

Child Welfare Attitudes, Risk Assessments and Intervention Recommendations: The Role of Professional Expertise

Bilha Davidson-Arad^{1,*} and Rami Benbenishty²

¹*The Bob Shapell School of Social Work, Tel Aviv University, Israel, Ramat-Aviv, Tel Aviv 69978, Israel*

²*Louis and Gabi Weisfeld School of Social Work, Bar Ilan University—Ramat Gan, Ramat Gan 52900, Israel*

*Correspondence to Professor Bilha Davidson-Arad, Ph.D., The Bob Shapell School of Social Work, Tel Aviv University, Israel, Ramat-Aviv, Tel Aviv 69978, Israel. E-mail: bilhah@post.tau.ac.il

Abstract

The study, carried out in Israel, explores the question of whether professionals' status and experience moderate the relationships between their attitudes and their assessments and decisions on removal. It compares the associations between attitudes towards issues in child welfare, maltreatment, risk assessments and decisions of three groups of respondents: social work students and less and more experienced child protection social workers. The sample of 210 workers and 263 social work students filled out an attitudes questionnaire and responded to a written vignette showing a case of alleged child maltreatment. Compared with students, practitioners were more against removal, more in favour of reunification and optimal duration, and had a less favourable view of residential care. No significant group differences, however, were found in the risk assessments or removal recommendations. Four attitudes were associated with the recommendation not to remove: negative attitudes towards removal, positive attitudes towards parental participation in the decision, positive attitudes towards children's participation in the decision, and positive attitudes towards speedy reunification. Professional status and experience did not moderate these associations. The authors urge examination of professionals' post-graduation training and supervision in order to determine whether the role of attitudes in professionals' risk assessment might be further reduced.

Keywords: Attitudes, decisions on removal, maltreatment, professionals' status and experience, risk assessments

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Introduction

As has been repeatedly pointed out, both risk assessment and intervention decisions are characterised by low reliability, with different practitioners making different assessments and decisions when presented with the same information (Britner and Mossler, 2002; Gold *et al.*, 2001; Regehr *et al.*, 2010). Concerned with this disturbing variability, scholars have posited that social workers' personal features, such as their biases, personality, values and temperament, enter into their decisions (e.g. Gambrill, 2005). Nonetheless, whereas the impacts of features of the parent (e.g. Kortenkamp *et al.*, 2004), child (e.g. Wulczyn, 2004) and injury (e.g. Delfabbro *et al.*, 2003) on practitioners' risk assessments and intervention decisions have been extensively studied, little research has been conducted on the role played by features of the practitioners (Ryan *et al.*, 2006).

The existing empirical study is not entirely consistent (Ryan *et al.*, 2006). Most of it seems to support claims that personal characteristics impact social workers' decisions. Findings show that younger, less experienced and childless workers, and those with a childhood history of corporal punishment or abuse, generally perceive higher risk and are more likely to recommend placing the child in care (Brunnberg and Pećnik, 2007), while more experienced workers are less prone to implement removal recommendations (Davidson-Arad *et al.*, 2003). Other findings show that workers who experienced previous traumas were less likely to assess a child as being at risk (Regehr *et al.*, 2010) and that white and more educated workers were more inclined than others to classify physical injuries as abuse rather than corporal discipline (Jent *et al.*, 2011). Country of residence has also been associated with practitioners' perceptions of risk and preferred interventions. Canadian social workers were found to make more stringent risk assessments and to recommend removal more often than Israeli ones (Gold *et al.*, 2001). Croatian social workers were found to be more likely than their Swedish peers to assess a situation as requiring child protection and to favour removal (Brunnberg and Pećnik, 2007). In contrast, however, Portwood (1998) found that workers' personal experience of child rearing and child maltreatment had only marginal effects on their risk assessment. Regehr and associates (2010) found no association between professionals' risk assessment and either education or age. Brunnberg and Pećnik (2007) found no difference between Croatian and Swedish social workers' judgements about the action needed in response to second-hand information in a case of child maltreatment.

Given the major role that practitioners play in interpreting situations as risky and in selecting interventions (Ryan *et al.*, 2006) and the far-reaching consequences of their judgements and decisions, more must be learned about the possible role of their personal features. Among those features are their attitudes regarding child protection issues.

Attitudes refer to persons' tendencies to evaluate entities with favour or disfavour (Eagly and Chaiken, 2007). Basic attitudinal theory holds that individuals' beliefs, values and attitudes give rise to intentions that determine their behaviour (Fishbein and Ajzen, 1975). Research on attitudes shows that persons selectively look for evidence that confirms, rather than disproves, their views and apply different standards for information quality depending on whether the information confirms or challenges their views (Munro, 1996). Findings further show that, when issues are complex, as are those in child protection, persons regard as salient those aspects that are consistent with their overall attitudes (Beckstead, 2003).

These various findings suggest that workers' attitudes may impact their judgement and decision processes. Their attitudes and values are particularly important to child protection because neither risk assessment nor intervention decisions are based on hard factual data and value-free knowledge (Banach, 1998; Gold *et al.*, 2001). Both are emotionally laden tasks (Horwath, 2007), usually carried out under conditions of high ambiguity and uncertainty.

To assess risk, workers must select and integrate the relevant details from a large, but often incomplete, array of sources that vary in value, clarity and complexity. They must ascertain the validity and reliability of the information, weigh conflicting versions of events, and interpret the overall meaning of the available information (Gambrill and Shlonsky, 2000; Munro, 1996; Shlonsky and Wagner, 2005). Eiser (2001) argues that many of the most influential clues have a strong affective or emotional flavour and that there is a tendency to base judgements of risk more on likes or dislikes, attraction or aversion than on purely rational calculations. Portwood (1998) maintains that 'Social and individual value judgements are at the heart of any determination of whether an act can be considered abusive' (p. 439).

An analogous process of weighing is required to reach intervention decisions. Only where the child is in clear danger of immediate physical harm does higher risk necessarily lead to more intrusive interventions. Most children at risk are not in such danger (Petras *et al.*, 2002). They suffer from neglect, and the danger is to their psychological development. In these cases, workers must consider not only the current risk to the child, but numerous other factors, including the parents' capacity to change, the resources available in the community and the suitability of the available out-of-home placements (Shlonsky and Wagner, 2005). This too they must do with incomplete and often ambiguous information about the child's situation (Benbenishty *et al.*, 2003; Gambrill, 2005; Munro, 1996). Thus, workers' personal attitudes are also part and parcel of their intervention decisions. As Benbenishty and associates (2003) state: 'Values influence the importance given to competing demands to keep the child within the biological family, to refrain from intervening in the lives of families, and to protect the child' (p. 150).

The inadequacies of legal and professional guidelines leave considerable room for the impact of personal attitudes. There is no agreed-upon concept of what constitutes child maltreatment (Portwood, 1998) or neglect

(Rose and Meezan, 1996) and no precise definitions or criteria of risk and parental maltreatment (Gold *et al.*, 2001; Wulczyn, 2004). The available risk assessment instruments have known shortcomings (e.g. Camasso and Jagannathan, 1995; Lyons *et al.*, 1996). Although intervention decisions should be guided by the best interests of the child, there is no universally recognised operational definition of this (Banach, 1998) and only vague legal guidelines as to when a child should be removed from home (Besharov, 1986).

In view of the considerable room for personal attitudes in risk assessment and intervention decisions, the present study examines this matter more deeply. It follows a series of studies carried out in Israel on the contribution of child protection workers' attitudes on key matters involved in child protection—namely removal, reunification, perceived quality and optimal duration of alternative care, and participation of parents and children in the intervention decision—to their risk assessments and intervention decisions. The first study (Davidson-Arad and Benbenishty, 2008) found that the workers could be divided into more 'pro-removal' and more 'anti-removal' groups, and that the former made significantly higher risk assessments and recommended removal significantly more than the latter. It also found that the wishes of the mother and child made no impact on the workers' risk assessments and recommendations. The second study (Davidson-Arad and Benbenishty, 2010) found that 11 per cent of the variance in their risk assessments could be explained by their attitude towards removal and that 18 per cent of the variance in their intervention decisions could be explained by a combination of attitudes. Positive attitudes towards parents' and children's participation were associated with recommendations for less intrusive interventions; positive attitudes towards removal and longer duration of alternative care were associated with more intrusive interventions.

The present study goes further and explores whether professional status and expertise moderate the associations of attitudes with risk assessment and intervention decisions. To this end, we compare the attitudes, risk assessments and intervention decisions of students and of less and more experienced professionals. Our hypotheses are that personal attitudes have less impact on the assessments and decisions (i) of professionals than of students and (ii) of more experienced than less experienced professionals. The rationale for these hypotheses rests on the socialisation processes of child protection workers in Israel. These professionals are licensed social workers, who have at least a BSW, the entrance-level degree for licensing in Israel, and many have an MSW. All have passed a year-long course in child protection, in which they gain knowledge of the pertinent legislation, issues involved in assessing risk, and intervention with children and parents in cases of maltreatment. Most social workers who take the course have at least several years of field experience behind them. Their social work education, professional practice, the child protection course they take, and their supervision and in-service training all provide them with ongoing opportunities to engage

in the self-examination and reflection that can make them aware of and temper the impact of their personal biases on their practice.

The literature offers support for the view that professional training improves the functioning and efficacy of caseworkers (Ryan *et al.*, 2006). Only a few studies have examined the relationship between education and child-related outcomes, and these have mixed findings. Festinger (1996) found no relationship between education of workers and re-entry into foster-care. Ryan and associates (2006), in contrast, found that children associated with MSW-level caseworkers spent significantly less time in alternative care than children not associated with an MSW-level caseworker. Drury-Hudson (1999) found extensive differences in the decision-making processes of novices and expert practitioners in a vignette case of child maltreatment.

Method

Design

This study presents a case vignette of alleged child abuse to social work practitioners and students and asks for their assessments and recommendations. Vignettes have limitations as it is not always clear the extent to which responses on such case descriptions represent responses in real-life interactions (e.g. Taylor, 2006). Nevertheless, this method has significant advantages in situations, such as the present one, when comparisons are made between judgements made by different groups.

Vignette

The vignette is a three-page case description. It is a composite derived from authentic files in Israel. The family described in the vignette consists of a couple and their three young children (ages seven, four and two). The local welfare agency receives a call from a teacher worried about the oldest child, Dana, in her first-grade class. The teacher reported that Dana had blue marks on her hands and back and that, in the past half-year, she had come to school with a broken arm and, on another occasion, a displaced shoulder. Her medical file reveals that, at age three, she was taken to the hospital emergency room with scalds from boiling water poured on her at home. There are no further details about this incident. The teacher describes Dana as a quiet girl who doesn't interact much with the other children. She tells that she would like to keep Dana in the first grade for another year, as her cognitive development lags behind that of her peers. She also tells that Dana frequently hits other children during breaks and has occasional unexplained outbursts of rage. The school psychologist and classroom assistant tried to form a relationship with her, but she refused to answer their questions. The

family has few ties within the community, lacks a supportive extended family network and is struggling financially due to the father's unemployment. (The entire vignette is available upon request from the senior author.)

Sample and procedure

The sample consisted of 210 practitioners and 263 students. Practitioners were recruited at an annual national conference of child protective officers, at their places of work and in professional training seminars. BSW students were recruited in classes in two universities in the Tel Aviv area and completed the questionnaires anonymously during class time. No monetary compensation was offered. Participants provided informed consent.

Of the participants, 428 (90.7 per cent) were female, 425 (90.2 per cent) were Jewish and 37 (7.9 per cent) were Muslim. Almost half (48.5 per cent) reported being secular, 31.6 per cent being religious and 17.3 per cent being traditional. Practitioners were more secular than students ($\chi^2(4) = 18.25, p < 0.001$). Most of the students were between ages twenty-one and twenty-five (68.2 per cent) or twenty-six and thirty (19.9 per cent). Most of the practitioners were forty-six or older (30.3 per cent); 20.7 per cent were thirty-six to forty; and 16.3 per cent were forty-one to forty-five. Most of the students were unmarried (73.0 per cent), most of the practitioners married (80.9 per cent). The students (13.8 per cent) were less likely to have children than the practitioners (88.9 per cent).

All the students were in a three-year BSW program: 23.1 per cent in the first year, 48.5 per cent in the second and 28.5 per cent in the third. Of the protective service officers, 45.7 per cent had a BSW, 54.3 per cent an MSW. The median number of years working as a protective officer was five (Mean = 7.00, SD = 6.70); about half (50.5 per cent) indicated that they had worked with 100 cases or more. About half (52.6 per cent) reported working as protective officers part time, 42.3 per cent full time.

Measures

Personal and professional background

Participants completed a demographic section that included questions about background and professional experience. Experience was measured in two ways: number of years serving as a protective service worker and estimated number of clients seen as protective officers. Since these measures were highly correlated ($\eta = 0.56$), we used the median estimated number of clients (100+) as a cut-off to distinguish between more and less experienced protection offices. We then computed the measure for level of expertise: 1 = student ($n = 263$); 2 = less experienced protective officers ($n = 95$);

3 = more experienced protective officers ($n = 97$). Due to missing information, seventeen professionals were not classified.

We used several instruments. In each of them, we computed scales based on averaging a series of Likert-type scales. While each item is on an ordinal scale, it is common to treat a scale based on several Likert-type items, as representing an interval scale, used in parametric tests, such as correlations and analysis of variance.

Attitudes

The 'Child Welfare Attitudes Questionnaire' is a modified version of the questionnaire used in previous studies (Davidson-Arad and Benbenishty, 2008, 2010). The original questionnaire was modified slightly to make it sensitive to differences between the countries participating in the international study. The questionnaire consists of fifty statements covering six content areas. In each content area, both positive and negative attitudes were included (and reverse coding was used as necessary so as to create an index for each attitude). Respondents were asked to indicate their agreement with each item on a five-point scale, with 1 = strongly disagree, 2 = disagree, 3 = agree and disagree to the same degree, 4 = agree and 5 = strongly agree. The following attitude scales were used, the reliability of which are indicated by their high internal consistency as indicated by the Cronbach Alpha scores given:

- *Against removal from home of children at risk*, e.g. 'If parents physically abuse their child the child should be removed from home' (alpha = 0.783 for practitioners, 0.735 for students).
- *Positive assessment of the ability of foster-care to promote children's development and well-being*, e.g. 'There are many foster families that do not fit to care for children' (alpha = 0.679 and 0.584).
- *Positive assessment of the ability of residential care to promote children's development and well-being*, e.g. 'In general, residential facilities provide children with remedial family experience' (alpha = 0.678 and 0.658).
- *Favours reunification and optimal duration of alternative care*, e.g. 'Even if a child has been removed from home because his/her parents have neglected him/her, one should make all possible efforts to return the child home' (alpha = 0.820 and 0.567).
- *Favours children's participation in the decisions*, e.g. 'A child at-risk has the right to make a decision about removal from home, even when his/her parents want him/her to stay at home' (alpha = 0.610 and 0.810).
- *Favours parents participation in the decisions*, e.g. 'Most of the parents of children at risk cannot make a good decision regarding out-of-home placement of their child' (alpha = 0.643 and 0.765).

Maltreatment assessments

Based on their reading of the case vignette, participants were asked to assess whether the child experienced five types of maltreated at home: emotional neglect, physical neglect, emotional abuse, physical abuse and sexual abuse. The five-point scale was: 1 = Strongly disagree to 5 = Strongly agree.

Risk assessments

Based on their reading of the case, vignette participants were asked to assess the level of risk of significant physical and emotional harm to the child if she stayed at home. The five-point scale was: 1 = No risk to 5 = Very high risk.

Intervention decisions

Study participants were asked to select one of six intervention options (see Table 3), ranging from the least intrusive (refrain from further intervention) to the most intrusive (place the child with a foster family even without parental consent, using a court order if necessary). To enable bivariate and multivariate analyses, we created the variable ‘removal decision’—remove the child (with or without parental consent) or provide only at-home services.

Ethics

Participation was anonymous and voluntary. The study procedures were reviewed and approved by the ethical boards of the authors’ universities and of Israel’s Ministry of Labor and Social Affairs.

Analytic plan

A series of multivariate analyses of variance was conducted to examine differences in attitudes, risk assessment and intervention at the three levels of expertise. Specifically, we performed Bonferroni post hoc comparisons on the experienced protective service workers; less experienced workers and students; bivariate correlations to examine associations between attitudes and maltreatment and risk assessments; and analysis of variance to examine their relations to the removal decision. To test the hypothesis that professional experience moderates the relationships between child welfare attitudes and maltreatment and risk assessments, we used multivariate regression analysis with interaction terms (attitude by professional expertise). Finally, we used multivariate logistic analysis with interaction terms to

examine the moderating role of expertise on the relationships between attitudes and the removal decision.

Findings

Associations between attitudes and expertise

To examine associations between child protection attitudes and level of expertise, we conducted a multivariate analysis of variance with attitudes as dependent variables and level of expertise as the independent variable. Findings revealed significant differences in attitudes at the three levels of expertise ($F(12,894) = 16.0, p < 0.001$). A series of one-way ANOVAs conducted to examine each attitude revealed that all the attitudes except that towards foster-care differed significantly ($p < 0.01$) at the different levels of expertise. Bonferroni post hoc analyses showed significant differences between students and practitioners in all the attitudes except that towards foster-care (Table 1). No significant differences were found in the attitudes of more and less experienced practitioners. The largest differences were in attitudes towards parental participation in decision making and towards keeping placements at optimal duration. Practitioners favoured both considerably more strongly than students. Practitioners were also significantly more opposed to removal than students ($p < 0.01$), whereas students favoured children's participation in decision making more than practitioners ($p < 0.01$). Finally, practitioners held less favourable attitudes towards residential care than students ($p < 0.01$).

Associations of expertise with maltreatment assessments, risk assessments and removal decision

To ascertain the association between expertise and maltreatment assessments, we conducted a multivariate analysis of variance with expertise

Table 1 Means and SDs of child welfare attitudes by level of expertise

	Students		Less experienced practitioners		More experienced practitioners	
	Mean	SD	Mean	SD	Mean	SD
Against removal from home of children at risk	2.85	0.47	3.13 ^a	0.52	3.10 ^a	0.53
Positive assessment of foster-care	2.62	0.40	2.52	0.42	2.54	0.45
Positive assessment of residential care	2.63	0.46	2.46 ^a	0.49	2.37 ^a	0.42
In favour of reunification and optimal duration	2.74	0.62	2.99 ^a	0.68	3.04 ^a	0.60
In favour of children's participation in the decisions	3.58	0.54	3.37 ^a	0.47	3.53	0.61
In favour of parents' participation in the decisions	3.01	0.50	3.36 ^a	0.41	3.48 ^a	0.44

^aSignificantly different compared with students (at least $p < 0.01$) in post hoc comparisons. Scale: 1 = Strongly disagree to 5 = Strongly agree.

Table 2 Means and SDs of maltreatment and risk assessments by level of expertise

	Students		Less experienced practitioners		More experienced practitioners	
	Mean	SD	Mean	SD	Mean	SD
<i>Maltreatment assessments</i>						
Emotional abuse	4.61	0.631	4.46	0.728	4.53	0.751
Physical abuse	3.84	0.887	3.83	0.883	3.83	0.859
Emotional neglect	4.75	0.514	4.57 ^a	0.630	4.70	0.543
Physical neglect	4.32	0.801	4.44	0.648	4.39	0.731
Sexual abuse	1.81	0.786	1.49 ^b	0.729	1.66	0.729
<i>Risk assessments</i>						
Physical harm	3.81	0.875	3.87	0.761	3.84	0.812
Emotional harm	4.62	0.594	4.48	0.583	4.54	0.579

^aSignificantly lower ($p < 0.05$) compared with students in post hoc comparisons.

^bSignificantly lower ($p < 0.01$) compared with students in post hoc comparisons.

Scale: 1 = Strongly disagree to 5 = Strongly agree.

Table 3 *N* (%) of recommendation whether to remove by professional expertise

	Not to remove	Remove
Students	193 (74.3)	70 (26.6)
Less experienced professionals	67 (70.5)	28 (29.5)
More experienced professionals	77 (79.4)	20 (20.6)
Total	337 (74.1)	118 (25.9)

(student, less experienced worker, more experienced worker) as the independent variable and the five maltreatment assessments as dependent variables. Findings revealed a significant multivariate effect ($F(10, 836) = 3.05, p < 0.001$). Univariate analyses of variance conducted on each of the assessments showed (Table 2) that the groups differed significantly in their assessments of emotional neglect and sexual abuse ($p < 0.05$ and $p < 0.01$, respectively). Students saw significantly more emotional neglect than the less experienced practitioners, but not more than the more experienced ones. Although all groups saw little sexual maltreatment, students saw more such maltreatment compared with the less experienced workers. No significant difference was found between the two groups of professionals. In contrast, multivariate analysis on risk assessments revealed no significant difference between any of the three groups ($F(4,884) = 1.86, n.s.$).

We further examined whether expertise was associated with the removal decision (Table 3). On average, about three-quarters of the respondents recommended keeping the child at home with the provision of services (e.g. after-school care and attendance at a family centre) and one-quarter recommended removal. Chi square tests showed no significant group difference ($\chi^2(2) = 2.11, n.s.$).

Table 4 Pearson correlations between child welfare attitudes and maltreatment and risk assessments

	Maltreatment assessment					Risk assessment	
	Emotional abuse	Physical abuse	Emotional neglect	Physical neglect	Sexual abuse	Physical harm	Emotional harm
Against removal from home of children at risk	-0.084	-0.109*	-0.100*	-0.109*	-0.118*	-0.089	-0.109*
Positive assessment of foster-care	-0.051	0.037	-0.089	-0.067	0.135**	-0.046	-0.082
Positive assessment of residential care	-0.029	-0.063	-0.049	-0.145**	0.020	-0.174**	-0.110*
In favour of reunification and optimal duration	-0.116*	-0.077	-0.108*	-0.055	0.124**	-0.068	-0.146**
In favour of children's participation in the decisions	-0.042	-0.042	-0.014	-0.028	0.026	0.005	-0.067
In favour of parents' participation in the decisions	-0.196**	-0.198**	-0.151**	-0.147**	0.155**	-0.103*	-0.221**

* $p < 0.05$; ** $p < 0.01$.

Associations of attitudes with maltreatment assessments, risk assessments and removal decision

Table 4 shows the correlations between child protection attitudes and maltreatment and risk assessments. Most were non-significant or very low. The strongest correlations were with the attitude favouring parent participation in decision making. This attitude correlated negatively with the assessed risk of emotional harm if the child were not removed ($r = -0.22, p < 0.01$) and with the assessments of whether the child had been emotionally or physically abused (both: $r = -0.20, p < 0.01$). The attitude favouring parent participation also had weaker, but significant, associations with all the maltreatment assessments.

To ascertain the extent to which respondents' child protection attitudes were related to their removal decisions, we conducted a multivariate logistic regression on all the attitudes. Findings show the attitudes were significantly associated with the decision to remove ($\chi^2(6) = 34.43, p < 0.001$). Univariate logistic regressions on each of the attitudes indicate that several were significantly associated with the decision to remove (Table 5).

Negative attitude towards removal of children at risk and positive attitude towards parental participation in the decision were strongly associated

Table 5 Means and SDs of child welfare attitudes by the recommendation whether to remove

	Do not remove		Remove	
	Mean	SD	Mean	SD
Against removal from home of children at risk	3.04***	0.48	2.76	0.53
Negative view of the ability of foster-care to promote children's development and well-being	2.59	0.43	2.58	0.39
Negative view of the ability of residential care to promote children's development and well-being	2.54	0.47	2.50	0.48
Favour reunification and short-optimal duration of alternative care	2.90*	0.60	2.76	0.76
Favour children's participation in the decisions	3.56*	0.55	3.43	0.51
Favour parents' participation in the decisions	3.24***	0.51	3.04	0.50

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.
 Scale: 1 = Strongly disagree to 5 = Strongly agree.

($p < 0.001$) with the recommendation not to remove the child. Positive attitude towards children's participation in decision making and towards reunification and short duration of placement were also significantly associated ($p < 0.05$) with the recommendation, albeit less strongly. All these attitudes lowered the probability that removal would be recommended. However, the recommendation of whether or not to remove to a foster family was not associated with participants' views of the quality of foster families or residential care.

Level of expertise as a moderator of the associations of attitudes with maltreatment assessments, risk assessments and removal decisions

To ascertain whether expertise moderates the associations of attitudes and the five maltreatment assessments, we conducted multivariate analyses of variance with the assessments as dependent variables and levels of expertise and attitudes as independent variables, and examined the interactions between level of expertise and attitudes separately for each of the maltreatment assessments. These analyses revealed no significant interactions. Similar analyses conducted on risk assessments also yielded no significant interactions. Hierarchical multivariate logistic regression conducted to examine whether level of expertise moderates the relationships between attitudes and the removal decision similarly showed no significant interaction.

Discussion

On the whole, the findings show only limited differences among the three groups. The only differences were between the students and professionals, and these were relatively restricted. The main differences between them

were in their attitudes. The students were less inclined than the professionals, whatever their level of experience, to include the parents in the intervention decisions, less opposed to removing the child from home, less supportive of rapid reunification and less sceptical about the quality of residential care. In addition, they were more inclined than the less experienced professionals to include children in the intervention decisions. The only attitude shared by students and both groups of professionals was their similarly lukewarm assessments of foster-care. Yet, despite the many differences in their attitudes, students and professionals made similar maltreatment and risk assessments and much the same intervention decisions. The only statistically significant differences were that students made slightly higher assessments of emotional neglect and sexual abuse than the less experienced professionals.

The many similarities reflect a similar professional culture shared by students and professions at different levels of expertise. Notwithstanding the differences in the attitudes of the students and professionals, the attitudes of all three study groups were rather moderate. Whether the questions concerned the legitimacy of removal, the duration of alternative care, the ability of alternative care to promote children's development or the participation of parents and children in the decision, the mean responses hovered around the middle of the scale, with small standard deviations. These findings are similar to findings obtained in our previous studies on a different group of child protection workers (Davidson-Arad and Benbenishty, 2008, 2010).

The found differences in attitudes are consistent with differences in the age and family status of the students and professionals. Most of the students were under twenty-five, unmarried and childless. Most of the professionals were thirty-five or older, married and had children. The professionals' attitudes imply a tendency to view the biological family as the best place for a child to grow up—concern not only for the well-being of the child, but also for the rights of the parents' and a relatively family-centred orientation. The students' attitudes seem to point to a greater identification with the child and a move away from the parental home that befit their developmental stage.

With respect to the professionals, the findings show considerable convergence in the attitudes, assessments and intervention decisions of those with greater and lesser experience. The only significant difference was in their attitudes towards the child's participation in the intervention decisions. The more experienced professionals reported somewhat more favourable attitudes towards this than their less experienced colleagues. Both groups of professionals assessed the emotional abuse, emotional neglect and physical neglect of the child in the vignette as very high, the physical abuse as high and the sexual abuse as low. Both assessed the risk of emotional harm as very high and the risk of physical harm as high. In both groups, around three times as many respondents recommended keeping the child at home as recommended removing her. The similarity in the three groups' assessments of maltreatment and risk is consistent with findings by Regehr and associates (2010), but inconsistent with those of Pečnik and Brunberg

(2005). The similarity in their intervention decisions is inconsistent with findings of Davidson-Arad and colleagues (2003).

Moreover, contrary to our hypotheses, the association of attitudes with assessments and decisions was not moderated by expertise. The more experienced professionals were no more protected from the influence of personal attitudes on their assessments and decisions than the less experienced professionals, and neither was more protected than the students. Two explanations for the inter-group similarity may be offered. One involves the education and training of the students. The compulsory methods and skills courses taken by social work students in Israel place considerable emphasis on the dangers of allowing personal biases to affect one's professional practice. They also provide both space and guidance for students to become aware of their personal attitudes and to reflect on how these affect their professional conduct. These lessons are reinforced by the intensive fieldwork supervision the students receive. The other explanation involves the professionals. It is apparent that their specialised training and experience do not reduce the impact of their attitudes beyond the level of the students. This may reflect either deficiencies in their training and supervision over their careers or, alternatively, a ceiling effect beyond which objectivity cannot be obtained. Further examination of professionals' post-graduation training and supervision are urged to determine whether the role of attitudes in professionals' risk assessment might be further reduced.

In the sample as a whole, most of the participants' attitudes had non-significant or very weak correlations with their maltreatment and risk assessments. There were two exceptions, however: attitudes towards parental involvement in the intervention decisions and attitudes towards removal. The more the respondents favoured parental participation, the lower were their maltreatment and risk assessments and the less likely they were to recommend removal. The less favourable their attitude towards removal, the less likely they were to recommend removal. These findings are consistent with those of our previous study (Davidson-Arad and Benbenishty, 2008). The apparent impact of attitudes towards parental participation seems to reflect the increasing emphasis in the professional literature on the importance of bringing parents into child protection decisions and the convincing empirical evidence in support of this view (Saint-Jacques *et al.*, 2006; Holand, 2000). Although, on the whole, we concur with the view, it is also highly questionable whether social workers' attitudes towards parents' participation should affect their assessments of a child's maltreatment and risk.

The finding that attitudes played a more substantial role in the participants' intervention decisions than in their maltreatment and risk assessments is also consistent with the findings of our previous study (Davidson-Arad and Benbenishty, 2010). It is clear that an assessment of maltreatment and risk should not reflect the attitudes of the decision maker, but of the case and the best empirical evidence on how case characteristics predict future harm. The place of attitudes in intervention decisions is more complex, however. Workers'

recommendations must be based not only on the assessment of risk, but also on comparison of the likely outcomes of the various alternatives. As is well documented, both remaining in a home where one is neglected or abused and being removed to alternative care may exact a very high toll on the child's physical and mental health (for a detailed review, see Davidson-Arad, 2005). Child protection workers are often called upon to choose what they expect to be the 'least detrimental alternative' (Davidson-Arad and Wozner, 2001). It is hard to see how their attitudes towards the key issues in child protection could not affect this choice. For example, if they believe that children pay a very high psychological price in being removed from home, it stands to reason that they would remove a child only when they assess the risk to the child to be imminent and very high. On the other hand, if they believe that out-of-home care is a positive alternative, they may choose it, even if the risk assessed is not as high.

With this, it is surprising and also somewhat disturbing that attitudes towards the quality of foster and residential care were not associated with the respondents' intervention decisions. One would think that a major factor in deciding on whether or not to remove a child from home would be the quality of the alternative placement. There is no point in removing a child from one unsafe or unsalutary environment to another one that places the child at risk.

Study limitations

The study's main limitation is its use of a single vignette. Vignettes have the advantage of enabling the researcher to present all the study participants with the same data, which is not the case in real-life situations. However, it is difficult to know how well responses to a hypothetical vignette reflect the responses the research participants would make in an analogous real-life situation (Britner and Mossler, 2002). This raises questions about the applicability of the findings to actual practice. We recommend replication of this study with more vignettes and using other methods, such as analyses of decisions in client files (Benbenishty, 1992).

Other limitations concern the sample and the generalisability of the study findings. Both the professional and student participants were convenience samples. Although the large sample of professionals seems quite representative of protective service workers in Israel, the representativeness of the student sample is not clear. The generalisability of the findings to other countries cannot be assumed. As pointed out in the Introduction, both attitudes towards issues in child protection and assessment of risk may differ from one country to another. We recommend that similar studies be carried out in other countries.

Notwithstanding these limitations, the study adds to the very limited knowledge we possess about the role both of attitudes and of professional education and experience in child protection work.

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