in child welfare referrals in the mid-1970s and the related issues of increased case loads, inadequate supervision, and service shortages, administrators turned to bureaucratic, technocratic, and regulatory means rather than supportive measures to maintain control and system accountability—means that have since become the guiding ethos of child protection practice (Trocmé et al., 1999; Wharf, 1993).

Standardized risk assessment instruments began to emerge in the early 1980s, prompted by a seminal study by Johnson and L'Esperance (1984) in which they developed and tested a predictive model for maltreatment recurrence. However, most risk assessment models were implemented with limited evaluation on their validity in assessing risk. For example, in 1990, Wald and Woolverton (1990) undertook a review of risk assessment instruments employed in various child welfare agencies and found "agencies have acted prematurely, implementing risk assessment instruments that have not been adequately designed or researched" (p. 483). This causes Wald and Woolverton to question the validity of these instruments and their purpose. In 1991, McDonald and Marks (1991) reached a similar conclusion.

Since the inception of structured risk assessment in child welfare, a number of concerns have been voiced about the scarce empirical support for these instruments (Knoke & Trocmé, 2005). The primary concern related to the psychometric properties of commonly used instruments is that most risk assessment models were developed and implemented with little or no research to establish validity or reliability (English, Aubin, Fine, & Pecora, 1993; Knoke & Trocmé, 2005) and with little, if any, empirical testing (Rycus & Hughes, 2003). Several threats to reliability and validity have been identified. For example, instruments are often modified over time without consideration for the effect of these modifications on the psychometric properties of instruments (Rycus & Hughes, 2003), and are frequently used for a variety of purposes for which they are not intended (Wald & Woolverton, 1990), while workers often lack the necessary training to ensure that instruments are implemented as intended (Cicchinelli & Keller, 1990; Sullivan, 1997).

Interestingly, in a study conducted by Baumann et al. (2005) it was realized that risk assessment models, and this study referred to actuarial modes, can "influence caseworker judgements" but, this influence or "clinical judgment" is seen as superior to the risk assessment model itself with workers identifying abuse and neglect cases without the aid of a risk assessment model to follow.

Intercultural perspectives have also questioned the Western tendency to over-scrutinize the parenting practices of immigrant and indigenous peoples (Little, 1998). Feminist critique has also revealed how middle-class expectations are imposed on impoverished women, whose poverty, "non-productive" status, and lack of material resources are used to define them as abusive or neglectful parents (Fraser, 1989; Swift, 1995).

An Overview of the Different Risk Assessment Models

There are two primary types of standardized or formal risk assessment models: actuarial models and consensus models. Wide-ranging research is available on the impact these models have on the decision-making processes of child protection workers as they assess risk. The research looks at the consistency of child protection workers in using these formal models of assessing risk at the conclusion of a child abuse or neglect investigation.

Actuarial Models

Actuarial models of risk assessment use statistical procedures to identify and weight factors that predict future risk to children (D'Andrade, Austin, & Benton, 2005; Rycus & Hughes, 2003). They are based on empirical studies of child protection cases and future abuse and neglect outcomes (Baird & Wagner, 2000; Baird, Wagner, Healy & Johnson, 1999). These models pinpoint risk factors that, when associated with repeated incidents of abuse or neglect, become "predictive" and remain associated with the outcome, adding to the predictive capacity of the risk assessment scale (Gambrill & Shlonsky, 2000).

The introduction of an actuarial risk assessment model into the child protection field had a twofold intention: first, to standardize decision-making by workers, and second, to provide a framework that would enhance casework decision-making and address not only current risk but the likelihood of future risk. Actuarial models require workers to score risk factors. In the comprehensive risk assessment tool used by child protection workers in British Columbia, the tool uses a six-point Likert-type scale to rate 23 risk factors within five influences. A handbook accompanies the tool and "descriptions provide the standard for assigning an appropriate rating" (MCFD, 1996, p. 38). Instructions provided in the handbook describe how to score the risk factors and state, "where portions of more than one factor apply"(MCFD, 1996, p.38) social workers are to "choose the description with the closet fit: an exact 'fit' seldom occurs—and if in doubt, to assign the higher rating" (MCFD, 1996, p.38).

The scoring of risk factors is based on the likelihood of future risk should no intervention be applied to the current situation. The scoring is summarized by means of an analysis method, and families are rated as no risk, low, medium, or high for recurring risk (Baird &Wagner, 2000). Workers then determine the level and kind of services that will be offered to a family, depending on the level of risk scored (Lennings, 2005).

A main feature of an actuarial risk assessment is that workers often focus on a small set of risk factors that have been determined to have a strong relationship to future likelihood of risk (Baird, Wagner, Healy & Johnson, 1999; D'Andrade, Austin, & Benton, 2005; Gambrill & Shlonsky, 2000). It is suggested that a focused, structured, and empirically validated instrument for child protection work increases the ability to estimate the risk of future abuse or neglect (Baird & Wagner, 2000) and to make decisions in a timely manner.

Lennings (2005) and Cradock (2004) argue that the rigidity of the scoring often found within actuarial models is de-skilling workers: detailed descriptions guide the rating of the risk factors. Lennings (2005) goes on to ask whether the highly structured nature of the model limits the ability of risk assessments reflecting the context of the family or individual being assessed.

Munro (2002) suggests that a structured approach provides for consistency of practice, but more research is needed to make this claim conclusive. Drawing on the opinion of other researchers, Munro (2002) writes that actuarial risk assessment instruments:

> …increase consistency across the agency and so [offer] a more equitable service to families. To test this, studies have to measure the degree of inter-user agreement. Results so far provide good support for the claim that instruments improve consistency between workers. (p. 77)

On the other hand, consensus-based decision-making is a clinical approach that can be subjective. Workers look for degrees of risk in deliberation with their supervisor and a consensus is reached on the existence of risk. Language such as 'isolated' or 'intermittent,' and whether there is evidence of 'minor' abuse and neglect (D'Andrade, Austin, & Benton, 2005) is often found within these models.

Consensus Models

Consensus-based systems focus on specific risk factors that have been identified by consensus among experts. Investigators evaluate these factors based on their own professional judgment. Therefore, unlike an actuarial risk assessment model, the consensus model asks workers to exercise their own clinical judgment when determining the likelihood of future risk (Baird & Wagner et al., 1999). Child protection agencies have traditionally relied on clinical judgment to establish the risk levels of families served by the system.

However, research by Rossi, Schuerman, and Budde (1996) has demonstrated that clinical decisions regarding the safety of children vary significantly from worker to worker, even among those considered child welfare experts. Although consensus-based risk assessment tools were developed to enhance consistency among caseworkers, Rycus and Hughes (2003) suggest that consensus models “should not be used to estimate the likelihood of future outcomes. Consensus-based instruments, however, can be useful tools to guide and standardize collection of pertinent information to inform a variety of case decisions” (p. 22) and improve decision-making in areas such as what services a family might require or the level of substance abuse in caregivers.

Consensus models are seen by critics of standardized risk assessment instruments as subjective, with measures often poorly defined; often containing a combination of variables drawn from other models in an attempt to make the model situation-specific. For example, they may use one framework approach to assess different forms of abuse and neglect, thereby potentially missing other indicators; and another framework from another model to look at the reason for the abuse or neglect, rather than the recurrence possibility (D’Andrade, Austin & Benton, 2005; Rycus & Hughes, 2003). Knoke and Trocmé (2005) argue that a structured approach in assessing risk to reduce the likelihood of future harm to children does not allow room to focus on the emotional well-being of a child. However, Wald and Woolverton (1990) see consensus models as a way to improve clinical decision-making around the risk factors affecting children and their well-being, where workers could:

> ... be taught to ask the critical question: What is necessary to prevent recurrence of the

> behaviour? In essence, they should come to see the risk-assessment protocol as a screening tool, helping workers to perceive the kinds of resources or services that would be needed to deal with each of the risk factors, rather than just adding up risk factors to make a decision.... (p. 10)

Issues Related to Structured Risk Assessment

Beck (1992) writes that as we move towards a place where society determines what risks are acceptable and unacceptable within its boundaries, the societal response will influence the outcome of those making decisions on how to address the risk (Beck, 1992; Lennings, 2005). Beck refers to this as the phase where invisible threats become visible and where the threats begin to be socially constructed, and describes this phase as the end of hidden threats:

> ...the end of latency has two sides, the risk itself and *public perception of it.* It is not clear whether it is the risks that have intensified, or our *view* of them. Both sides converge, condition each other, strengthen each other, and because risks are risks in *knowledge,* perceptions of risks and risks are not different things, but one and the same. (p. 55, italics in original)

The social construction of child abuse, which includes the language and the profession of child welfare work, is very new (Munro, 2002). It was not until Kempe's groundbreaking work in the 1960s in the area of the physical abuse of children by parents, through the examination of untreated broken and fractured bones, that the shift occurred (Munro, 2002; Tomison, 2001; Waldfogel, 1998). Up until then, the language of child abuse and neglect was not found in the literature. Workers would assess the entire family and determine how the child's needs were being met (Munro, 2002; Tomison, 2001). With the introduction of risk into the discourse of child protection work:

> …the term "risk" shifts the emphasis from the here and now to the future. A risk assessment makes a prediction about what might happen to the child. Given the limited knowledge base, these predictions are always couched in terms of probabilities: there is a certain degree of risk of something happening. (Munro, 2002, p. 63)

As public concerns about child protection issues grew, so did the pressure on governments to develop distinct, professionally staffed child protection services (Tomison, 2001). As child protection work evolved, so did the "rise of risk assessment and risk management as the key professional activities" (Munro, 1999, p. 117) of the work. Consequently, control over the means by which the work of child protection was carried out became largely an institutional responsibility. Strategies were employed to validate the work through written documentation and to guide the work carried out by child protection workers (Cradock, 2004; Rzepnicki & Johnson, 2005).

According to Cradock (2004) and Stalker (2003), the point at which the word *risk* entered into the discourse of child protection work is uncertain. If we consider that the word has meant different things at different times, can the word *risk* then be expected to remain standardized as the milieu of society and culture changes?

Swift (1995) asks "whether the definition of neglect should be standardized or whether it should be flexible enough to allow for the different community and cultural standards" (p. 69), as families do not live separate from the systems at play within their environment. Ecological theory notes that there are different social structures that influence the lives of clients, and trying to fit families into a standardized approach results in the automatic attribution of risk without exploring the cultural and social context of the ethos of risk (Krane & Davis, 2000).

Cradock (2004) writes that a standardized method favours institutions by providing them with a way to defend their actions through "the objectivity associated with the calculations of risks" (p. 320). This works to purify the work of assessing risk by not only removing the moral and judgment values of child protection workers, but also preventing political debate about the "social and economic situation of clients and their child welfare problems" (Swift, 1995, p. 91).

The ability of individuals working within an institution to work "within a single and subjective epistemological process" (Cradock, 2004, p. 318) sets the stage for an organizational ideology that establishes the boundaries within which the work is not only carried out but also shaped (Smith, 1984).

According to Baird and Wagner et al. (1999), the interpretation of information presented for analysis varies significantly among child protection workers, regardless of whether they work on the front line or are supervisors or team leaders. Wald and Woolverton's (1990) examination of risk assessments notes that some child protection agencies use risk assessment as a training strategy to guide new workers to focus on what is believed to be relevant in case management decisions around risk. However, even though workers are not bound to focus only on certain risk factors, the theory is that such a method will help improve and build practice wisdom in child protection workers and further help to validate rational action using a risk assessment model.

Recent Comparative Research on Risk Assessment Models

A number of theories affect the manner in which the work of protecting children is carried out (Cash, 2001). Some of these theories do not fit nicely within a formalized and systematic system of risk assessment (Anglin, 2002). For example, both critical and ecological theories acknowledge that families live in social structures that affect their level of functioning. From this stance, human development is viewed from a *person-in-environment context*, emphasizing the principle that all growth and development take place within the context of relationships. Thus, a child must be studied in the context of the family environment and the family must be understood within the context of its community and the larger society. The language of the ecological model provides a sharp contrast to the image of the lone frontiersman pulling himself up by his bootstraps, the "paddle my own canoe" mentality upon which our legal, educational, and social service delivery systems are often based. Cash (2001) argues that a "risk assessment should operate from an ecological perspective and should take into account contextual effects with a family's system" (p. 822). He goes on to write that doing so allows not only for the examination of an individual's personal character deficits but can also provide a social worker with insight into what factors are at play within a family to bring about a crisis.

Nevertheless, there is another understanding of the role of a risk assessment tool in child protection work that sees it as having the potential to provide the most objective, consistent treatment of children and families. Gambrill and Shlonsky (2000) point out that risk assessment models can help guide practice where child protection workers "must distinguish between child neglect, bad parenting and the effect of poverty" (p. 814).

While Munro (2002) has concerns regarding risk assessment models that are not supported by empirical research showing a model's validity (and the model that child protection workers in British Columbia use can be included in this category), she writes that a formal process has its benefits:

> …information about a family is received in a haphazard and disorganised way. Often a judgement has to be made before all the details are known. Sometimes unexpected information suddenly turns up, forcing a review of the judgement. The jumble of facts, opinion and fears that is the typical content of a child abuse investigation has to have an order imposed on it; the alternative is that professionals become paralysed by the confusion. The formal framework serves this purpose. (p. 84)

Doueck, Levine, and Bronson (1993) argue that using a structured method of data collection enables workers to gather all relevant information and helps them identify the factors that are believed to put a child and risk and determine the services needed in order to reduce the likelihood of future risk.

In his article “Risk Assessment: Objective Judgment or Collaborative Inquiry?” Turnell (2006) notes that child protection workers are capable of arriving at a decision regarding the severity of abuse and whether there is a likelihood that it will happen again, but on arriving at such a decision at the end of an investigation, the workers are often left with the question as to what to do in order to reduce the risk.

A structured means by which to assess risk, united with a common language, aids in addressing the abuse and neglect of children as well as supporting family preservation (Christie & Mittler, 1999). Munro (2005) sees a dilemma when it comes to the dichotomy of keeping families together and investigating a child at risk. Nevertheless, different professional groups through a common language of risk found within a formalized structure can share the complexity of the work.

Munro (2005) refers to a child death investigation in which information that might have been of critical importance in preventing the death was not shared by community professionals, as they did not see it as a "possible sign of abuse and so saw no need to share it" (p. 378). A partnership among professionals can ensure the dissemination of information, broadening the scope of an investigation.

In spite of everything, there are still concerns regarding the lack of current risk assessment models that address cultural differences. Welbourne (2002) and Munro (2002) point out that very little research information is available about the impact on different cultural groups who encounter a child welfare system that is designed so that one size fits all. In the 2002/03 Annual Service Plan report by the Ministry, there were 10,400 children in the care of the Ministry of Children and Family Development. The report also notes that "the Aboriginal population of children in care did not notably change in 2002/03 and continued to represent about 45 per cent of all children in care at the end of March, 2003" (p. 14). In the 2001 census of Canada, the Aboriginal population compared to the general population of BC was 4.4 per cent.

The Bay Area Social Services Consortium carried out an instrument comparison in 2005 which D'Andrade, Austin and Benton (2005) prepared, to look at five types of risk assessment models in use around the United States with a report written by D'Andrade et al. (2005) encapsulating the findings. The comparison revealed that three of the models had no empirical data on their use with different cultural groups. Two of the instruments had a single study on their use; one showed that culturally different groups would be assigned a higher level of risk, and the other found that cultural difference had no effect on how families were rated.

Munro (2002) asks, if risk assessment models are tested for cultural sensitivity on a specific cultural group, is there any assurance that the model can be used effectively with other cultural groups? Munro goes on to write that for a model to be considered reliable, it must reflect the cultural norms and mores of a culture. Nevertheless, it is imperative that child protection workers separate what they consider acceptable forms of behaviour within their own standards from acts that place children at risk. An ecological approach in working with cultures different from one's own therefore becomes significant, as it will allow a worker to recognize the broader cultural/sociological context of the event being investigated (Murphy-Berman, 1994).

Research on Human Service Decision-Making in Child Protection Work

Examining the experiences of a child protection worker in the act of investigating a situation involving a child at risk and coming to a decision regarding the risk and the likelihood of future risk can be seen as human science research. The decision-making process within human science is made up of a little of what is known and a little of "how did we get to know what it is that we know" (van Manen, 1990). In spite of the large quantity of research available on what form of assessment tool is needed by child protection workers to assess risk, there is very little research on what the experience of completing a risk assessment is like for child protection workers (Rzepnicki, 2004; Rzepnicki & Johnson, 2005). Available research on the decision-making process in child protection work discusses the manner in which the discourse and textual documents can provide for a consistency of practice (Munro, 2002).

The report commissioned by the Bay Area Social Services Consortium in 2005 and authored by D'Andrade et al. (2005) presents the argument that researchers studying human service decision-making found that workers can make a number of common errors when making predictions and decisions: they may ignore the *probability* of an event taking place in making predictions about the likelihood of its occurrence, be overconfident about their ability to predict an event, and have difficulty weighing factors related to a decision. As a result, structured risk assessments can support child protection workers in the decision-making process around the likelihood of risk by providing a means by which the information is collected in a systematic fashion that works to reduce the likelihood of flawed decision-making.

According to McConnell, Llewellyn, and Ferronato (2006), there are three key elements that appear to embody decision-making in a child protection investigation: the narrowness of scope in child protection investigations, whereby attention is focused only on the family unit, and most particularly on the mother; whether or not parents comply with worker demands; and whether there is enough evidence to satisfy the courts if removal of a child from the family is required. All three of the above elements will influence the manner in which the work is carried out, with each worker using his or her skills in completing an investigation to satisfy practice standards.

Two studies conducted by the National Center on Child Abuse and Neglect (Cicchinelli & Keller, 1990; Hornby, 1989, as cited in DePanfilis, 1996) support structured decision-making and suggest that the use of standardized risk assessment procedures provides for a higher standard of work and decision-making and can help child protection workers recognize the systems in play in the lives of their clients.

Not only does a structured system provide checks and balances for worker bias and provide organizational accountability, but a means by which learning the job can take place.

A 1990 study conducted by Cicchinellie (as cited in DePanfilis, 1996) suggests that the use of risk assessment models provides for operationalized case work, resulting in good-quality case work; helps in prioritizing risk-related concerns; assists in training new workers; and provides for a comprehensive collection of information for further case management.

Wald and Woolverton (1990) point out that although some agencies use risk assessment models to influence the manner of decision-making, they are also used in some cases as a means to improve clinical judgment by having workers take account of or consider factors of risk that are not found in a risk assessment model.

For example, in Hornby's 1989 study (as cited in DePanfilis, 1996), participants who used a risk assessment tool found that it helped them focus on factors that they might not have considered, making it possible to practice using an ecological approach, and to think outside the parameters of the risk assessment model.

Providing an environment where the work carried out by child protection workers is ordered means that the work can follow a prescribed path, ensuring that a decision following an assessment of risk has addressed most of the issues that brought about the need for an investigation. However, this structured and ordered practice also influences the way risk is defined, and the definition of risk becomes standardized within the field of child protection work: the decision-making is carried out using a common language that provides a standardized way of validating the decision.

Smith (1999), however, argues that with risk being a socially constructed phenomenon, there can be no standardized definition, because it varies among communities, cultural groups, agencies, and professions. For example, Mandel et al. (as cited in Sullivan, Whithead, Leschred, Chiodo & Hurley, 2003) found that "social workers, compared to police officers, disagree with the removal of a child from the home when there is inadequate information to justify such a decision suggesting that social workers considered the factors of the case in a more critical manner" (p. 4).

According to the literature, regardless whether an actuarial or a consensus model is used when assessing risk, there appears to be consensus that either method can help to guide the work and help to organize the sometimes disorganized way information is received or gathered on a report of abuse or neglect and provide for some consistency in the decision making of assessing risk. Through the common risk assessment language found within the practice of child protection, the tools help validate and guide the work and help to reduce the perception of professional and personal biases serving to legitimize the tools as a sound means of predicting the likelihood of future risk. The literature also speaks to the manner in how the standardized nature of the work makes it auditable and presented as transparent to the public

However, it is clear that despite what manner is used in assessing risk, the ethos of current child protection practice is embedded in government bureaucracy, resulting in a highly structured and regulated practice. The use of a common language may guide practice and provide consistency in the way information is gathered to assess of risk, but the consequence of a tool lacking a base in ecological theory or developed on minimal empirical data is a tool that lacks cultural and community relativity. Lacking these two ingredients, a tool such as the CRA may not allow for recording of differences both from a cultural perspective and from community dynamics.

However, the literature does not speak to what the experience is like for a child protection worker who practices child protection work in a standardized and structured way.

Chapter 3: Methodology

I needed to locate myself in a research paradigm and select a methodology in relation to the focus of my research—that being to inquire into the participants' experiences of completing a risk assessment of an "at-risk" child—my critical approach to social work practice, and my qualitative orientation as a researcher. This chapter speaks to the outcomes of my exploration by situating my inquiry in a qualitative research paradigm.

Qualitative Research

Qualitative research is a process of inquiry that helps the researcher to understand the world experienced by the participants through interpretations of a variety of materials—oral and written, as well as observation—thereby permitting an in-depth understanding of a phenomenon (Denzin & Lincoln, 2000). As Strauss and Corbin (1990) stated:

> Some areas of study naturally lend themselves more to qualitative types of research, for instance, research that attempts to uncover the nature of persons' experience with a phenomenon, qualitative methods can be used to uncover and understand what lies behind any phenomena about which little is known. (p. 19)

While research undertaken within the qualitative paradigm is diverse, there are several common features that exemplify qualitative research across a range of methodologies, including a focus on the participants' perspectives, an orientation to understanding phenomenon rather than explaining phenomenon or defining objective "truth," and emergent and flexible processes and methods (Berg & Smith, 1988; Cresswell, 2003).

This study utilized two data gathering methods; an on-line survey and focus group. This was to enhance the data richness in the exploration of the experience of using a structured risk assessment tool by child protection workers to determine the likelihood of future risk for children. Lambert and Loiselle (2008) note that the integration of different data gathering methods helps to move the initial hypothesis to an understanding as close as possible to the experience by allowing for an enriched interpretation of the phenomenon under research. The decision to use both an on-line survey and a focus group was not only to enrich the data but also to help identify factors influencing the risk assessment process and outcomes in a system that encompasses geographical, gender, cultural, and practice experience differences.

According to Loiselle et al. (as cited in Lambert & Loiselle, 2008) "the combination of multiple methods to study the same phenomenon is most often designated as triangulation" (p. 228). The idea of employing multiple data sources was used to strengthen the credibility (i.e., the convergent validity) of the study (Clarke, James, & Kelly 1996; Denzin & Lincoln, 1998a, 1998b; Koch 1998). The true value of triangulation, according to Mathison (1988) is its ability to capture a more complete, holistic, and contextual portrayal of the unit under study. In this study of contextual factors related with structured risk assessment and decision making in child welfare, it was not only important to study the risk assessment outcomes of the case study, but also to examine the perceived experiences of the child protection workers in using the comprehensive risk assessment tool in assessing risk and guiding their decision making.

Thus, my purpose of conducting qualitative research was to capture the personal and cultural values, judgments, attitudes, beliefs, and assumptions that underpin decision making of child protection social workers, undertaking the risk assessment process and through triangulation: reveal relationships between variables (i.e., location, gender, culture, and practice experience) and risk assessment decisions and outcomes to explore the perceived experiences of protection workers in completing the assessment and its impact on the type of case management decisions they make resulting from the risk assessment outcomes. As recommended by Fielding and Fielding (1986), through the careful and purposeful combination of different methods breadth and depth are added to the analysis.

Participant Selection

As I learned more about qualitative research, I realized the importance of thoughtfully selecting the participants. As a result, a non-probability purposive sampling strategy was adopted for the study (Morse & Field, 1995). Purposive sampling is a method in which the participants are subjectively selected by the researcher (Babbie, 1998). In my case, I recruited participants who I knew resided in communities within MCFD's North region and were Ministry child protection social workers, and invited them by email to participate in the study (Appendix B).

Child protection workers who expressed an interest in taking part in the study were screened according to the study's inclusion criteria, described below. Selected participants were notified by email and provided with a password and login information to access a web-based site that contained an electronic copy of the study's information letter and consent form (Appendix D) and electronic access to the risk assessment instrument, critical case study, and survey.

Inclusion Criteria

Criteria used to select study participants included:

- geographical location (MCFD North and Cariboo Region)

- possession of a BSW or MSW degree
- employment as a child protection worker for MCFD.

Of the 20 child protection workers who I had contacted and had expressed an interest, only six completed the on-line survey. Five of the participants had 0–5 years of direct child protection experience and one identified herself as having between 10-30 years of experience.

The participants who agreed to participate in the study are child protection workers and have been delegated by the director of MCFD to carry out the work of delegated child protection workers. Delegated child protection workers have the authority to interview children, remove children, and bring them into care. Along with having a bachelor's degree in social work, they have attended core training provided by the Justice Institute in New Westminster, as contracted by MCFD. One participant came to the study just having completed the three weeks of core training, with partial delegation (a limited role compared to those who are fully delegated) and another who had full delegation for six months. The other participants had their full delegation for up to 5 years and one had been delegated to carry out child protection work for over 10 years.

The participants all worked in the North Region as defined by MCFD's geographical classification. The area covered by the North Region includes the Queen Charlotte Islands to the west, all communities to the north up to BC/Yukon boarder, east to the BC/Alberta border and south to Prince George.

Data Collection Methods

Data was collected in three distinct phases, beginning with the completion of a web-based risk assessment of a standardized case scenario involving an "at risk" child, followed by a web-based survey and teleconference focus group.

Phase 1: Risk Assessment of a Critical Incident Case Scenario

The first phase of data collection began in December 2006, with the participants assessing a critical incident case scenario by completing the province's risk assessment instrument for an "at-risk" child. The participants were sent the critical case scenario (Appendix F) and the risk assessment tool (Appendix A) via email. The email explained that they would first be required to read the case scenario and complete the risk assessment. Once the risk assessment of the case scenario was completed, participants were directed via a link in the email to the online survey to record how they rated the level of risk for the children.

Critical incident case scenario. The critical incident case scenario was developed with the assistance of three experienced child protection workers, and was specifically designed to reflect critical northern practice issues. Participants were asked to first read the case scenario and then go to the comprehensive risk assessment (CRA) and rate the 23 risk factors within the five influences.

Comprehensive risk assessment. The risk assessment tool is the document currently used by protection workers in BC working for MCFD and is used to determine an overall risk level for children in families who have been investigated for abuse or neglect issues. The participants were informed that they were not required to complete the risk analysis section of the comprehensive risk assessment document. The participants were asked to print off a copy of the snapshot page of the comprehensive risk assessment and use it as a guide to answer the questions in the next step, which was to sign in and participate in a web-based survey regarding their experiences, answering questions about how they came to the risk level decision regarding the children.

Phase 2: On-Line Survey

The second phase of data collection involved the completion of the web-based survey. Access to the survey was via a password-protected and confidential web-based site specifically designed for this study. The web-based approach to data collection offered several benefits, including reduced response time, lower cost, easier access to a specific audience, ease of data entry, and around-the-clock access (Chen & Hall, 2003; Coombes, 2001; Walston & Lissitz, 2000). Introspective questions were used to draw out the experience of assessing risk using the risk assessment tool. These included the following:

1. How would you describe your experience in scoring the 23 risk factors as you move towards deciding on the overall risk factor for the children in this family or any family?
2. Practice wisdom can help workers through the process of assessing risk by allowing for reflection on past work experiences and intuition from years of doing the job along with training received. What are some of your own beliefs and biases around the effectiveness of the CRA predicting likelihood of future harm, which come from your own practice wisdom and which you believe has an effect on your scoring in a CRA?

Questions were also asked about the cultural relevancy of the risk assessment tool and the participant's knowledge of community resources and institutional influences on their work, and what possible influence this relationship had on determining an overall risk level. These questions were:

1. Do you agree that deadlines from either your supervisor or practice standards influence your scoring in deciding the overall risk actor? For example: scoring

under pressure to complete a CRA because of a court hearing or case conference.

2. Along with practice wisdom, comes the knowledge of the community/area you live in. Would the lack of services/programs or no lack of either shape your scoring? For example: if a particular risk factor ought to be scored high, but your community lacks services, would this effect how you scored this risk factor?
3. The BC Risk Assessment Model recognizes cultural diversity and the diversity of abilities found among parents. It is acknowledged that how risk factors are interpreted should reflect the interactions that occur between a cultural minority and a dominant group (Risk Assessment Model, 1996). Do you find this to be true in your own experiences in using the CRA document? Please provide the reason.
4. Research indicates that supervisors and new workers are more satisfied with using a structured tool such as a CRA than more experienced workers (Doueck, Levine & Bronson, 1993) because it provides a useful framework for interviewing and gathering assessment information. Reflecting back on your own experience, has your position on the use of the CRA changed as your practice wisdom increased?
5. If you answered yes to the last question (above), could you recall what brought about this change in thinking.

Another set of questions focused on the actual scoring of the risk assessment tool. Participants were asked to reflect back on deciding the risk level for the likelihood of future risk in regards to the children in the critical incident case scenario. The four factors that are "more highly correlated with threats of a child's safety" (CRA, 1996) were highlighted for particular consideration and an identical question asked the participants why they scored the way they did for the four factors (parental history of abuse, substance abuse, family violence, sustained pattern of child abuse or neglect) and to provide a rationale for their level of scoring.

Finally, to catch a glimpse of the differences in the assessment of overall risk, participants were asked the following questions:

1. Based on your assessment of overall risk for the children in the Sears' family, what intervention did you take?
2. Please explain your rationale for your choice in the question above.

The survey took about 15 minutes to complete, and ended with a short message thanking the participants for their participation. Once the online survey was closed, an email was sent to participants, inviting them to participate in a teleconference focus group.

Phase 3: Teleconference Focus Group

The third data collection phase involved a teleconference focus group of three participants. Conducting focus groups via computers and audio/video conferencing is an increasingly popular method of collecting data (Oringderff, 2004; Underhill & Olmsted, 2003; Walston & Lissitz, 2000).

As well, a positive feature of focus group data collection strategy, according to Krueger (1994), is that it provides a social forum, allowing participants to hear and consider other opinions. After numerous attempts, a date was set for the teleconference.

I did not want the participants to incur any costs for participating in the focus group, so an account was set up with Telus for a dial-in-conference. Each participant was provided with the dial-in toll-free number, along with the date and time for the conference. A reminder email was sent on the day of the focus group teleconference.

Eight questions for the focus group were developed by my thesis supervisor and myself, from the online survey data. Reflective questions were used to bring about discussion on the participants' experience of assessing risk looking for the essence of the experience. These included the following:

1. Child protection culture is about reducing the likelihood of risk to children. How this is achieved is sometimes at odds with our clients? What comes to mind when you consider this dichotomy between theory of child protection culture and every day practice with clients?
2. Think back on your experiences of completing CRAs with limited information. As you reflect on this type of practice, can you illustrate how this influences your own scoring?
3. Respondents stated that at one time or another they felt that pressure was placed either upon them to complete a CRA quickly, to meet practice standards or by team leader, and believe this pressure may have influenced their scoring. To others there was no sense of this. What comes to mind when you hear this account? What would be the ramification to the scoring should this be the case?
4. What are some techniques that workers might put into practice so their own personal values are set aside to not allow it to dominate practice?
5. Reflecting back on your on practice what have you and other co-workers done to off set the lack of services in one's community so that removals are not necessary?

6. How do workers reconcile the presumption of risk versus what is known about the/a case since in some cases information might be limited.
7. Once again reflecting back on your own experiences in completing the CRA, what features of the CRA do you feel make the document not culturally relevant.
8. What differences do you see in your own practice when it comes to using the tool with a new family versus a family you have been working with for a while?

At the start of the focus group discussion, I introduced myself and provided a context for the question and then read the participants the question and allowed the discussion to take place between participants. I would redirect if needed or ask for further clarification on points made during the discussion.

The entire process took a little over 60 minutes. At the end, participants were asked if they wanted to add anything to the discussion, and were thanked for their participation.

Data Analysis:

Thematic analysis of the online survey

Situated within structural social work practice, were looking critically for existing social arrangements and social relations is the scheme, a thematic analysis of every single sentence and sentence cluster was undertaken, looking for what the data was revealing to understand the experience of assessing risk within the child protection field. The thematic analysis of the experiences isolates statements and phrases that focus on themes and patterns of the experience. Framed within qualitative research, I aimed to gather an in-depth understanding of not only the experience of assessing risk but also to understand why the particpants made the decisions they did. When the analysis was completed, the statements and phrases were examined to determine what the clusters revealed about the experience.

My own work experience provides me with a professional understanding of the topic under research. My strong orientation to the experience of assessing risk, according to van Manen (1990), allows me to be not just the researcher who observes the lived experience of the participants, but someone who has professional understanding; someone who has experienced assessing the likelihood of risk, and providing insight in the experience.

However, I was concerned that perhaps I was too close to the subject and that I might read into the text my own personal biases. Laverty (2003) writes that the process of reflection helps the researcher identify biases and engage in the investigation of the data without imposing one's own assumptions on the data and research. I made all possible efforts to identify and "bracket" out my own biases and preconceived notions about the data, attempting to grasp the essence of the participant's experience and ensure that the data was given to a second reviewer.

This second reviewer is a team leader who holds an MSW, and of particular interest to me is that she had just come to the North, having worked frontline child protection not only in the large urban area of Burnaby, but also in New Zealand. I felt this experience in both urban and rural child protection work would provide for a review of the data different from my own, as I only have rural northern experience. In addition, she had recently completed her MSW and the process of analyzing data was current for her. I asked her to conduct her own thematic analysis using the same technique as myself: read the data and identify what the information revealed to her and identify what she felt were the themes that came out of the responses to the questions.

I hoped that involving a second reviewer would reveal information that on my own, I may have overlooked, rejected, or accepted as the reality. As well, by involving the team leader in this process, I hoped to establish the results of my research as credible and that the perspective of the participants as analysed was not solely my own interpretation of the data.

The only direction given to my colleague was to look for themes within each question. Both my colleague and I read over the data looking over each question carefully and summarizing the data for each question before moving on looking for themes. The data was to reveal three common themes, the scoring of risk, the use of the CRA and the participant's perception of its usefulness or inadequacies, and the presumption of risk prior and during the completion of the CRA. I took these three broad themes wrote them up as headings on chart paper and added under the headings, the words or phrases identified by me and my colleague as it related to these three themes and I included the phrases or words that the participants used in describing the experience under these theme headings.

With the thematic analysis in hand, I looked at the information as a whole and in discussion with my thesis supervisor we strategized on what questions would be asked in the focus group in order to draw out the essence of the meaning of the experience of assessing risk. As described earlier, through this process, eight questions were identified and asked during the focus group to explore further the experience of assessing risk.

Thematic analysis of focus group

With the data from the focus group transcribed and using the hard copy, I analyzed every single sentence and sentence cluster, looking for what the data revealed of the experience of assessing risk. I carried out the analysis alone with no second reviewer. I searched for common statements or phrases that oriented me to the broader themes identified in the thematic analysis of the on line survey and to new themes that arose from the focus group data. Through this, a fourth theme was added; the description of the experience of assessing risk.

The four themes were written on chart paper and I went through both the focus group data and the on-line survey data for phrases or words and placed the data under the four themes identified. This process continued until I was able to arrive at what I felt most accurately described and encompassed the essence of the experience under four themes; experience of assessing risk, professional versus the personal, information gathering, and practice differences.

Methodological Integrity

Regardless of the research paradigm, it is now commonly accepted that the quality of scientific research done within a paradigm has to be judged by its own paradigm's terms (Healy & Perry, 2000; Whittemore, Chase, & Mandle, 2001). For the purpose of this study, I chose to use three standards of rigour: credibility, auditability, and fittingness.

Credibility

In qualitative research, the notion of credibility, which is the counterpart of internal validity in quantitative research, depends less on sample size than on the richness of the information gathered and on the analytical abilities of the researcher (Denzin & Lincoln, 2000; Patton, 2002; Schwandt, 2001). Credibility refers to the truth, value, or believability of findings and is demonstrated when "informants, and also readers who have had the human experience…recognize the researcher's described experiences as their own" (Carpenter Rinaldi, 1995, p. 264).

Credibility was enhanced in this study by sharing with the participants the results of the online survey as reflected in the focus group questions that were generated through a thematic analysis (Cutcliffe, 2000; Schwandt, 2001); the judicious use of illustrative quotations (Beck, 1993; Strauss & Corbin, 1990); the convergence of multiple sources of data (method triangulation) through the use of interview and focus group data collection methods (Davies & Dodds, 2002; Strauss & Corbin, 1990); and the employment of an independent second reader (Lincoln, 1995; Strauss & Corbin, 1998).

Auditability

Auditability (comparable with reliability) refers to the extent to which another researcher can follow the methods and conclusions of the original researcher (Carpenter Rinaldi, 1995; Schwandt, 2000). Auditability also addresses the extent to which the research process is consistent across researchers (Benner, 1994; Lincoln & Guba, 1985).

In this study, auditability was ensured through a trail of raw data or decision trail of all the decisions made by the researcher at every stage of data analysis—what Padgett (1998) refers to as an "audit trail." I kept detailed records of the data collection process and analysis procedures, allowing interested people to reference exact quotes and corresponding interpretations.

Fittingness

Fittingness requires that findings "fit" into contexts outside the study situation, and that the audience view the findings as meaningful and applicable in terms of its own experience (Erlandson, Harris, Skipper, & Allen, 1993; Sandelowski, 1986). Providing details about the sample and setting characteristics of a study is one way in which a researcher allows readers to assess the fittingness or transferability of the findings (Beck, 1993; Carpenter Rinaldi, 1995).

The identified demographic characteristics of the sample for this study included years of experience, location, gender, and cultural background. The risk assessment model used was also identified. This information is essential in helping readers to visualize the context from which the theory and its specific categories were developed.

Data Management

All data was stored in a password-protected computer, locked filing cabinet, and will be destroyed six months after my thesis defence. Access to the data will be restricted to my thesis co-supervisors and me.

Ethical Considerations

The proposal for this study was submitted to and approved by the University of Northern British Columbia's Human Research Ethics Committee. All participants were provided with an information letter and consent form (Appendix D) that outlined the process and purpose of the study and warned of potential risks. Participants were assured of the voluntary nature of their participation and informed that complete confidentiality and anonymity could not be guaranteed because of potential voice recognition in the teleconference focus groups.

Chapter 4: Research Findings

This chapter presents the themes that were identified in the two thematic analysis carried out, one on the online survey responses, and the second on the data from the focus group transcript.

The first thematic analysis focused on looking for themes emerging from the online survey. The analysis was carried out not only by me but also by a team leader from my office. Within the MCFD organizational structure of child protection work, child protection workers are assigned to teams. The teams can be integrated where two types of functions are carried out; family service work, where supports to families are ongoing, or intake and assessment work where reports are assessed and investigated. The teams can also be specialized to solely family service work or intake and assessment work. A team leader who supervises a team provides guidance, support, and clinical supervision to the team members.

The team leader who helped in the thematic analysis of the on-line survey data leads an integrated team consisting of family services workers and intake workers. She agreed to look at the raw data from the on-line survey and look for patterns or themes in the data. Before hand, we discussed the process and agreed to look for recurring words, patterns or themes specific to the assessment of risk, thus providing us with a consistent and manageable way of going through the data. I chose to highlight those patterns or themes with a highlighter and the second reviewer made notes in the margins of the data sheets.

The two individual thematic analyses of the on-line survey were to result in three wide-ranging themes: the scoring of risk, the use of the CRA and its usefulness or inadequacies, and the presumption of risk prior to and during the completion of the CRA. The themes from the first thematic analysis were used to generate the eight focus group questions. With all the data together and the original themes reworked by my thesis supervisor and myself, we settled on four final sub themes that appeared to capture the spirit of the experience; the experience of assessing risk, professional versus personal, information gathering, and practice differences.

Online Survey Data

The thematic analysis of the online survey and the focus group data identified two broader themes: the meaning of the experience and reflection on practice, and each sub theme positioned under these larger headings.

The Meaning of the Experience

The Experience of Assessing Risk

The experience of assessing risk was different for each participant. Participants felt that influences from one's own personal experiences help to navigate the experience. This was not necessarily seen as a negative influence but rather as a way to recognize and acknowledge that this influence is reflected in the different ways the assessment of risk is experienced and the decided level of risk:

> *I believe every social worker brings their own wisdom and experience to their daily practice. This can influence their practice and it can be both positive as well as negative. The social worker just needs to be conscious of their professional boundaries. Everyone comes from different backgrounds and experiences so every social worker will have different ratings and perceptions of the situations.*

Another participant commented:

> *I do believe that if completed properly the CRA can predict likelihood of future harm. However, I am aware that there is a wide range of responses that are influenced by a*

> *social workers' subjectivity, values, beliefs. I have had files transferred to me where the risk was very low, and where I completed a new CRA within a month with a high risk scoring.*

It follows that there are those who believe that their personal experience does not influence their work with the CRA. Rather the tool is malleable, and can be situationally adapted:

> *I believe a person can fudge a CRA to look how they want it to. I also believe it is not the greatest way to predict likelihood of future harm because a person who is local would also know whether there is a risk or not without the CRA. It just seems like an odd way of trying to predict someone's life and likelihood of it, somewhat to looking in a crystal ball. Then we act on this!!*

Professional versus Personal

Interpreting situations of child neglect and abuse from within a child protection culture places the participants within the experience of assessing risk and requires the balancing of personal views, intentions, and feelings in contrast to the structured professional influences in the decision-making process found within the work. The concern for the participants is the perception of objectivity in their assessment of risk found within a family, and the need to find that balance between the professional and personal. This was particularly evident in the area of cultural diversity.

An on-line survey question asked if the CRA was able to capture cultural diversity and the diversity of abilities found among parents. The majority of the responses were that the document was not a culturally sensitive tool. However, for one participant becoming knowledgeable and aware of how the past can effect the lives of clients needs to be incorporated into one's professional and personal thinking. She realizes this will achieve work that is respectful of clients and where risk is not pre-judged to exist regardless of the cultural efficacy of the CRA:

> *When working with persons who reside in Aboriginal communities it is important to practice according to community standards. For instance, family violence, addictions, are evident in many families on reserve as a direct result of colonization and residential school. How we practice within this group is different than how we would practice with a non-Aboriginal group in a larger community.*

Participants described a fundamental attempt to search for balance between their professional and personal sides, aiming to believe that the risk assessment tool would help accomplish this task. They wanted to trust in its purpose within the context of respectfulness and awareness of cultural differences but at the end of the day feel that the tool is in some manner disconnected from that purpose and that their role in assessing risk takes on a punitive function:

> *There is a huge percentage of First Nations people in the community where I come from and I feel that the CRA is not culturally sensitive or even acknowledging of how diverse cultures truly are. First Nations history of abuse neglect, violence, substance abuse, ability to cope with stress, and abuse pertaining to current protection issues will all score high automatically because of the residential school past, loss of parenting skills, and loss of ways of life and coping. The bar is already high for First Nations families and so our expectations of future risk and problems are scored naturally high, do these families really stand a chance at being worked with without prejudged prejudice?*

For one participant, her reality was that the CRA did not readily adapt to the differences found within communities and this produced some concern regarding the objectivity of the process, as the design of the risk assessment tool did not readily fit into a one-size-fits-all approach in child protection work. Culturally missed pieces and structural oppression overlooked because the families were unable to fit into a single sized mould: *"I have never filled out a risk assessment and found there any reflection of interactions that occur between a cultural minority and a dominant group."*

For another participant balance is achievable but differences will still exist:

> *I believe every social worker brings their own wisdom and experience to their daily practice. This can influence their practice and it can be both positive as well as negative. The social worker just needs to be conscious of their professional boundaries. Everyone come from different backgrounds and experiences so very social worker will have different ratings and perceptions of the situations.*

Reflection on Practice

Information Gathering

The participants were asked how they felt scoring the 23 risk factors within the CRA, with the limited information provided in the case scenario. Participants noted feeling *"frustrated"*, finding the process *"sometimes confusing"*, and *"scoring higher."* One participant wrote that her experience was *"difficult"* and that the CRA contained *"a lot of 9s...unknowns."*

A question asked of the participants to reflect on their experience on how they approached addressing the protection concerns found in the case scenario with limited information. The participants had a choice of the most commonly used intervention approaches in the risk assessment process; to remove the children, seek a supervision order from the courts, offer support services to the family, take no intervention, and other.

One participant commented, *"This is a difficult question for me to answer because I typically would rather go in first, without court involvement, and complete my own assessment of the situation...,"* while another wrote, *"Not a removal yet, but getting close – still strengths with this family, I think they are struggling with poverty, stress, lack of effective parenting skills, isolation."*

One participant chose to seek a supervision order from the courts, as it would allow more time for her to work with the family, even though it would be court-mandated engagement:

> *By having a supervision order, I would hope that on-going monitoring would result in on-going acceptance of services. Also, there would be more opportunity to observe this family over a longer period of time and may be able to develop a useful RRSP* [Risk Reduction Service Plan, Risk Decision 6].

Community materialized as a substitute for the lack of information in the determination of risk. Question six of the on-line survey asked participants to reflect on their knowledge of their community and its available services and what role did this knowledge have on the experience of assessing and determining a level of risk. One participant located her understanding of community's role within her work as such: *"A person who is local and knows the people in the community would also know whether there is a risk or not."*

Others noted:

> *... it would affect how I would score because we are penalizing people for our expectations of them to be attending non-existent services or services they can utilize*

> *if they are patient enough to wait for months and by then they* [services] *may not be needed.*

> *In this case, Mr. Sears has a suspected mental health condition. In some communities, he could be seen, diagnosed and possibly treated expediently, lowering the risk if he cooperates. In some communities where this is not possible, risk remains high.*

One-participant stated that knowing community capacity would not influence her scoring but it could influence her practice with the family and the intervention that she might be directed to take by her supervisor:

> *Lack of services or programs would not shape my scoring, but it would shape the course of action If I worked in a community where we did not have outreach services, or people to counsel the parents about anger management, or people who could teach different methods of coping mechanisms, I would be directed to remove the kids.*

Practice Differences

The comprehensive risk assessment document provides a standardized format that gives structure to information gathering and its recording. This uniformity provides for a one-size-fit all perception that the document is universally applicable to all situations assessing the likelihood of risk, and in actuality, the data seems to support this theory to some degree. The standardized format not only provides a structured manner in which risk is assessed it also helps to shape and define practice for the participants.

For example, the nature of a client's involvement with MCFD requires the opening of a family services file categorized as either non-protection (support file) or protection. This labelling works to establish that risk does exist even before a CRA is completed. One participant finds herself disposed to a certain way of thinking because of this labelling and knows that there will be a finding of risk once she completes the CRA:

> *So if you are at that point that you are doing a risk assessment then it's usually a protection file, you know that the finding* [will be] *that the children need some intervention to ensure their safety.*

Knowing that there is a relationship between the level of risk and the reason for MCFD involvement, for some participants this engenders a feeling of anxiety, particularly concerning protection files when there is limited information on which to base an in-depth assessment. Organizational pressure can exist resulting from court-related requirements and team leaders who are trying to determine whether a file is to remain open for further monitoring or be closed. For one participant these pressures affect her scoring of the risk factors within the CRA:

> *I try to score according to what the information given reveals, however, when I feel there could be pressure from a case then an instinct could be to score higher so that there is no mistake there could be potential problems, and I used the CRA properly, and in turn if something goes wrong it does not reflect on me.*

Other participants identified that the risk assessment tool had lost its influence in providing structure and guiding the work. Often, given the lack of time to work with clients in gathering information coupled with doubt about the document's effectiveness in their work, individual practice becomes a substitute for information that could not be gathered, as did community knowledge earlier on. In such cases the CRA took a back seat role in practice:

> *Familiarity with the families in question, increased case load giving less time to complete the CRA, finding the information*[contained in previous CRAs] *less meaningful as more information is available in case notes and experience."*

Another suggested:

> *...if we practice with confidence, we already know our families and what needs to be worked on without trying to use a guideline, which is in essence biased.*

Yet another participant sees the CRA much like a photo album of pictures, giving a snapshot of a place in time, and with subsequent workers adding photos to reflect changes as the album moves with the family from worker to worker:

> *... I have always just seen the CRA as tool that provides a quick snapshot of information to the FS* [family service] *workers from Intake workers, not a clear and concise indicator of risk prediction in the future.*

One participant summarized the essence of her practice within the context of written and verbal discourses, the uncertainty of the work, and belief or not of the effectiveness of the CRA as such: "*I think we all have one universal language in that we all want to protect our kids."*

Focus Group Themes

As stated earlier, the three themes that came out of the thematic analysis of the online survey (the scoring of risk, the use of the CRA and the participant's perception of its usefulness or inadequacies, and the presumption of risk prior and during the completion of the CRA) were used in the development of the eight focus group questions to allow for further expansion on the themes. The participants had the opportunity to test their assumptions and beliefs against other child protection workers in a telephone focus group setting.

The Meaning of the Experience

The Experience of Assessing Risk

As in the on-line survey, the participants attempted to define themselves within the experience of assessing risk. For one participant her experience was defined through a sense of personal responsibility and accountability to the process; her attempt for steadiness in a difficult and challenging job:

> *...you own your practice so you could work in the most dysfunctional crisis-laden situation in an institution but in the end of it you own your own practice. So you still at the end of every day, you determine how you have worked with people, how you have rated the stuff; you own it. There are some days that this is the only thing that has carried me through.*

For one participant it is knowing the limitations between family service work and intake and assessment work, which provides and shapes her experience particularly around time constraints: "*...you know you are on intake, you do the best you can, but that is why we give it to FS*[family service] *so that they can develop those relationships with the families.*"

Professional versus Personal

Professional influences (training, practice standards, textual discourse) and the personal (beliefs, values) deeply influenced the participants' practice in assessing risk. Participants used phrases such as "*another set of eyes*", "*I questioned myself*", and "*leaving your own values and biases at the door*" to describe the pursuit to understand the connection between the professional and the personal. As one participant reflected on her attempts not to bring personal influences to her work, she acknowledged that she has become less anxious about the challenge overtime:

> *For myself, personally, there were a few times when I questioned myself as to are you using your own personal values, personal experience that you deal with? Because it is obviously something not difficult to do but it challenges you because a few times I'd be thinking to myself oh man you know that really shouldn't be happening* [allowing values and beliefs into the assessment of a situation] *but I've learned that I am putting my own values onto this situation. It is not easy but I think as you go along it gets better.*

One participant described her experience as needing to step back and placing herself in the client's situation and letting go of what she knows in order to assess without bias:

> *The things that I don't think are fair with the risk assessment is things like I have often said walking into people's lives and seeing what their circumstances were. You know, if I didn't have money to feed my kids and if I had lived the experiences that I had, I don't know that I would have any other options other than to do what they are doing just to survive on a day-to-day basis, and if that is numbing out on drugs and alcohol or whatever, I am not thinking that I would be in any different situation than the people that I have worked with. So it's pieces like that, it's part of a bigger issues, it's all about societal things and all of those institutional things that we learned about in school.*

Another participant commented:

> *You grow up yourself as a child knowing what happened in your family because your*

> *own family and you have your own family values. And whether you like it or not it still has an impact on your practice and your person. I mean there is no way around it. Even though the people we deal with have different circumstances with regards to situations in your lives, the background they come from, etc., right?*

Dialogue was identified as a power tool in the search for balance: *"...whenever I need clarification then I go to a senior worker and say what is going on and get support from your staff or co-workers and have a chat about it then you feel better...."* Still others described a process of having "*another set of eyes*" to find that sense of balance, coupling this with conversation with co-workers and the team leader:

> *I think for me I always had to check, is this a risk to a child or is the issue child endangerment, or is the issue like a quality of life kind of thing. So I just think about situations where we walk in, and yeah it's not a great situation, but are the kids safe? Yes. As so just that balance, but it's a fine balance, and there is no black and white. It's tricky and that's why I like going out with students, I love having co-workers come along if it was high risk because I really value the extra set of eyes, because it's nice to balance it off with somebody so that you can have those checks and balances, is this risk? Or is this my own stuff? I don't know. Again, I think it comes back to just being open and questioning yourself and bringing it back to a team leader if you have a supportive team leader or team members so that you can just talk it out and try to figure that stuff out.*

The participants described the examining of assumptions and talking of experiences through conversations with co- workers and team leaders as being beneficial to their practice. It provided validation for the work carried out and shaped the experience by being able find the balance between the professional and personal. Through the reframing of an experience through dialogue, a participant was able to understand that the resistance of clients is not about her as an individual, but rather about the client and their struggles being involved in an investigation with MCFD:

> *If you think about it when people are in crisis their mindset is completely different because they are at a defence* [defensive] *right? Compared to 3 or 4 weeks down the road when they are actually laying down their defences saying okay* [to MCFD involvement].... *when I went back and talked with someone*[co-worker]...*at that point to me it was like well you know I thought of it different. But the minute they brought it up* [a client's reaction MCFD's child protection concern] *I never really thought of those things when people are under a lot of stress or whatever is happening in their lives.*

The professional influence also goes home with one at night. Finding a personal setting away from professional thoughts can be a hard to achieve. One participant she reflected on her struggle to find a way to lessen the influence of work when at home:

> ...*for the first while there* [working at MCFD office] *I had a list going and* [would] *say okay, I've got to remember to ask this, this and this, right, and I still do that to a certain extent... if I'm driving home at night, or even in the shower, I'm thinking, all right, to sharpen my game I am going to this and this.*

Reflection on Practice

Information Gathering

Participants understood that the interaction between themselves and their clients was an interpersonal process where the product was not only developing a relationship with clients to help and offer supports, but also the act of seeking information upon which to base their assessment of risk. The assessment of risk requires the asking of intrusive private questions of clients and becomes a bit easier as experience is gained:

> *...I think over the years that we become more comfortable with values, asking clients of different cultures and backgrounds, you know, what is their culture, what are the values in their culture and what is the reason and who would be responsible for this....*

For one participant another import element in the relationship-building is done right upfront by being open and respectful of her clients as well as being aware of the role one has to perform in assessing risk:

> *I am as honest as I possibly can be. So sitting down at that table saying " Look" and usually people for the most part by the time, in my experience, they get to court if the kids have been removed and if we are talking about supervision or any of those pieces, they are starting to recognize that Yes I do have a problem , so most times people that I have sat with on the whole, are saying yes I have a problem and yes I have to do something about it and if they say for example " I don't want to go to this agency because they are awful or they don't work or I don't like counsellors or whatever." Then I am just as honest as I can be.... unless we come up with a movement, unless we come up with a plan together then there is not going to be any movement ahead* [court or removal are then options again]. *So usually it is just talking and trying to explain what is going to happen if you don't do this and the reality is if you don't do this then we are going to end up going back to court and showing the judge that there hasn't been any movement and he is going to make*

> *decisions based on what he thinks is in the best interest of the kids.*

One participant illustrates her frustration in being unable to realize the work of relationship building and gathering information because of the caseload demands:

> *...I don't know that I ever felt like I ever had gotten a clear enough picture* [on risk level], *and when I say that I'm think about the time restraints and the unmanageable level of case load that I had, like just absolutely unable to do the work that I would liked to have done....*

If we were to add another variable to the issues of gathering information, it would be the struggles of assessing cultural differences within the framework of the CRA where the risk assessment model lacks cultural sensitivity. However, some see the CRA and the risk assessment model as providing a safe climate under which to practice cultural work. It helps to remove possible criticism of bias, as the tool is described as universal in its application:

> *...I think we've talked about the things missing from it* [CRA] *or* [how] *could it be done better, but I wouldn't want to do this* [assessing risk] *without that* [CRA] *...because it is a tool that can lead us and help us through that stuff* [cultural biases]*...I wouldn't want to do it* [assess risk] *without it that's for sure.*

One participant, who identified herself as aboriginal believes that the CRA and the risk assessment model were secondary to the protection of children. She maintains that the CRA document is universally applicable and can accomplish the fundamental goal of assessing the likelihood of future harm:

> *...I am of aboriginal culture...and I work with people through crisis... and I am Thaltan First Nation and I think it is important to consider different culture and values but also one thing we need to remember, this is my personal opinion, is that*

> *when it comes to children we have no different values to protect our children. I think that is one good thing that we need to refer back to no matter what culture we come from.*

Additionally, another participant sees the document as unable to capture the full picture of family functioning within the context of community, society and family as its design does not allow it to:

> *The risk assessment does not really capture that* [cultural piece].... *this is not the individual's problem, it's a bigger problem. So to me it's not really a cultural piece that makes it unfair* [the CRA], *but it's all those missing pieces that you know* [information collected] *but where do you put that in the risk assessment? This single mom is struggling because this is her whole life experience and if we change the system* [poverty, housing] *then her situation would change* [potentially influencing the rating within the CRA].

There were two struggles identified by the participants in the information gathering process that were particularly troublesome to the participants. One is the struggle to engage families who are not willing to work with a child protection worker in the investigation of an allegation of neglect or abuse. The second being from the organizational level where the assessment of risk needs to be established so that a file can be transferred from the intake worker, where the assessment and investigation of the call took place, to a family service worker for ongoing work with the family.

The consequence of quickening the process of establishing risk or working with reluctant clients is that the final product (risk level) will be incomplete with some of the 23 risk factors within the CRA scored at a "9," (unknown). When asked to reflect back on the online survey and their scoring of the CRA with the limited information provided in the scenario and to talk about their feelings about leaving some of the risk factors unrated, one participant stated:

> *I think for me I tried, and I was used to having very little information, because I just did intake, so I* [usually] *didn't have a whole lot of history. In retrospect, I think that the only time that I really had to put in a 9 was around the parent* [P 1, Abuse or Neglect of Parent] *history, as a child.... Because usually it's kind of like what the other participant said, if you are kicking it to FS* [family service], *then usually there is enough information to put something in there. I think the only time I ever had to put in a 9 is if I didn't have any information about* [the] *historical because I couldn't get it from the file and the parents weren't willing to tell me about that stuff.*

Another participant states that it may not be a family's unwillingness that results in limited information, but not having asked the right question:

> *But I found that if you're going to have 9's, say...in the area of physical health, that you may not know that somebody has arthritis or something like that's not information that you gather quickly and readily..... But the mental health stuff we kind of pick up on a little faster and if there is an obvious physical disability...I might have 9's in that area because I don't think with the initial CRA, that I use, necessarily would go into that depth.*

The different techniques and perspectives on the use of the CRA along with the act of completing the CRA many times over, brings about a standardized way of gathering information. The experience offers a guide in how to build the relationship and gather the information along with a sense of security that comes with structure and for some it is a welcomed aspect to their practice:

> *...you come to do it automatically and you don't have to carry the book with you* [CRA handbook] *to refer to... and you have your own examples of question and how to gather the information needed.*

Practice Differences

The reaction to assessing risk manifested itself in diverse ways with the participants as they struggled to define their individual practice within organizational requirements. One participant noted that in her practice she needed to check her assumptions while developing her practice: "*...whenever I needed clarification then I'd go to a senior worker and say what is going on and get support ...and have a chat about it and then you feel better about it, right?*"

To explore how different pressures from the work molded practice, the participants were asked what their practice would reflect when pressured to complete a CRA for court purposes (protection hearing), or preparing the file for transfer to family service. One participant observed:

> *I think everybody would score or respond to that question differently. Like, if you are a social worker or if you have less experience, and it depends on how much contact you have had with this family....combined with the fact that you have not had much experience with this family and when you couple that all up with being under pressure to get the document done. I have felt that way and I think that there are a number of factors involved, one being new to the file, being a new social worker. I for one being a new social worker I want to do everything I can to ensure that the work I do is done properly. So I think all these things are pretty sad, but somehow you*

> *complete the CRA...good luck with families that are reluctant to work with you, so you don't complete the CRA in isolation, right?*

However, for one participant her practice reflected her belief that a far-reaching relationship with family was not required prior to a file transfer. For her, further work in developing family functioning would take place when the file transferred to the family service worker:

> *Well, I think for me, I'm just going to go back to what I was saying before, that if you don't have the time that you would like to sit down and really go through, because the idea is that you are supposed to sit down with the family and go through it together and if you can't do that? I don't know that I ever felt like I had ever gotten a clear enough picture, and when I say that I'm thinking about the time restraints and the unmanageable level of case load that I had, like just absolutely unable do to the work that I would have like to have done, but I do take into account what the other participants said was that year, you know your on intake you do the best that you can but that's why we give it to FS, so that they can develop those relationships with the families.*

Another participant acknowledged that relationship building is an aspect of her practice that suffers when there is a lack of time to gather information. It is important to her that her practice is respectful to clients and she realizes that at times it might not be:

> *...it all comes down to having the time to be able to sit down and have those conversations* [with clients] *and when you are running around on 50 intakes, how are you going to find the time to be able to sit down and put that amount of energy that needs to go into communication.*

The reality of the work frequently means that there is insufficient information to complete a thorough assessment of the likelihood of future risk particularly if family decides not to engage in the process. One participant has developed a pragmatic approach in assessing risk when faced with limited information. She describes how she reconciles reality of having limited information and the need to come up with a rating of risk as such:

> *...I understand that with my job that at the end of the day I know at some point when I am doing a CRA that I am not going to complete it 100%, obviously, I know that. But I still would like to have a lot of input from the family and whom I am working with, just to make some attempts to say hey look we want to do this with you and it becomes obvious after a while that your are not going to have the cooperation and end up getting information from the ministry or previous files.*

For another participant she sees the CRA as a way to validate her clinical judgment skills.

> *...the only time I ever thought about the risk assessment, was when I was doing it just to get the file transferred and this it was like okay, I think we assessed this right and it does need to go to FS, because look at these ratings. So for me it was just kind of something that needed to be done* [completing the CRA] *to get it to FS* [family service] *because that's what practice standards are ....*

The participants also addressed geographical practice differences in the availability of resources regarding a community's ability to help reduce the likelihood of future risk:

> *...as far as Prince George, I can't say that we have come up with any really creative ideas on how to bring in resources because we seem to have them, but I really do value the idea that we can place children with the parents of the good little friend*

> *who is willing to step in for a month...so the parent can get treatment or whatever....*

To those living in the Northwest one participant express how her cultural background influences her practice from a strengths based practice, as resources are limited in the Northwest part of the province:

> *...coming from a kinship community myself, I think that when we think about resources we could think of resources as family member.... But I think that in the past or even now we do that within our practice. We will canvass the community or out of the community to see who is available in the family or in the extended family....*

Through the process of placing their experience within the context of self and community, the participants found refuge in a place where they had control over their experience through the process of defining the essence of their experience from both a professional and personal realm, and as one participant described, her practice was a balancing act of: "*...not just experiences in the field but experience from the background that you come from [which] will influence you....*"

Each of the sub themes allowed for insight into parts of the job of a child protection social worker. The participants in this study very clearly articulated their struggles with separating the personal from the professional. Confronted with having to maintain the protective barriers of self-examination when assessing the actions of clients they were besieged with fears and uncertainties that threatened to engulf them as they struggled to develop a clear picture of themselves within the work.

Separately each of the sub themes captures the experience of assessing risk and provides insight into a work that few come to know or even wish to practice. The sub themes provide for an artificial understanding of the work, but when woven together form a portrayal of the experience of assessing risk that is sometimes difficult to grasp by those outside the experience, but powerful in its outcome.

Chapter 5: Discussion

The purpose of this study was to explore the experience of child protection workers in northern BC charged with the task of assessing risk for children considered to be "at risk." Some communities in northern BC are accessible solely by floatplane or boat, and others require long trips by motor vehicles, adding to the unique challenges of child protection work in the North. There are fundamental differences between child protection practice in rural northern communities and urban communities – not only because of distances between communities in the North and the cultural distinctiveness of these communities, but also because of the lack of professionals available to provide services and the lack of access to services to support families who become involved with Ministry of Children and Family Development. An additional level of complexity is added by the fact that the risk assessment model used by child protection workers was developed in urban communities and tested for reliability on families and cultural groups outside of Canada.

It was my own personal belief that the comprehensive risk assessment tool is not reflective of northern child protection practice, and simultaneously noticing in how the sometimes-inconsistent manner in which the CRA was completed, was the impetus my study. I was always conscious of how my own inner conflict often forced me to acknowledge and separate the effects of the personal, societal, educational, and organizational training when assessing risk. I wanted my work to reflect "northern issues", to be recorded as such in the assessment tool, but was unable to do so as the comprehensive risk assessment document did not allow for recording cultural and community diversity.

The act of reading and breaking the data down into emerging themes made me reflect on my personal practice. I began to relive certain experiences of assessing risk, situations that were particularly difficult because of northern practice issues and the lack of services for families. I was coming to understand the experience of assessing risk as it related to me.

The experience as described by study participants echoes a persistent struggle to find a balance between the self and the job as individual values and beliefs brought to the experience are blended with the professional nature of the work from organizational requirements. The struggle manifests itself in the discussion from the focus group in how to assess risk if information is lacking or they see some of themselves in the situation under enquiry.

It is clear the struggle for sense of balance does not only occur within the framework of the personal but also in the challenges of practicing in the north where large geographic distances and the lack of resources make a one-size-fit all approach difficult to realize. In this study, all the participants reaffirm the fact that the work needs to be adapted to meet the needs of clients living in large rural areas where the lack of services means resourcefulness is a necessary part of northern practice . However, most interesting was the awareness by the participants in how this built a foundation of creativity and originality that weaves its way through their practice.

The Meaning of the Experience

The study helped to provide insight into the personal struggles of workers as they attempted to define a sense of self within the highly structured field of child protection work. The participants in the study spoke of the need to disconnect personal biases and beliefs in their work; they wanted their work seen as objective. For some participants, the CRA was the way to achieve this objectiveness.

For child welfare agencies such as MCFD, a structured approach to assessing risk is seen as a way to accomplish the task of separating the personal from the professional, providing for a consistent manner of assessing risk by all child protection social workers, and for auditable work that will stand up to public criticism. The comprehensive risk assessment document succeeds in weaving its way through guiding principles, supervisor's clinical supervision of workers, and the discourse between co-workers. With child protection work textually driven by such tools as the CRA, it limits the ability of the workers to record and reflect in such documents as the CRA, diversity in community and cultural differences among clients. For the participants of the study, this structured worked to shape and influence their experience.

The participants spoke of first impressions on walking into to a home and making that initial assessment knowing that poverty and marginalization was the reason they were on the doorstep. One participant asks herself whether, if it were she investigated, what would be different for her from the way the client is living like now. Clare (2005) writes that assessing risk is fluid, since not every family situation is similar, and different economic and family strengths and weaknesses affect levels of risk. The participants know that each family they work with as they assess risk are different, and knowing that differences exist knits a sense of hesitation into the experience of using the CRA and its usefulness in diverse situations.

The review of the literature on the use of structured assessment tools reveals a divide among those authors who speak to the usefulness of a structured assessment tool and those who feel that it does not allow for practice that can adapt to different family and cultural settings. The formalization of risk assessment results in the controlled environment in which child protection work is done. For the study participants to experience the autonomy that allows fluidity in working with different families, they share their experiences with their co-workers and seek validation in their interpretation of the circumstances. Sharing experiences helps to diminish their feelings of uncertainty and anxiety in work that often requires working in what Tomison (2001) calls the “shades of grey.”

Gathering information is the main force behind the assessing of risk and helps to shape the experience of assessing risk. A relationship develops between child protection workers and clients, strained at times, as the difficult task of asking intrusive and private questions is carried out. However, the lack of time and workload issues regularly get in the way of the time that participants feel is need to gain an understanding of a client’s circumstances. This adds frustration and feeling that the camera lens they are assessing family functioning with needs to be changed so a wider focus is achieved.

Participants do not see the CRA document universally applicable to all situations under assessment. Of particular concern for the study participants, are cultural and community differences that the participants felt should be included in the final CRA document. The participants, along with researchers (Munro, 2002; Swift, 1995; Krane & Davies, 2000; Clare, 2005; Camasso & Jagannathan, 2000; Welbourne, 2002; and Murphy-Berman, 1994), are acutely aware of the fact that the risk assessment tool lacks cultural relevancy and that there may not be the required community resources to help reduce the risk level. However, what the participants echo is the need to be creative when it comes to planning around what services, steps, and approaches one will use when working in a community with limited resources.

Ulrich Beck (1992) writes that risk is socially constructed, and society determines what risk is acceptable and unacceptable and influences the responses to address identified risks. Rural child protection work often means that services are limited, and risk level is discussed with a team leader so it reflects community's response to risk. For agencies working in the North, community capacity, political and social make-up of Aboriginal communities, and the ability to call on family to help in reducing risk all play a part in orchestrating the acceptable and unacceptable level of risk for a particular situation.

Reflection on Practice

The structured approach of the risk assessment tool guides work and helps to validate that the social workers had succeeded in approaching and interpreting an investigation objectively. The importance of establishing a strong relationship to the work brings about a way to look at risk situations that requires the worker to work within different systems at the same time, at the society, community, and personal levels (Baird & Wagner, 2000; Wald & Woolverton, 1990). The relationship the participants have with the risk assessment document helps to shape practice and according to van Manen (1990), such a relationship works to place one physically within one's experience.

The data was to show that two distinct practice forms exist among the participants. The first group talked of their struggle with the risk assessment tool and its connection to the task of interviewing and gathering information so they could complete the CRA and rate the 23 risk factors. For this group they need to feel they have managed to capture a thorough picture of family functioning. Others identified the risk assessment document as a way to bring about a feeling of being in charge of the emotional rollercoaster when assessing a child protection case and feeling as if they have been able to assess objectively, in the face of limited information, by checking in with co-workers, and team leaders.

Looking at research on the use of risk assessment models and the effectiveness of actuarial models, in particular, Munro (2002) notes that the manner in which workers complete the assessment tool is swayed by influences such as practice wisdom, training, and personal and professional points of view. The development of individual practice occurs not only through the work with the CRA, but also through relationships with co-workers and team leaders. This develops a consensus approach to risk, providing a means for purposeful action regarding a situation.

It was in this area that finding a balance between one's professional influences such as training and personal influences including one's belief and values, turned out to be a challenge for the participants. It was here that the participants expressed such terms as "*another set of eyes*", "*I questioned myself*", and "*leaving your own values and biases at the door*." Participants talked of stepping back and placing oneself in the place of the client to achieve the essence of what the client was experiencing.

Dialogue was the method identified that enabled the participants to process what it was they were experiencing and wanting to know if it was a personal or professional interpretation of the situation. The participants all agreed that they bring to the job familial influences that might influence the assessment of risk. Thereby, reframing experiences through dialogue allowed for different interpretations of situations, to be discussed, providing the opportunity to see that risk comes in all different forms, or that what on the surface appears to be a risk is not. Each participant in the focus group noted that through dialogue and processing information that is not familiar, they further developed their practice and better grasped their professional interpretation of the situation.

Respectful Practice

The results of this study confirm that a standardized method of assessing risk cannot capture the differences in child protection practice between urban and rural areas. Rather, standardized risk assessment causes inner struggles among the participants as they attempt to engage in the purposeful action of assessing risk in a way that is respectful of differences. As many of the participants indicated, the risk assessment document needs to reflect in a better manner the different circumstances of clients; culturally, socially, and relationally.

Social work practice often involves working with individuals who are oppressed, and, according to Mullaly (1997), it is important to understand the impact of a structured practice not only on clients but on social workers as well. Besides being unable to shake the feeling of discomfort resulting from the adjustment to the procedural reality of child protection work, participants in the study also experienced the loss of idealism about what it means to be a social worker as they were burdened by heavy case loads and the lack of time in developing meaningful relationships with their clients.

Impact on policy and practice

The current study has relevance to child protection work, as the experiences of the participants in this study may contribute to the redesign of policy, influence training, and assist in the implementation and evaluation of new risk assessment tools to help address the practice struggles described by child protection workers trying to implement a structured way of assessing risk into circumstances that are different not only from family to family but region to region.

Those delivering child welfare training will need to provide students with the analytical skills in how to address the issues of diversity and geographical isolation in their practice within a structured work environment that might not allow for the integration of these issues. Workers need to become “change agents” so they can ensure that family members become active partners in the experience of assessing risk.

MCFD has attempted to address the issues of isolation and cultural relevancy through two means: one through education and the other practice focused. The education route saw a partnership with the University of Northern British Columbia, focusing on child welfare specialization and increasing the number of aboriginal workers in the ministry. The training and teaching included a standardized method of assessing risk, but with a critical lens. In practice, it was the implementation a family development response (FDR) to assessing risk. In a FDR response, the protection social workers engage with families for a comprehensive 90 days with the goal being for the file to be closed as intensive supports and services have been directed at the family addressing protection concerns working to decrease or even eliminate the likelihood of future risk. The assessment of risk in a family development response is by means of an actuarial model, but the response to the risk is no longer deficit based but rather strength based as social workers attempt to find out what is working within families and build upon those strengths in combination with community supports.

This study has raised questions that could influence further research into the experience of assessing risk: What policy changes will be needed to address the differences between urban and rural practice? What are the influences of child protection educators on new child protection workers who challenge the current model of assessing risk? What are the influences of senior workers on new workers in the risk assessment decision-making process? Through research such as this, broader advocacy and policy changes might be possible as the research points to the need for changes in the way risk is assessed within the context of culture, and geographical challenges found within MCFD's five regions if respectful and strength based practice is to be the goal of working with families. A small number of voices who work with the CRA have been heard in this project, it is hoped that those who design policy will understand and see the need to design policy and implement practice tools that speak to the differences found within BC, and those that encounter MCFD child protection workers.

Limitations

Some of the limitations of this study are implicit in the method and can be identified without difficulty, while others are less obvious, and are therefore not so easily identified. Additionally, this study involved a non-representative sample of six female participants. The sample was small and the participants may have been uncharacteristic of the stakeholder group they represented.

A further limitation of this study is the way in which my experiences over the past eight years of involvement, both direct and indirect, in the field of child welfare might influence the research. My own personal experience placed me within the inquiry and provided the focus on the why, how, what, where, and when of the experience, this pre-understanding permitted me to be an active participant in the study. All scholars occupy a particular social location, and theories derived from that location might not be inclusive of voices from the margins, where culture or ethnicity are defining dimensions of the experience. Arbitrary formulations of pre-understanding or lack of reflexivity during the research process could have led to potential bias in the findings.

Another potential limitation involves the use of teleconference focus groups. While there are some obvious benefits of teleconference or online focus groups, such as cost efficiencies in a geographically dispersed population, quality of life issues (no need for participants to leave their homes or offices), and (in an asynchronous format) the ability of participants to respond when it is convenient for them, there are several potential disadvantages that must be noted. First, the role and skill of the moderator in managing the discussion is crucial to the efficient operation of the group. I have considerable experience facilitating conference call discussions, but found it taxing in this situation to pay close attention to the voices at the other end. I wonder about the extent to which I was able to ensure that everyone was actively participating in the discussion while listening deeply to the conversations. Second, there are several limitations in the area of group dynamics. Lack of nonverbal cues and the absence of vocal cues (e.g., inflection and intonation) could have had a negative effect, as offence may be taken more easily and meanings misconstrued.

Further Research

This qualitative study endeavoured to understand the phenomenon of the experience of assessing risk through the lived experiences of child protection workers working for the Ministry of Children and Family Development in northern British Columbia. The study shows that the essence of the lived experience of child protection workers who are required to assess risk is a persistent struggle to incorporate a risk assessment tool into practice, while believing that the tool lacks the ability to assess diverse family circumstances, and balancing this within their own personal beliefs, values, and biases each worker brings to the work.

Through the findings presented in Chapter 4, it is apparent that further research is warranted in the area of how workers sort out and understand their feelings, attitudes, and beliefs about the practice of assessing risk by structured means. It is also apparent that child protection workers need specific skills and resiliency in the context in which their work is carried out, so that they feel they have produced good quality and reliable risk assessments. A standardized method of assessing risk requires buying into the process by those using the risk assessment tool and feeling that the tool is reflective of a family situation.

Conclusion

It is hoped that this research will provide a starting point for discussions by child protection workers, team leaders, community service managers, and those writing policy, and practice standards on the effectiveness of a standardized child welfare practice, and its influence on those who work within such a structure. Most importantly, it is hoped that such a discussion will help child protection social workers come to understand that as individuals we not alone in the struggle to finding a balance between the personal and the professional. It is a collective struggle.

The question to be answered is it possible to develop a standardized risk assessment model across the province or do we "individualize" to reflect cultural, diversity, dominant oppression, and bigger societal structural impacts upon individuals.

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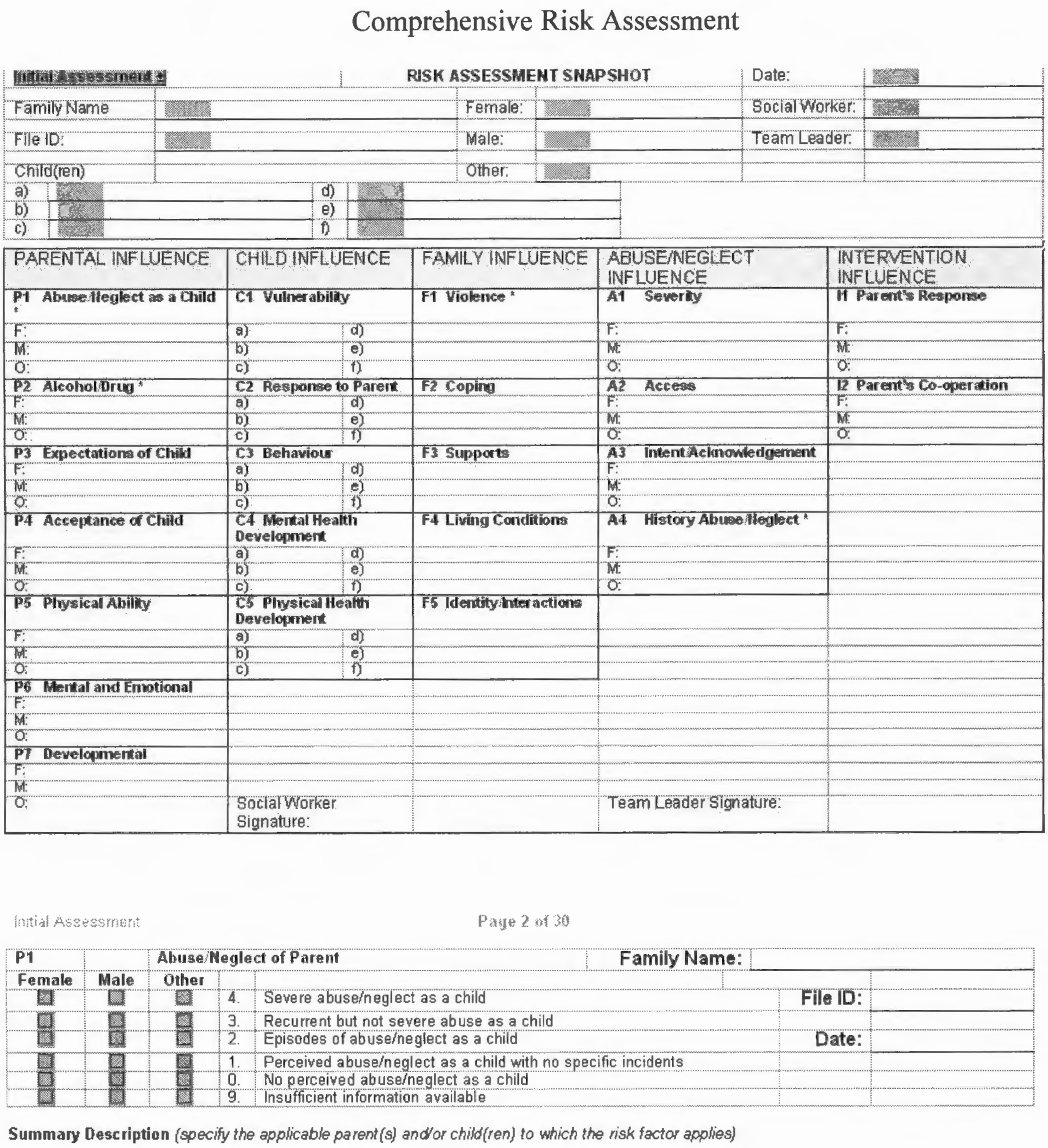
Appendix A

Comprehensive Risk Assessment



Comprehensive Risk Assessment

Initial Assessment		**RISK ASSESSMENT SNAPSHOT**		Date:	
Family Name		Female:		Social Worker:	
File ID:		Male:		Team Leader:	
Child(ren)		Other:			
a)		d)			
b)		e)			
c)		f)			

PARENTAL INFLUENCE	CHILD INFLUENCE		FAMILY INFLUENCE	ABUSE/NEGLECT INFLUENCE	INTERVENTION INFLUENCE
P1 Abuse/Neglect as a Child *	**C1 Vulnerability**		**F1 Violence ***	**A1 Severity**	**I1 Parent's Response**
F:	a)	d)		F:	F:
M:	b)	e)		M:	M:
O:	c)	f)		O:	O:
P2 Alcohol/Drug *	**C2 Response to Parent**		**F2 Coping**	**A2 Access**	**I2 Parent's Co-operation**
F:	a)	d)		F:	F:
M:	b)	e)		M:	M:
O:	c)	f)		O:	O:
P3 Expectations of Child	**C3 Behaviour**		**F3 Supports**	**A3 Intent/Acknowledgement**	
F:	a)	d)		F:	
M:	b)	e)		M:	
O:	c)	f)		O:	
P4 Acceptance of Child	**C4 Mental Health Development**		**F4 Living Conditions**	**A4 History Abuse/Neglect ***	
F:	a)	d)		F:	
M:	b)	e)		M:	
O:	c)	f)		O:	
P5 Physical Ability	**C5 Physical Health Development**		**F5 Identity/Interactions**		
F:	a)	d)			
M:	b)	e)			
O:	c)	f)			
P6 Mental and Emotional					
F:					
M:					
O:					
P7 Developmental					
F:					
M:					
O:	Social Worker Signature:			Team Leader Signature:	

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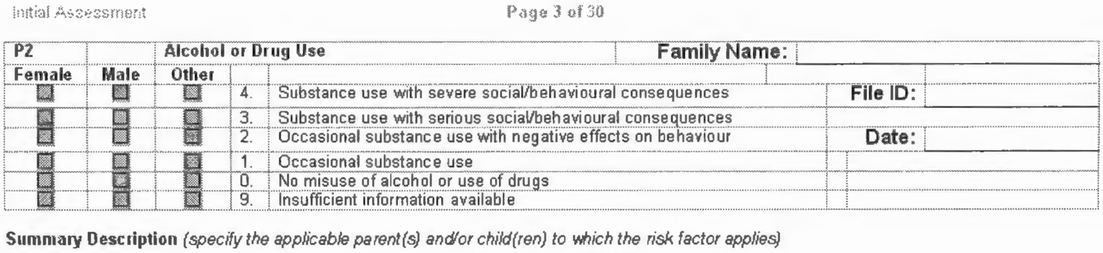
P1		**Abuse/Neglect of Parent**			**Family Name:**	
Female	**Male**	**Other**				
☐	☐	☐	4.	Severe abuse/neglect as a child	**File ID:**	
☐	☐	☐	3.	Recurrent but not severe abuse as a child		
☐	☐	☐	2.	Episodes of abuse/neglect as a child	**Date:**	
☐	☐	☐	1.	Perceived abuse/neglect as a child with no specific incidents		
☐	☐	☐	0.	No perceived abuse/neglect as a child		
☐	☐	☐	9.	Insufficient information available		

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*



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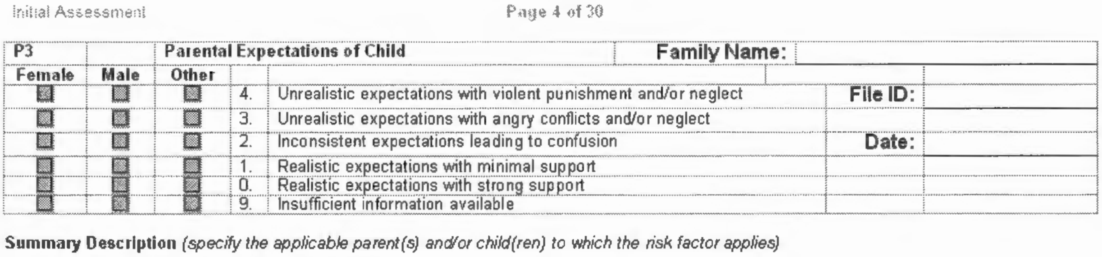
P2		**Alcohol or Drug Use**			**Family Name:**	
Female	**Male**	**Other**				
☐	☐	☐	4.	Substance use with severe social/behavioural consequences	**File ID:**	
☐	☐	☐	3.	Substance use with serious social/behavioural consequences		
☐	☐	☐	2.	Occasional substance use with negative effects on behaviour	**Date:**	
☐	☐	☐	1.	Occasional substance use		
☐	☐	☐	0.	No misuse of alcohol or use of drugs		
☐	☐	☐	9.	Insufficient information available		

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*



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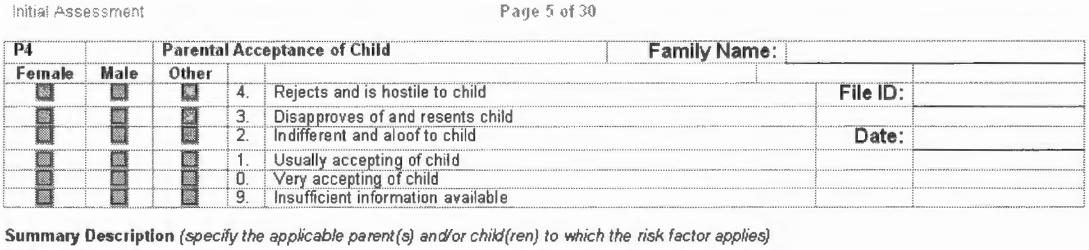
P3		**Parental Expectations of Child**			**Family Name:**	
Female	**Male**	**Other**				
☐	☐	☐	4.	Unrealistic expectations with violent punishment and/or neglect	**File ID:**	
☐	☐	☐	3.	Unrealistic expectations with angry conflicts and/or neglect		
☐	☐	☐	2.	Inconsistent expectations leading to confusion	**Date:**	
☐	☐	☐	1.	Realistic expectations with minimal support		
☐	☐	☐	0.	Realistic expectations with strong support		
☐	☐	☐	9.	Insufficient information available		

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*



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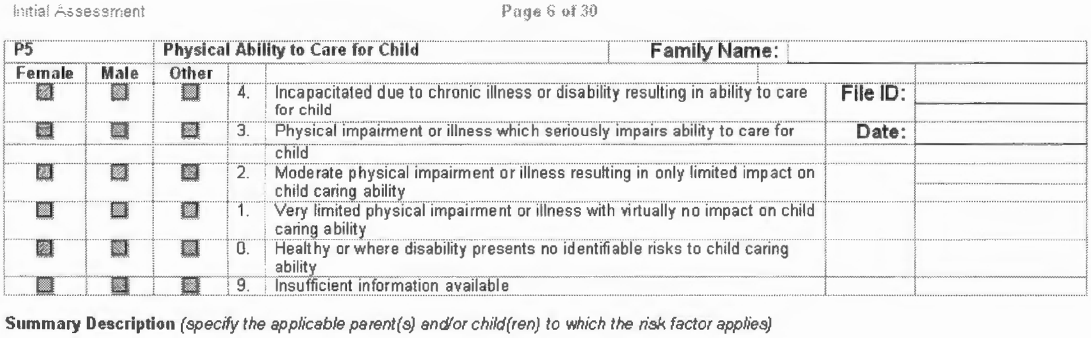
P4		**Parental Acceptance of Child**			**Family Name:**	
Female	**Male**	**Other**				
☐	☐	☐	4.	Rejects and is hostile to child	**File ID:**	
☐	☐	☐	3.	Disapproves of and resents child		
☐	☐	☐	2.	Indifferent and aloof to child	**Date:**	
☐	☐	☐	1.	Usually accepting of child		
☐	☐	☐	0.	Very accepting of child		
☐	☐	☐	9.	Insufficient information available		

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*



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P5		**Physical Ability to Care for Child**			**Family Name:**	
Female	**Male**	**Other**				
☐	☐	☐	4.	Incapacitated due to chronic illness or disability resulting in ability to care for child	**File ID:**	
☐	☐	☐	3.	Physical impairment or illness which seriously impairs ability to care for child	**Date:**	
☐	☐	☐	2.	Moderate physical impairment or illness resulting in only limited impact on child caring ability		
☐	☐	☐	1.	Very limited physical impairment or illness with virtually no impact on child caring ability		
☐	☐	☐	0.	Healthy or where disability presents no identifiable risks to child caring ability		
☐	☐	☐	9.	Insufficient information available		

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

Initial Assessment Page 7 of 30

P6		**Mental/emotional ability to care for child**			**Family Name:**	
Female	**Male**	**Other**				
☐	☐	☐	4.	Severe mental/emotional disturbance resulting in inability to care for child	**File ID:**	
☐	☐	☐	3.	Serious mental/emotional disturbance which seriously impairs child caring ability; no support or inadequate support for consistently meeting child's needs for safe effective parenting	**Date:**	
☐	☐	☐	2.	Moderate mental/emotional disturbances with limited impairment of child caring ability		
☐	☐	☐	1.	Symptoms of mental/emotional disturbance or developmental disability with no impact on child caring ability		
☐	☐	☐	0.	No identifiable mental/emotional disturbance		
☐	☐	☐	9.	Insufficient information available		

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

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P7		**Developmental Ability to Care for Child**			**Family Name:**	
Female	**Male**	**Other**				
☐	☐	☐	4.	Severe developmental disability resulting in inability to care for child	**File ID:**	
☐	☐	☐	3.	Serious developmental disability which seriously impairs child caring ability	**Date:**	
☐	☐	☐	2.	Moderate developmental disability with limited impairment of child caring ability		
☐	☐	☐	1.	Minor developmental disability with no effect on child caring ability		
☐	☐	☐	0.	No identifiable developmental disability		
☐	☐	☐	9.	Insufficient information available		

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

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C1				**Child's Vulnerability**				**Family Name:**	
Child									
a	**b**	**c**	**d**	**e**	**f**			**File ID:**	
☐	☐	☐	☐	☐	☐	4.	Child 5 years old or younger, or older child with special needs, or child not visible to community	**Date:**	
☐	☐	☐	☐	☐	☐	3.	Child older than 5 years old, not regularly accessible to community observation		
☐	☐	☐	☐	☐	☐	2.	Child is under 12 years old, attends school, daycare or early childhood development program		
☐	☐	☐	☐	☐	☐	1.	Child is over 12 years old, and younger than 16 years old		
☐	☐	☐	☐	☐	☐	0.	Child is 16 years old or older, with adequate self-sufficiency skills		
☐	☐	☐	☐	☐	☐	9.	Insufficient information available		

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

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C2				**Child's Response to Parent**				**Family Name:**	
Child									
a	**b**	**c**	**d**	**e**	**f**			**File ID:**	
☐	☐	☐	☐	☐	☐	4.	Extremely anxious with uncontrolled fear, withdrawal or passivity		
☐	☐	☐	☐	☐	☐	3.	Very anxious with negative, disruptive and possibly violent interaction	**Date:**	
☐	☐	☐	☐	☐	☐	2.	Moderately anxious with apprehension and suspicion toward parent		
☐	☐	☐	☐	☐	☐	1.	Marginally anxious with some hesitancy toward parent		
☐	☐	☐	☐	☐	☐	0.	Child trusts and responds to parent in age-appropriate way		
☐	☐	☐	☐	☐	☐	9.	Insufficient information available		

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

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C3							**Child's Behaviour**	**Family Name:**	
Child									
a	**b**	**c**	**d**	**e**	**f**			**File ID:**	
☐	☐	☐	☐	☐	☐	4.	Dangerous behaviour problems		
☐	☐	☐	☐	☐	☐	3.	Serious behaviour problems	**Date:**	
☐	☐	☐	☐	☐	☐	2.	Moderate but pervasive behaviour problems		
☐	☐	☐	☐	☐	☐	1.	Minor behavioural problems		
☐	☐	☐	☐	☐	☐	0.	No significant behavioural problems		
☐	☐	☐	☐	☐	☐	9.	Insufficient information available		

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

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C4							**Child's Mental Health and Development**	**Family Name:**	
Child									
a	**b**	**c**	**d**	**e**	**f**			**File ID:**	
☐	☐	☐	☐	☐	☐	4.	Severe mental/emotional disturbances or extreme developmental disability results in inability to function independently	**Date:**	
☐	☐	☐	☐	☐	☐	3.	Serious mental/emotional disturbances or developmental delay impairs ability to function in most daily activities		
☐	☐	☐	☐	☐	☐	2.	Moderate mental/emotional disturbances with minimal impact on daily activities		
☐	☐	☐	☐	☐	☐	1.	Symptoms of mental/emotional disturbance with minimal impact on daily activities		
☐	☐	☐	☐	☐	☐	0.	No identifiable mental/emotional disturbance or developmental delay		
☐	☐	☐	☐	☐	☐	9.	Insufficient information available		

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

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C5							**Child's Physical Health and Development**	**Family Name:**	
Child									
a	**b**	**c**	**d**	**e**	**f**			**File ID:**	
☐	☐	☐	☐	☐	☐	4.	Severe physical illness, disability, or lack of physical development; requires medical care	**Date:**	
☐	☐	☐	☐	☐	☐	3.	Serious physical illness, disability, or lack of physical development; restricts activities without special care		
☐	☐	☐	☐	☐	☐	2.	Moderate physical illness, disability, or lack of physical development; restricts activities somewhat but overcome with special care		
☐	☐	☐	☐	☐	☐	1.	Mild physical illness, disability, or lack of physical development; does not restrict activities		
☐	☐	☐	☐	☐	☐	0.	Healthy and no obvious physical illness, disability or lack of physical development		
☐	☐	☐	☐	☐	☐	9.	Insufficient information available		

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

Initial Assessment Page 14 of 30

F1		**Family Violence**	**Family Name:**	
F				
☐	4.	Repeated or serious physical violence or substantial risk of serious physical violence in household	**File ID:**	
☐	3.	Incidents of physical violence in household; imbalance of power and control	**Date:**	
☐	2.	Isolation and intimidation; threats of harm		
☐	1.	Verbal aggression		
☐	0.	Mutual tolerance		
☐	9.	Insufficient information available		

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

Initial Assessment Page 15 of 30

F2		**Ability to Cope With Stress**	**Family Name:**	
F				
☐	4.	Chronic crisis with limited coping	**File ID:**	
☐	3.	Prolonged crisis strains coping skills		
☐	2.	Stabilized after period of crisis	**Date:**	
☐	1.	Resolution without adverse affect		
☐	0.	Free from stress influence		
☐	9.	Insufficient information available		

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

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F3		**Availability of Social Supports**	**Family Name:**	
F				
☐	4.	Effectively isolated	**File ID:**	
☐	3.	Some support, but unreliable		
☐	2.	Some reliable support, but limited usefulness	**Date:**	
☐	1.	Some reliable and useful support		
☐	0.	Multiple sources of useful and reliable support		
☐	9.	Insufficient information available		

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

Initial Assessment Page 17 of 30

F4		**Living Conditions**	**Family Name:**	
F				
☐	4.	Extremely unsafe; multiple hazardous conditions that are dangerous to children and have caused mental injury or illness	**File ID:**	
☐	3.	Very unsafe; multiple hazardous conditions that are dangerous to children	**Date:**	
☐	2.	Unsafe; one hazardous condition that is dangerous to children		
☐	1.	Fairly safe; one possibly hazardous condition that may harm children		
☐	0.	Safe; no hazardous conditions apparent		
☐	9.	Insufficient information available		

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

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F5		**Family Identity and Interaction**	**Family Name:**	
F				
☐	4.	Negative family interactions	**File ID:**	
☐	3.	Family interactions generally indifferent		
☐	2.	Inconsistent family interactions	**Date:**	
☐	1.	Family interactions usually supportive		
☐	0.	Family interactions typically supportive		
☐	9.	Insufficient information available		

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

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A1		**Severity of Abuse/Neglect**			**Family Name:**	
Female	**Male**	**Other**				
☐	☐	☐	4.	Extreme abuse/neglect or likelihood of extreme abuse/neglect	**File ID:**	
☐	☐	☐	3.	Serious abuse/neglect or likelihood of serious abuse/neglect		
☐	☐	☐	2.	Moderate abuse/neglect or likelihood of moderate abuse/neglect	**Date:**	
☐	☐	☐	1.	Minor abuse/neglect or likelihood of minor abuse/neglect		
☐	☐	☐	0.	No indication of abuse/neglect		
☐	☐	☐	9.	Insufficient information available		

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

Initial Assessment Page 20 of 30

A2		**Access to child by person who has abused or neglected or may abuse / neglect a child**			**Family Name:**	
Female	**Male**	**Other**				
☐	☐	☐	4.	Open access with no adult supervision	**File ID:**	
☐	☐	☐	3.	Open access with ineffective adult supervision		
☐	☐	☐	2.	Open access with effective adult supervision	**Date:**	
☐	☐	☐	1.	Limited access with effective adult supervision		
☐	☐	☐	0.	No access to child		
☐	☐	☐	9.	Insufficient information available		

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

Initial Assessment Page 21 of 30

A3		**Intent and Acknowledgement of Responsibility**			**Family Name:**	
Female	**Male**	**Other**				
☐	☐	☐	4.	Deliberate or premeditated abuse/neglect	**File ID:**	
☐	☐	☐	3.	Hides or denies responsibility for abuse/neglect		
☐	☐	☐	2.	Rationalizes abuse/neglect or doesn't understand role	**Date:**	
☐	☐	☐	1.	Understands role in abuse/neglect and accepts responsibility		
☐	☐	☐	0.	Abuse/neglect accidental		
☐	☐	☐	9.	Insufficient information available		

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

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A4		**History of Abuse/Neglect Committed by Present Parents**			**Family Name:**	
Female	**Male**	**Other**				
☐	☐	☐	4.	Severe or escalating pattern of past abuse/neglect	**File ID:**	
☐	☐	☐	3.	Serious recent incident or a pattern of abuse/neglect		
☐	☐	☐	2.	Previous abuse/neglect	**Date:**	
☐	☐	☐	1.	Abuse or neglect concerns		
☐	☐	☐	0.	No history of abuse or neglect		
☐	☐	☐	9.	Insufficient information available		

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

I1		**Parent's Response to Identified Needs**			**Family Name:**	
Female	**Male**	**Other**				
☐	☐	☐	4.	No demonstrated effort to meet child's needs	**File ID:**	
☐	☐	☐	3.	Little demonstrated effort to meet child's needs		
☐	☐	☐	2.	Inconsistent effort to meet child's needs but parent has multiple impediments to solving problems	**Date:**	
☐	☐	☐	1.	Parent generally tries to meet child's needs, but has some impediments to solving problems		
☐	☐	☐	0.	Consistent effort to meet child's needs with no apparent impediments to solving problems		
☐	☐	☐	9.	Insufficient information available		

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

I2		**Parent's co-operation with Intervention**			**Family Name:**	
Female	**Male**	**Other**				
☐	☐	☐	4.	Refuses to co-operate	**File ID:**	
☐	☐	☐	3.	Co-operates minimally, but resists intervention		
☐	☐	☐	2.	Co-operates but poor response to intervention	**Date:**	
☐	☐	☐	1.	Co-operates, with generally appropriate response to intervention		
☐	☐	☐	0.	Co-operates with intervention		
☐	☐	☐	9.	Insufficient information available		

Summary Description *(specify the applicable parent(s) and/or child(ren) to which the risk factor applies)*

Include any other information you believe is important, and has not already been documented in this form.

RISK ANALYSIS WORKSHEETS

Describe the significance, interaction and weighting of the previous risk factors that lead to an overall risk rating and that should be addressed in service planning.

Describe significant family or individual strengths that have been identified that may be used as part of the Service Plan to reduce future risk.

Describe how relevant family members view the identified risk elements and any other areas of family functioning identified on the previous page.

OVERALL RISK RATING

Child a):		☐ No Risk	☐ Low Risk	☐ Medium Risk	☐ High Risk
Child b):		☐ No Risk	☐ Low Risk	☐ Medium Risk	☐ High Risk
Child c):		☐ No Risk	☐ Low Risk	☐ Medium Risk	☐ High Risk
Child d):		☐ No Risk	☐ Low Risk	☐ Medium Risk	☐ High Risk
Child e):		☐ No Risk	☐ Low Risk	☐ Medium Risk	☐ High Risk
Child f):		☐ No Risk	☐ Low Risk	☐ Medium Risk	☐ High Risk

Social Worker	
Team Leader	

TASKS TO BE COMPLETED (e.g. referrals to agencies, court documents to be served)	**DATE TO BE COMPLETED**

Appendix B

Subject: MSW Thesis Study-Participant Recruitment

I am a graduate Student in the Master of Social Work program at the University of Northern British Columbia and to fulfill the requirements for my MSW Degree I am required to conduct a research project. Hence, I am undertaking a research study entitled ***An Evidenced-Based Study Examining the Effectiveness of Risk Assessment for Child Welfare Decision Making in Northern British Columbia*** and look for your help in achieving my goal.

Specifically, I am seeking fully delegated child protection employed by the Ministry of Children Development in both urban and northern child welfare offices in British Columbia to complete a risk assessment on a fictitious case scenario.

The following criteria will be used to select 30 participants.

15 Child Protection workers from Northern MCFD offices and
15 Child Protection workers from Southern MCFD offices

Participants must have either have a BSW or MSW Degree and work with the comprehensive risk assessment tool in their work as child protection workers.

I am hoping to select an equal number of male and female child protection workers ranging in age, location, and years of practice experience.

If you are interested in taking part in the study please forward your personal e-mail to me at ataylor@unbc.ca and if you are selected I will forward to you an information letter and consent form.

Your identity will be protected at all times

Thank you

Agnes Taylor

Appendix C

Dear Participant

This is to advise that you have been selected to participate in my thesis study entitled ***An Evidenced-Based Study Examining the Effectiveness of Risk Assessment for Child Welfare Decision Making in Northern British Columbia***

First, you are being asked to read the attached Information Letter and Consent Form.

Second, if you are in agreement with contents of the information letter and consent form you are required to access the following electronic link to indicted that you have read and understand the information letter and consent form.

Information and Consent Form Link:
http://www.zoomerang.com/survey.zgi?p=WEB2254CDLRWLK

Third, you are required to download the electronic copy of the risk assessment form and critical case study attached to this email and return the completed version of the risk assessment to me by email.

Forth, once you have completed the risk assessment of the critical case study you are required to access the following link to complete an online survey

Online Survey Link:
http://www.zoomerang.com/survey.zgi?p=WEB2254CDLRWLK

I wish to thank you in advance for your participation in this study. If for whatever reason that you choose not to participate in the study please drop me an email. **The time frame to complete the risk assessment and online survey is two weeks from today**.

Sincerely,

Appendix D

INFORMATION LETTER AND CONSENT FORM

An Evidenced-Based Study Examining the Effectiveness of Actuarial Risk Assessment for Child Welfare Decision Making in Northern British Columbia

I am undertaking a research study entitled *An Evidenced-Based Study Examining the Effectiveness of Actuarial Risk Assessment for Child Welfare Decision Making in Northern British Columbia.* As a graduate student, I (Anita "Agnes" Taylor) am required to conduct research as part of the requirements for a Master of Social Work. The study is being conducted under the supervision of Dr. Gerard Bellefeuille. If you require further information you can contact me at ovrbrd@monarch.net or you may contact Dr. Bellefeuille at bellefeg@unbc.ca .

PART 1: INFORMATION LETTER

I am seeking child protection workers who carry out the duties of a delegated child protection worker for the Ministry of Children and Family Development in both urban and northern child welfare offices in British Columbia and who use the comprehensive risk assessment tool in their duties in establishing the likelihood of future risk to children.

The purpose of this research project is to examine the effectiveness of actuarial risk assessment for child welfare decision making in northern British Columbia. The study will involve both urban and northern child welfare offices in British Columbia. The intent of the study is to explore the manner in which the British Columbia's comprehensive risk assessment instrument is completed in determining risk and decision making within the context of geographical, gender, cultural, and practice experience differences.

If you agree to voluntarily participate in this research, you will be required to:

Complete a Risk Assessment of a Standardize Case Scenario

The case scenario and risk assessment form will be made available to you online within a password-protected and confidential web site. I estimate that the reading of the case scenario and completion of the risk assessment will take approximately 60 minutes of your time.

Complete Questionnaire

Once you have completed and electronically submitted the questionnaire to the researcher, you will be asked to complete a short questionnaire about the risk assessment tool. This will take about 15 minutes of your time.

Focus Group

Finally, you will be required to participate in a 90 minute focus group interview by teleconference to discuss the analysis of the risk assessments of the case scenario and questionnaires.

Your involvement in this study may pose some inconvenience to you. You are being asked to participant to in a 60 minute risk assessment of a case scenario, a 15 minute questionnaire, and a 90 minute focus group interview. Every effort will be made by this researcher to schedule the focus group at a time that is convenient to you and the focus group interview will be coordinated to accommodate everyone to the best of my ability

While there are some potential risks for provincial employees participating in this study should their opinions be made known to their employer, there will be no direct way to relate any of the data to participants. Every effort will be made to maintain anonymity of participants' identities and confidentiality of the data. For instance, no identifying information will be used (ie. participants will be issued code names and coding of data will be employed), focus group interviews will be scheduled and managed in a confidential manner by a third party facilitating the calling, and all information will be stored in a secure location and destroyed at the conclusion of the research process. It is acknowledged that anonymity and confidentiality cannot be controlled during the teleconference focus group interview (ie. potential voice recognition), although participants will be asked to respect the anonymity and confidentiality of others.

In terms of benefits, your answers are important in developing a better understanding of geographical, gender, cultural and practice differences in the completion of risk assessment.

Participation in this research is completely voluntary. You may withdraw at any time without any consequences or any explanation. If you choose to withdraw from the study your data will not be included in the study without your written permission.

Data collected for this study may also be used in a published article or professional conference to communicate the results of the research beyond a published dissertation report.

All data will be stored in a password protected computer and destroyed following 6 months of the researchers' defense of her dissertation. Access to the data will be restricted to the researcher and the researcher's Thesis supervisor, Dr. Gerard Bellefeuille.

An electronic copy of the study will be made available to each participant.

In addition to being able to contact the researcher [and, if applicable, the supervisor] at the above email addresses, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Office of Research at 960-5820 or email officeofresearch.unbc.ca

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

Name of Participant	*Signature*	*Date*

PART 2: CONSENT FORM

1. I understand the purpose of the research study, entitled *An Evidenced-Based Study Examining the Effectiveness of Actuarial Risk Assessment for Child Welfare Decision Making in Northern British Columbia.*

2. I understand that the research results will be published in a thesis document and made available to me electronically.

3. I understand that Anita "Agnes" Taylor and the University of Northern British Columbia shall use their best efforts to ensure that my identity is not revealed, whether directly or indirectly.

4. I understand that there are some risks associated with this study in that my anonymity cannot be guaranteed.

5. I understand my participation is completely voluntary. I may withdraw at any time without explanation or penalty or may refuse to answer particular questions.

6. I understand as part of the research project that I will be asked to fill out a risk assessment of a case scenario, a brief questionnaire and participate in a follow-up focus group.

7. I understand that I will have an opportunity to ask questions and discuss this study with the researchers.

8. I have reviewed a copy of the Participant Information Sheet and retained a copy for my personal records.

9. I agree to participate in this research project and I have read the statements above.

Name of Participant	*Signature*	*Date*

Appendix E

UNIVERSITY OF NORTHERN BRITISH COLUMBIA

RESEARCH ETHICS BOARD

MEMORANDUM

To: Anita Agnes Taylor
CC: Gerard Bellefeuille

From: Henry Harder, Chair
Research Ethics Board

Date: February 28, 2006

Re: E2006.0207.017
An Evidence Based Study: Examining the Effectiveness of Actuarial Risk Assessment for Child Welfare Decision Making in Northern BC

Thank you for submitting the above-noted research proposal and requested amendments to the Research Ethics Board. Your proposal has been approved.

Good luck with your research.

Sincerely,

Henry Harder

Appendix F

Critical Case Study

The Sears family is well known to the agency. The family is made up of mom who is a 25 and dad who is 30. The youngest child is 2 with the age of the other child at 4. The oldest child attends full time daycare.

The family first became known to the agency after the birth of the family's first child when health care professions were concerned about the family's unwillingness to connect with health professionals following the birth of their first child. There were concerns that the child might be in danger from the harmful interactions taking place between parents that had been witnessed shortly after the birth of their first child.

Reports of child neglect continued to be received from concerned daycare officials (the children are not attending regularly, unexplained bruises, and children exhibiting "flat effect, lack of adequate food, poor hygiene, inadequate clothing, head lice), doctor/health unit (missed appointments, immunizations not up-to-date).

The family has been offered referrals and names of resource in the agency that might help this family come together in a positive way. There has been willingness by parents to follow through on the agency's expectations for the family, but once social workers decrease their monitoring of the family, follow through declines.

Hoping that the family would keep engaged with services court orders were not sought and the file left open for monitory hoping that the family would connect with services on their own terms. The family did regularly attend appointments at the start but attendance would drop off and appointments missed with no rescheduling of missed appointment.

There has been a history of drug use by both parents in the past. Alcohol does not appear to be a problem. There has been an admission by parents that they still smoke marijuana but not in front of the children and see no harm in continuing this habit.

Numerous assessment of reports were carried out during this time, and it was determined that the family has clear difficulties in communicating with each other and often relying on verbal and physical aggression to resolve problems. The police have confirmed this by stating that the family has been the focus of domestic violence calls in the past. Interviews with the children have shown that the oldest child has started to take on a protective role with sibling, such as removing sibling to a bedroom when mom and dad fight. Child has expressed a fear of dad but not mom.

Mom works full time and hopes to attend college taking university level courses as soon at her partner finds work and she can afford to work part-time. Dad does not work, primarily because of a mental health issue that causes dad to lash out and become violent and consequently dismissed from jobs. All involvements by a social worker have been the result of call by police or either mom or dad calling on each other, to report an incident where the children's safety was of concern to them.