Research article

Decision making in child protection: An international comparative study on maltreatment substantiation, risk assessment and interventions recommendations, and the role of professionals' child welfare attitudes[☆]

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ABSTRACT

Child welfare professionals regularly make crucial decisions that have a significant impact on children and their families. The present study presents the Judgments and Decision Processes in Context model (JUDPIC) and uses it to examine the relationships between three independent domains: case characteristic (mother's wish with regard to removal), practitioner characteristic (child welfare attitudes), and protective system context (four countries: Israel, the Netherlands, Northern Ireland and Spain); and three dependent factors: substantiation of maltreatment, risk assessment, and intervention recommendation. The sample consisted of 828 practitioners from four countries. Participants were presented with a vignette of a case of alleged child maltreatment and were asked to determine whether maltreatment was substantiated, assess risk and recommend an intervention using structured instruments. Participants' child welfare attitudes were assessed. The case characteristic of mother's wish with regard to removal had no impact on judgments and decisions. In contrast, practitioners' child welfare attitudes were associated with substantiation, risk assessments and recommendations. There were significant country differences on most measures. The findings support most of the predictions derived from the JUDPIC model. The significant differences between practitioners from different countries underscore the importance of context in child protection decision making. Training should enhance practitioners' awareness of the impact that their attitudes and the context in which they are embedded have on their judgments and decisions.

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Child welfare professionals are entrusted, both morally and legally, with acting in children's best interests, and regularly make crucial decisions that have a significant impact on children and their families (e.g., Loewenberg & Dolgoff, 1996; Packman, 1986; Solnit, Nordhaus, & Lord, 1992; Taylor, 2010). Such decisions include whether to remove an allegedly maltreated child from home, keep the child at home even though there are concerns for his or her welfare, or reunify a foster child with their biological family. Such decisions may influence both positively and negatively short and long term outcomes for children (Farmer, Sturgess, & O'Neill, 2008).

Given the importance of these decisions it is imperative to understand how they are being made and what factors impact them. The present study utilizes the Judgments and Decision Processes in Context model (JUDPIC, Benbenishty & Davison-Arad, 2012) to examine domains that are associated with judgments and decisions in cases of alleged child maltreatment. This is an international study that compares practitioners from four different countries.

Judgments as to whether a child is at risk and the decision whether to place a child out of home are hard to make (Benbenishty, Osmo, & Gold, 2003; Lindsey, 1992; Pösö & Laakso, 2014). There are clear cut cases either where danger is imminent and removal is clearly warranted, or when there are no compelling reasons to even consider removal. Still, many other cases are 'gray instances', in which it is not clear, even to the most experienced and informed workers, what would be the best course of action. Decisions are often made under less than ideal circumstances: pressure of time; inadequate resources for ensuring the child's well-being, whether at home or in placement; and often on the basis of insufficient and ambiguous information (Knorth, 1998; Munro, 2008). Moreover, our present knowledge of child development does not provide sufficiently clear guidelines as to when the child's well-being would be best served by removal and when by being kept at home (Thoburn, 2010).

The model of Judgments and Decisions Processes in Context (JUDPIC) was suggested as a model describing decision making in cases of alleged child maltreatment (Benbenishty & Davidson-Arad, 2012). According to this model, professionals make their judgments (e.g., case substantiation and risk assessments) based on case information on the child (e.g., physical signs of alleged abuse) and the family (e.g., parents' explanations of these signs). Further, according to the model, the information on these case characteristics are processed by professionals in social agencies who are influenced by their personal characteristics (e.g., their personal experiences of abuse and their attitudes toward child removal) and their agency features (e.g., placement policies and guidelines). These judgments (i.e., whether maltreatment has been substantiated, risk for future harm) lead to intervention decisions. This link between judgment and decisions is moderated by a large number of factors, such as policies as to what threshold warrants child placements, available knowledge and evidence that connect between case characteristics and appropriate interventions, and values and attitudes as to the relative merits of protecting the child and maintaining the family unit. Finally, the link between judgments and interventions may be mediated by available resources and constraints; a certain level of risk may lead to foster placement in one place but not in another place in which foster placements are scarce. All these case-level considerations are embedded within wider contexts, such as the ecological context of the family, the organizational context of the decision making agency and wider contexts relating to the overall characteristics of the service system and the multiple cultural contexts (e.g., the public attitudes toward the protective system or national child welfare legislation) (for a similar approach see Bauman, Fluke, Dalgleish, & Kern, 2013; Fluke, Chabot, Fallon, MacLaurin, & Blackstock, 2010).

As described by this model, judgments and decisions in cases of alleged maltreatment are the result of complex interactions between case characteristics and the characteristics of the professionals who make these decisions in a specific context. For instance, Rivaux et al. (2008) and Dettlaff et al. (2011) demonstrate that case characteristics such as ethnicity, poverty, and risk, are associated with both maltreatment substantiation and placement decisions. A series of studies showed how practitioners' decisions were associated with the child's race (Drake et al., 2011; Fallon et al., 2013).

Judgments are influenced not only by case features but also by the decision maker's characteristics. 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 & Pećnik, 2007), while more experienced workers are less prone to implement removal recommendations (Davidson-Arad, Enlechin-Segal, Wozner, & Gabriel, 2003). Other findings show that workers who experienced previous traumas were *less likely* to assess a child as being at risk (Regehr, LeBlanc, Shlonsky, & Bogo, 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). Findings, however, are not all consistent. Portwood (1998) found that workers' personal experience of child rearing and child maltreatment had only marginal effects on their risk assessment. Regehr et al. (2010) found no association between professionals' risk assessment and either education or age.

There is also strong empirical evidence that the contexts in which the decisions and judgments are made have a strong impact. Gold, Benbenishty, and Osmo (2001) demonstrated the impact of the larger country context in a study comparing decisions and rationales made by practitioners in Canada and Israel. This study indicated that the same case vignettes were judged differently by practitioners from the two countries, to a large extent reflecting historical developments in public attitudes regarding the costs and benefits of removing children from home (Benbenishty et al., 2003). In another study, Brunnberg and Pećnik (2007) found that Croatian social workers were more likely than their Swedish peers to assess a situation as requiring child protection and to favor removal, but no differences were found in judgments about the action needed in response to second-hand information in a case of child maltreatment.

Gilbert, Parton, and Skivenes (2011) show that some of the between-countries differences reflect the variations in their welfare regimes. The authors describe a *child protection orientation* that leads to social workers framing referred families as

potentially abusive, with culpability residing within the parents. This orientation leads to early recourse to court to mandate interventions characterized by forensic concerns, surveillance and early admission to state care. In contrast, the *family service orientation* is characterized by understanding private problems within a social ecology, and the use of family services to shore up against adverse social conditions.

In addition to the relatively stable child welfare regimes in each country, it is important to note the historical context in each country, where dramatic events may have a very strong, albeit sometimes short lived, impact on protective practices and decision making. Perhaps a striking example is that, following the death in England in 2008 of Peter Connolly (a child known to a range of child welfare and health practitioners), and the subsequent conclusion by a Parliamentary Committee that the threshold for admission to state care was too high, there was a 50% rise in applications to courts for Care Orders in the final six months of that year (CAFCASS, 2009). In the Netherlands, child protection has become a major public issue in recent years after the famous Savannah case, where a social worker was prosecuted for involuntary manslaughter after the death of a child (Baartman, 2008). Similarly, Wolf, Biesel, and Heinitz (2011) comment that the response to public concern in the face of media coverage of child deaths in Germany, 'led to a refocusing of child and family welfare services on child protection, with an emphasis on early risk assessment, crisis intervention, and quick out-of-home placements' (p. 184) (see a similar trend in Canada: Davis, McKinnon, Rains, & Mastorandi, 1999).

Understanding how decisions in cases of alleged maltreatment are influenced by a country context is an important step in efforts to improve child protection systems. To date, textbooks and professional training (e.g., Dubowitz & DePanfilis, 2000) focus mainly on how case characteristics should be assessed accurately in order to make the correct judgment and decisions. This is a narrow focus, and it is important to make professionals aware of the other domains that influence their decisions. Explicating decision maker or organizational characteristics that impact decisions may provide directions for change. If, for instance, practitioners' tendency to trust or mistrust family preservation or foster care programs impacts their decisions about removal, it is important to identify these context factors and address them in policy and organizational changes. Similarly, explicating differences between countries is an important means toward self-reflection and learning and may be an impetus for changes in national policies and practices (Baistow, 2010).

To date, international comparisons of decision making in cases of alleged maltreatment are rare. As mentioned, a series of studies examined attitudes, decisions and the content and structure of rationales for these decisions among professionals in Canada and Israel (Benbenishty et al., 2003; Gold et al., 2001; Osmo & Benbenishty, 2004). The authors presented the same case vignettes to professionals in both countries, so that similarities and differences could be compared. These comparisons provided important insights for professionals in these countries. For instance, Israeli practitioners were more influenced in their judgments and decisions by information on the mother's cooperativeness compared with their Canadian colleagues. The potential sources of this difference and the extent to which mother cooperativeness should influence risk assessments and removal recommendation are important issues in professional development.

Another recent international vignette study focused on risk assessments made by child welfare workers in England, Norway and California (Križ & Skivenes, 2013). Although certain issues were considered important by workers across the three countries (e.g., mother cooperation, family isolation, and poverty), the authors report systematic differences in levels of risk assessment and in the domains that these workers felt influenced their assessments (e.g., neglect, attachment, needs and history of child protection services). The authors offer interpretations of the differences in risk assessment patterns based on differences in the overall child welfare regimes and the structure of services in the three participating countries.

The present study is a continuation of this line of research. It uses the JUDPIC model (Benbenishty & Davidson-Arad, 2012) to compare judgments and decision making in cases of alleged maltreatment made by decision makers in four different countries: Israel, the Netherlands, Northern Ireland and Spain. These countries are similar enough to allow comparisons but also differ in important organizational and cultural aspects that may be reflected in differences in decision making. For detailed descriptions of these systems please see Gal, Ajzenstadt, Ben-Arieh, Holler, and Zielinsky (2010) for Israel; Hayes and Spratt (2014) for Northern Ireland; Harder, Zeller, López, Köngeter, and Knorth (2013) for the Netherlands; and Valle, Canali, Bravo, and Vecchiato (2013) for Spain.

In summary, this study follows the JUDPIC model and examines the relationships between three independent domains: case characteristic (mother's wish with regard to removal), practitioner characteristic (child welfare attitudes), and protective system context (four countries); and three dependent factors: substantiation of maltreatment, risk assessment, and intervention recommendation.

Method

Design

The present study focuses on assessment of a case vignette of alleged child maltreatment by professionals who are responsible for providing case assessments and recommendations for interventions in four countries: Israel, the Netherlands, Northern Ireland, and Spain. The professionals were asked for their assessments and recommendations.

Table 1
Sample characteristics.

Characteristic	Category	Israel $N = 210$ %	N. Ireland $N = 202$ %	Spain $N = 202$ %	Netherlands $N = 214$ %
Gender	Female	93.1	76.7	77.4	71.5
Age	20–24	1.4	4.1	0.5	7.4
	25–29	12.5	13.8	16.7	26.4
	30–34	18.8	16.9	24.2	20.9
	35–39	20.7	11.8	23.2	18.4
	40–45	16.3	17.4	18.7	20.9
	46+	30.3	35.9	16.7	6.1
Family status	Parent	87.6	59.4	43.1	57.0
Academic degree	No degree	0	Not available	3.0	4.7
	BA	45.7		51.5	80.8
	MA and higher	54.3		44.6	14.5

Vignette

The vignette is quite an extensive description (about three pages) of a case (the original vignette is available from the first author). This is a composite derived from authentic files in Israel. It has been used in a number of studies (Davidson-Arad & Benbenishty, 2008). The original vignette was reviewed by all participating countries and was slightly modified to ensure that it is relevant for all countries participating in an international study (e.g., the original Israeli vignette mentioned military service, compulsory in Israel, and this information was not included in the modified vignette). Further, each participating country translated the English version into its language and it was back translated and reviewed by the researchers. Each country conducted a pilot and following further discussion the vignette was finalized.

Briefly, the family described in the vignette consists of a couple and their three young children (ages 7, 4, and 2). The local welfare agency receives a call from a primary school teacher who is worried about Dana (7). She reports that Dana has worrying physical marks and previous injuries. Dana is quiet with unexplained outbursts of rage. The psychologist and classroom assistant in the school have tried to form a relationship with her, but she refuses to answer their questions. The family has few ties within the community and lacks a supportive extended family network. They are struggling financially due to the father's unemployment.

Participants were presented with one of two randomly assigned versions, related to the mother's wish toward removal. In one version of the vignette the mother voiced strong objection to removal to a foster family, stating: "no way will anyone touch my family and I'm ready to go to court on it." In the alternative version the mother did not voice an objection stating: "If you think this is better for the family I am willing to try."

Sample and Procedure

The sample consisted of 828 practitioners from four countries (Table 1). Convenience samples were recruited in different ways in the participating countries in order to represent the population of decision makers in their respective systems as accurately as possible.

In Israel ($N = 210$) the sample consisted of child protective officers (especially certified social workers) employed by local authorities across Israel. About half of the professionals were recruited during an annual national conference of child protective officers. The rest were recruited to supplement the sample, using multiple ways to approach them, such as participating in team meetings, calling their office and sending them emails asking their consent to participate, either individually or in small groups.

The practitioners in the Dutch sample ($N = 214$) were recruited in six out of twelve provinces. The aim was to try and cover different parts of the country. All the respondents were case managers or social workers in Regional Child Protection Service Agencies who were on a daily basis involved in the risk assessment and decision-making processes. The process of recruiting the practitioners involved seeking permission from heads of the agencies' departments to distribute questionnaires to the workers; in addition, practitioners were asked to participate by leaflets and oral presentations by one or two members of the research team.

The professionals in the Northern Ireland sample ($N = 202$) were all qualified social workers with experience of working with families and children. The process of recruiting the social workers involved seeking permission from social work agencies (both government and non-government organizations) to distribute questionnaires in a research dissemination conference that was organized at a university setting and participants who met the selection criteria were given the opportunity to complete the questionnaire. Seventy three per cent of respondents were employed by local government agencies with the remainder being employed by non-governmental agencies working with children and families.

The sample in Spain ($N = 202$) consisted of practitioners recruited in nine different Spanish regions. Child welfare departments in these regions were contacted and asked to provide the questionnaires to practitioners involved in the

decision-making processes such as case managers reporting to the judge. The respondents had mainly a degree in Psychology (38%), Social Education (25%) or Social Work (19%).

There were significant differences between participants from the different countries (Table 1). In Israel participants tended to be females who were parents and Northern Ireland they tended to be older; in the Netherlands there were fewer participants with an MA degree.

Measures

Personal and Professional Background. Each participant completed a demographic section that included questions about background and professional experience.

Attitudes. The "Child Welfare Attitudes Questionnaire" is a modification of a questionnaire used in previous studies (Davidson-Arad & Benbenishty, 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 50 statements covering six content areas. In each of these areas both positive and negative attitudes were included (reverse coding was used to create an index for each attitude). Respondents were asked to indicate their agreement with each item on a five-point scale, from 1 = strongly disagree to 5 = strongly agree. The following attitudes were included: *Against removal from home of children at risk* (overall alpha = .790, range = .747, .783, .799, .832); *Favors reunification and optimal duration of alternative care* (overall alpha = .735, range = .694, .726, .795, .820); *Favors children's participation in decisions* (overall alpha = .740, range = .610, .647, .703, .784); *Favors parents' participation in decisions* (overall alpha = .643, range = .547, .643, .656, .704); *Positive assessment of ability of foster care to promote children's development and well-being* (overall alpha = .449, range = .225, .457, .525, .679); *Positive assessment of ability of residential care to promote children's development and well-being* (overall alpha = .700, range = .527, 678, .708, .710). It should be noted that the scale describing the attitude toward foster care has a low internal reliability.

Maltreatment Substantiation. Based on their reading of the case vignette, participants were asked to substantiate the maltreatment suspicion and assess whether the child has been maltreated at home. The types of maltreatment were: emotional neglect, physical neglect, emotional abuse, physical abuse and sexual abuse. The five-point scale was: 1 = strongly disagree; 5 = strongly agree.

Risk Assessments. Following the presentation of the case vignette participants were asked, in light of the information presented to them, how would they assess the level of risk of physical and emotional harm to the child if she stayed at home. The five-point scale was: 1 = no risk; 5 = very high risk.

Intervention Decisions. Study participants were asked to recommend an intervention in the case. They were presented with six alternative options (see Table 3). These options were on an ordinal scale moving from the least intrusive (refrain from further intervention) to the most intrusive (place the child with a foster family, even without parental consent, either with the agreement of parents or using a court order if necessary).

Analysis

We conducted multivariate analyses of variance to compare between countries on their child welfare attitudes. These analyses were followed with one way analyses of variance with post hoc (Scheffe) comparisons between countries. We then conducted cluster analysis to identify subsets of participants who have distinct child welfare attitudes. We conducted a series of multivariate analyses with substantiation of five types of maltreatment and risk assessments as dependent variables and country and attitude cluster membership as independent variables. Finally, we used χ^2 tests to examine differences in intervention recommendations by countries and cluster memberships.

Ethics

Participation was anonymous and voluntary. The study procedures were reviewed and approved by the ethical boards of the authors' universities in each country.

Findings

The study examined the relationships between three independent domains: case characteristic (mother's wish with regard to removal), practitioner characteristic (child welfare attitudes), and protective system context (country); and three dependent factors: substantiation of maltreatment, risk assessment, and intervention recommendation. Preliminary analyses indicated that in all participating countries mother's wishes toward removal of her child did not have any significant main or interaction effect with the three dependent factors. We therefore present in detail only the analyses that include the independent variables of practitioner's child welfare attitudes and country.

Table 2

Means (SD) of child welfare attitudes by country ($N = 828$).

Attitude	Israel	N. Ireland	Spain	Netherlands
Against removal from home of	3.11	3.19	3.02[b]	3.16
children at risk	(.51)	(.57)	(.54)	(.53)
Favor reunification and	3.02	3.28[a]	3.05[b]	2.98[b]
short-optimal duration of				
alternative care	(.65)	(.64)	(.56)	(.56)
Favor children's participation in	3.47	3.78[a]	3.44[b]	3.02[a,b,c]
decisions	(.54)	(.48)	(.58)	(.45)
Favor parent's participation in	3.43	3.43	3.04[a,b]	3.02[a,b]
decisions	(.43)	(.47)	(.49)	(.38)
Positive view of foster care	3.45	3.52	3.67[a,b]	3.52[c]
	(.44)	(.52)	(.50)	(.36)
Positive view of residential care	3.59	2.88[a]	3.35[a,b]	3.19[a,b,c]
	(.45)	(.56)	(.48)	(.50)

Note: Means are on a scale: 1 = strongly disagree to 5 = strongly agree.

[a] Significantly ($p < .05$) different than Israel in post hoc (Scheffe) test.

[b] Significantly ($p < .05$) different than N. Ireland in post hoc (Scheffe) test.

[c] Significantly ($p < .05$) different than Spain in post hoc (Scheffe) test.

Child Welfare Attitudes Across Countries

Before we studied the relationships between the independent and dependent variables we examined the relationships between the two independent variables, and compared six child welfare attitudes across the four countries (Table 2). A multivariate analysis (with attitudes as the dependent variables) indicated that there were significant differences in child welfare attitudes between the participating countries ($F(18, 2463) = 34.82$, $p < .001$).

The complex pattern of findings indicates that between-country differences were not the same for all attitudes. The Northern Ireland practitioners were the strongest in their opposition to removal of children from home and their support for reunification and short and optimal duration of alternative care. Spanish practitioners had diametrically opposed attitudes on removal and duration in care. Dutch practitioners, on the other hand, were similar to the Northern Ireland practitioners in being against removal but had significantly lower support for reunification and short-optimal duration of placement. In this attitude they were similar to the practitioners in Israel and Spain.

Northern Ireland practitioners were also the strongest advocates of children's and parents' participation in decision making. Whereas Spanish, Israeli and especially Dutch practitioners were significantly less supportive of children's participation. Israeli practitioners were similar to Northern Ireland professionals in support of parents' decision making, a significantly higher support compared with Dutch and Spanish professionals. The Spanish professionals had the least negative view of foster care, significantly different than all participating countries. In contrast, Israelis had the least negative view of residential care, significantly different from all other professionals. Northern Ireland practitioners, on the other hand, had the most negative view of residential care, significantly more negative than practitioners in each of the other countries participating in the study.

A previous study suggested that practitioners cluster according to their child welfare attitudes (Davidson-Arad & Benbenishty, 2010). This analysis is helpful because workers may hold a number of attitudes simultaneously, and may cluster according to a *profile* of attitudes, rather than categorized as belonging to a distinct attitude. We conducted a *k*-means cluster analysis on the current data and identified two clusters, similar to the previous study. As can be seen in Table 3, clusters were significantly different across all attitudes ($p < .001$).

The first cluster of practitioners had strong attitudes against removal, favoring short/optimal duration of placement, support for inclusion of parents and children in decision making, and negative attitudes toward foster care and residential care ("Against Removal"). The other cluster included practitioners who were not so much against removal and had significantly more favorable attitudes toward out-of-home options of foster care and residential treatment ("More Pro Removal").

Further analyses indicated that countries differed in the relative frequency of each of the clusters ($\chi^2_{(3)} = 77.18$, $p < .001$). The country with the largest group of practitioners with strong attitudes against removal was Northern Ireland (75.7%);

Table 3

Means in clusters of child welfare attitudes ($N = 828$).

	Cluster 1	Cluster 2	$F(1, 826)$
Against removal from home of children at risk	3.43	2.81	395.74
Favor reunification and short-optimal duration of alternative care	3.48	2.73	15.47
Favor children's participation in decisions	3.72	3.14	67.59
Favor parents participation in decisions	3.52	2.96	543.37
Favorable view of the ability of foster care to promote children's development and well-being	3.47	3.60	271.15
Favorable view of the ability of residential care to promote children's development and well-being	3.10	3.40	407.88

Table 4

Means (and SD's) of maltreatment substantiation and risk assessments by country and attitude cluster membership (*N* = 828).

	Israel		N. Ireland		Spain		Netherlands	
	Clusters							
	I	II	I	II	I	II	I	II
Substantiation of:								
Emotional abuse	4.35	4.63	4.64	4.78	4.49	4.57	3.85	4.12[a,b,c]
	(0.84)	(0.61)	(0.51)	(0.42)	(0.60)	(0.59)	(0.83)	(0.87)
Physical abuse	3.84	3.80	3.69	3.84	3.55	3.63	3.25	3.49[a,b]
	(0.79)	(0.92)	(0.96)	(0.85)	(0.91)	(0.77)	(0.79)	(0.77)
Emotional neglect	4.58	4.70	4.62	4.69	4.47	4.51	4.39	4.52[a,b]
	(0.61)	(0.55)	(0.54)	(0.51)	(0.62)	(0.60)	(0.59)	(0.59)
Physical neglect	4.29	4.47	4.39	4.37	4.35	4.29	3.95	4.24[a,b]
	(0.76)	(0.62)	(0.82)	(0.73)	(0.69)	(0.73)	(0.70)	(0.65)
Sexual abuse	1.62	1.59	2.65	2.88[a]	1.82	1.97[a,b]	2.19	2.19[a,b]
	(0.72)	(0.79)	(1.66)	(1.41)	(0.67)	(0.86)	(0.65)	(0.68)
Risk for:								
Physical harm	3.85	3.92	3.92	4.04	4.06	4.03	3.69	3.88[c]
	(.76)	(.80)	(.72)	(.64)	(.73)	(.67)	(.70)	(.58)
Emotional harm	4.49	4.54	4.60	4.73	4.48	4.64	4.27	4.55[b]
	(.59)	(.58)	(.67)	(.45)	(.63)	(.55)	(.71)	(.55)

Note: Cluster I = 'strongly against removal' attitude; Cluster II = 'less against removal'.
Substantiation on a scale 1 = strongly disagree to 5 = strongly agree.
Risk on a scale 1 = no risk to 5 = very high risk.

[a] Significantly (*p* < .05) different than Israel in post hoc (Scheffe) test.
[b] Significantly (*p* < .05) different than N. Ireland in post hoc (Scheffe) test.
[c] Significantly (*p* < .05) different than Spain in post hoc (Scheffe) test.

Israel had a marginal majority for this view (52.4%), whilst Spain had a substantial minority (42.6%). However, only just over a third of Dutch practitioners favored this position of strong attitudes against removal (35.0%).

Maltreatment Substantiation

We conducted a multivariate analysis with substantiation of five types of maltreatment as dependent variables and country and attitude cluster membership as independent variables (Table 4).

The multivariate analysis indicated that there were significant differences between the participating countries (*F*(15, 2292) = 16.81, *p* < .001), and a smaller difference between the two attitude clusters (*F*(5, 762) = 2.92, *p* < .05). There was no significant interaction effect (*F*(15, 2292) = .48, n.s.). As can be seen in Table 4, substantiation tended to be lower among practitioners with a strong attitude against removal and strong support for reunification, except in Northern Ireland. Dutch professionals tended to substantiate alleged maltreatment significantly less than Israeli and Northern Ireland professionals. Also, practitioners in Israel and in Northern Ireland tended to substantiate most of the maltreatment allegations more than others, except for sexual abuse in which Israeli practitioners tended not to substantiate the maltreatment.

Risk Assessments

Risk assessments were also significantly (but not strongly) associated with country (*F*(6, 1620) = 4.16, *p* < .001) and with attitude cluster membership (*F*(2, 809) = 6.21, *p* < .01); the interaction was not significant (*F*(6, 1620) = .97, n.s.). Practitioners that belong to the attitude cluster of stronger opposition to removal had significantly lower risk assessments. The only significant between-country differences were between the Dutch practitioners making lower assessments regarding risk for physical harm compared with their Spanish counterparts, and lower assessments of risk for emotional harm compared with their Northern Ireland colleagues.

Intervention Recommendation

We examined whether there were differences between practitioners from the participating countries in their recommendations with regard to intervention recommendations.

None of the participants felt there was no need for further intervention and only one felt that there was no need for additional services (Table 5). The most prevalent recommendation was to intervene and provide additional services (51.8%). In about 22% the recommendation was to remove the child from home with parental consent and in additional 15.4% of the cases the recommendation was to remove with a court order, even without parental consent.

There were significant differences between the participating countries (after collapsing the first three categories, $\chi^2_{(9)} = 122.32$, *p* < .001, Table 5). The findings indicate that the Spanish practitioners were quite divided in their recommendations – whereas about a fifth thought that the case did not warrant any additional services, a similar proportion felt

Table 5

Frequencies and percentages of intervention recommendation by country (*N* = 816).[a]

Intervention recommendation	Israel	N. Ireland	Spain	Netherlands	Four countries
Refrain from further intervention	0	0	0	0	0
	0%	0%	0%	0%	0%
Indirect intervention through other professionals who are already in contact with the child (e.g., teacher)	0	0	0	1	1
	0%	0%	0%	0.5%	0.2%
Direct social work intervention without the provision of additional services	19	3	44	24	90
	9.1%	1.6%	21.8%	11.2%	11.0%
Direct social work intervention with the provision of additional services (e.g., after-school care for the child; attendance at family center)	136	114	51	122	423
	65.4%	59.4%	25.2%	57.0%	51.8%
Place the child with a foster family on a voluntary basis (i.e., with parental agreement)	28	57	67	24	176
	13.5%	29.7%	33.2%	11.2%	21.6%
Place the child with a foster family following the granting of a court order (i.e., without parental agreement)	25	18	40	43	126
	12.0%	9.4%	19.8%	20.1%	15.4%

[a] Number of missings: 12.

Table 6

Frequencies and percentages of intervention recommendation by attitude cluster membership (*N* = 816).[a]

Intervention recommendation	Strongly against removal	More pro removal	Total
No additional services	53	38	91
	12.8%	9.5%	11.2%
Additional services	244	179	423
	58.8%	44.6%	51.8%
Removal with consent	81	95	176
	19.5%	23.7%	21.6%
Removal even without consent	37	89	126
	8.9%	22.2%	15.5%

[a] Number of missings: 12.

that the case required removal of the child from the family, even if the family objects to the removal. The Dutch and Israeli practitioners recommended removal of children much less (a total of 25.5% and 31.3%, respectively) compared with the Spanish practitioners (53.0%).

Attitudes were also associated with the recommendation ($\chi^2_{(3)} = 34.80$, $p < .001$). While 28.4% of practitioners with stronger attitudes against removal recommended placing the child out of home, almost 46% of those with more pro-removal attitudes recommended placement (Table 6).

Discussion and Implications

The present study uses the JUDPIC model (Benbenishty & Davidson-Arad, 2012) to compare judgments and decision making in cases of alleged maltreatment made by decision makers in four different countries. This model posits that client characteristics impact judgments and decisions. In the present study two versions of a vignette were presented to the practitioners – in one the mother objected strongly to the idea of placement, and in the other the mother was willing to accept a placement if suggested by the social worker. This client information did not have any impact on judgments and decisions of workers from any of the four countries. This replicates findings from Israel (Davidson-Arad & Benbenishty, 2008), suggesting that this may be a general trend not limited to Israeli professionals. We think that this is a worrisome finding. While one could understand professionals ignoring parents' wishes in extreme cases of abuse, the present vignette was not judged by many participants to reflect extreme levels of risk. Parents' wishes should be considered carefully, and this was not evident in the present study. We agree with Davidson-Arad and Benbenishty (2008) that this issue should be addressed in training and perhaps in clear policy guidelines directing professionals to listen and weigh the parents' wishes, even neglectful and abusive parents (Cashmore, 2002; Sieppert, Hudon, & Unrau, 2000).

In contrast to the lack of effect of client characteristics, practitioner characteristics were associated with their judgments and decisions. Scholars have pointed out that social workers' personal features, such as their biases, personality, values, and temperament, enter into their decisions (e.g., Gambrill, 2005). Nevertheless, very little research has been conducted on the role these individual features played in risk assessments and intervention decisions (Ryan, Garnier, Zyphur, & Zhai, 2006). This is especially evident when comparing this line of research with the extensive research on the impact of the parent (e.g., Kortenkamp, Geen, & Stagner, 2004), the child (e.g., Wulczyn, 2004), and injury (e.g., Delfabbro, Barber, & Cooper, 2003). In the current research, the practitioners' own attitudes toward relevant child welfare issues had significant impact on all their judgments and decisions. Cluster analysis indicated that practitioners are mainly aligned along the continuum of how strongly they object to placement. Importantly, other attitudes are connected to the issue of child removal. Thus, those that strongly object to child placement, even when maltreatment is present, are also those who value the role of parents in decision making, and those who have a less favorable view of both foster care and residential placement. This cluster

of attitudes may indicate the importance of how practitioners see the quality of out of home placements. Currently, most of the discussions on dilemmas in child protection tend to contrast child safety at home with the importance of growing up with the biological family. The present findings may indicate that in their deliberations about the relative merits of family preservation and child placement, practitioners take into account also what they know and think about out of home alternatives. Practitioners who have less favorable views of foster families and residential care tend to have attitudes against removal of children from home, and vice versa.

At this stage it is difficult to disentangle these attitudes and identify the causal links between them. Is it the case that practitioners who have a strong attitude against removal tend to pay selective attention to information about the merits of out of home alternatives, or perhaps, based on a negative assessment of foster care and residential placements professionals form their attitudes that try to refrain from sending children to these alternatives. More conceptual and empirical work should be done to try and identify how various child welfare attitudes interrelate and impact each other.

The impact of attitudes on judgments and decisions is hardly surprising. Attitudinal theories hold that individuals' beliefs, values, and attitudes give rise to intentions that determine their behavior (Fishbein & Ajzen, 1975). People tend to 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). When issues are complex, as are those in child protection, the impact of attitudes is even stronger and people regard as salient those aspects that are consistent with their overall attitudes (Beckstead, 2003).

In the present study, attitudes were associated with both risk assessments and intervention recommendations. In their discussion of similar findings in Israel Davidson-Arad and Benbenishty (2010) distinguished between the impact of attitudes on risk assessments and on intervention recommendations, and argued that the connection between attitudes and risk assessment should be of concern, because assessments should be based only on the case information and not on the practitioner's personal values and attitudes. The present study indicates that the impact of attitudes on risk assessments may be a universal phenomenon and should be addressed by training and policy. For instance, the use of structured decision making instruments may help reduce inter-worker inconsistencies (see Ruscio, 1998) that reflect personal preferences, rather than valid professional knowledge. It should be noted, however, that there is also evidence to indicate that "over-structuring" the assessment process and eliminating professional secretion and individual differences may also have negative consequences (Munro, 2011).

The JUDPIC model posits that whereas the basic components of the child protection decision process and the interrelations between them are universal, the context in which they are made impacts them in multiple ways. This international comparative study strongly supports the importance of the country context. Practitioners from the participating countries differed significantly in all study variables: child welfare attitudes, maltreatment substantiation, risk assessments and recommended interventions. Interestingly, there are findings that are shared among professionals from different countries and others that differentiate among them. A similar perspective is provided by Stafford, Parton, Vincent, and Smith (2011) comparing child protection systems within the four jurisdictions of the United Kingdom. These authors use Hudson and Lowe's (2009) three layers of policy analysis – macro, meso and micro levels. Whereas macro influences, such as globalization and the communication revolution influence all child protection systems (contributing to similarities), the meso level mediates the global influences of the macro level and therefore there are significant differences between countries and jurisdictions, despite the strong forces of globalization. In future studies it would be important to further explore micro-level variations within each country (meso-level). One would expect, for instance, that larger and more ethnically diverse countries present more variability than smaller and more homogeneous societies, and countries with a centralized governance political structure (e.g., Israel) would show less intra-country variability in child protection than countries with more regional autonomy (e.g., Spain).

When child welfare attitudes were explored among professionals across four Western countries we found similarities that seem to reflect both shared influences and between-countries variations, representing meso-level differences. The smallest differences in attitudes between the four countries were with regard to the attitudes against removal. This seems to reflect the current shared ideology regarding the importance of family preservation and the prevention of removal, if possible (Al et al., 2012). The only country that deviated significantly from this approach was Spain.

Another case in point of both inter-country similarities and differences is the finding that in three of the participating countries, attitudes toward foster care were much more positive than those toward residential care. This trend is very much along the current emphasis on children's rights (UNICEF, 2014), the superiority of family settings over residential care (e.g., Dozier et al., 2014), and the continued efforts to dismantle residential facilities in Europe, including massive closures of institutions in Former Soviet Union countries, such as Romania (Nelson, Fox, & Zeanah, 2014). Within this global trend, Northern Ireland and the Netherlands stand out as more extreme cases, as negative attitudes regarding residential settings are fueled by media exposure to cruelties committed in residential settings in these countries (e.g., Harder et al., 2013).

In contrast to these attitudes shared by three of the countries, Israeli practitioners viewed residential care more favorably than other professionals and slightly more favorably than foster care. Hence, although Israeli practitioners are familiar with the literature on attachment and the importance of family settings (as indicated in this study by their reluctance to remove children from home) that lead to preferring foster care, they had a positive view of residential care. This can be explained based on the historical context of the development of child welfare services in Israel that were influenced by the critical role that residential settings played in the Jewish tradition, in providing a home for children during and following the holocaust,

and in serving as a socializing context in the Zionist ideology that promoted collectivist (and to a large extent agricultural) settings (Dolev, Ben Rabi, & Zemach-Marom, 2009).

Spain presents another unique combination of attitudes to these placement alternatives. Attitudes toward residential care are not as negative as those of practitioners from Northern Ireland and the Netherlands, and at the same time their attitudes toward foster care are the most positive. This may reflect the recent developments in child protection in Spain that historically relied more on residential care. There is a gradual change in professional ideology and intensive work has been carried out to convince professionals of the superiority of family-based interventions over residential placements. Moreover, program evaluations conducted in Spain have revealed a very positive picture of family foster care, with high placement stability (DelValle, López, Montserrat, & Bravo, 2009; López, Del Valle, Montserrat, & Bravo, 2013), and a lower rate of placement breakdown (López, Del Valle, Montserrat, & Bravo, 2011). This optimistic portrait may have changed the attitudes of professionals to accept foster care as a good alternative.

Although we presented virtually the same vignette to all practitioners in the study (the manipulation did not have any impact), there was considerable variation in the interventions they recommended based on this case file. Although the majority opted for services in the home milieu without removing the child, a substantial minority (22%) recommended removal and an additional 15% recommended removal after granting a court order, even without parental agreement. As predicted by the JUDPIC model, the interventions recommended by practitioners in this study reflect their maltreatment substantiation and their risk assessments in the expected way – maltreatment substation and higher assessed risk were associated with recommendations for more intrusive interventions. These recommendations were also associated with child welfare attitudes: practitioners in the cluster that was more strongly against removal also recommended fewer removals.

As expected, country context also had an impact and there were significant differences between practitioners from different countries – the number of practitioners in Spain who recommended removal (52%) was more than double the proportion in Israel (25%). The following sections provide a closer look at each of the participating countries.

Israel

Israeli practitioners had the lowest levels of removal recommendations (both with parental agreement and with a court order). This replicates previous findings comparing Israeli and Canadian practitioners showing that whereas about 58% of the Canadian professionals recommended removal, less than four percent of the Israelis recommended removal based on the same vignette. The authors explain these differences as reflecting the variations in the social, cultural, and political contexts in which these professionals work. The ideological and professional stance in Israel is that families should be kept together as much as possible and children should stay with their parents. Nevertheless, there is an ongoing media campaign against protective service workers blaming them that they "kidnap" children from their parents and "prey" on the weakest groups in society (the poor and new immigrants). As a partial response, the new Social Welfare Minister and his director general appointed yet another committee to try and address the harsh public criticism, through various organization and professional changes (Silman Report, 2014). In light of these contextual influences, it is not surprising that the findings here replicate previous studies showing low numbers of recommendations to remove a child from home (e.g., Benbenishty, Segev, Surkis, & Elias, 2002; Gold et al., 2001).

Spain

In contrast, Spanish practitioners' attitudes are much less against removal and present a low support for reunification and short-optimal duration of placement. These are congruent with their high numbers of recommendations to remove the child in the vignette from home. The Spanish child care system has traditionally been managed as a charitable model working with marginal families who live in extreme poverty. Through the legal developments during the late eighties and nineties a model focused on child protection, less tolerant to families and their rights, was established, moving professionals toward a more drastic approach when making decisions with families (yet the legislation allows children to wait in children's homes; see López & Del Valle, 2013). Findings therefore seem to be closely related to the Spanish tradition of out-of-home placement, particularly into residential care, which still encompasses around 40% of all out-of-home interventions (Ministry of Health and Social Policy, 2012). At the same time, in the Spanish child care system hardly any family support programs are developed aimed at preventing child abuse and neglect in families in high risk situations. Resources are primarily destined to out-of-home measures, mainly residential care, since foster care relies on kinship families (around 80% of all out-of-home family placements; Del Valle, López, Montserrat, & Bravo, 2009), which receive very limited and inconsistent economic assistance.

Northern Ireland

The pattern of findings in Northern Ireland is more complex as practitioners present very strong attitudes against removal, but they also substantiate allegations more than others and recommended removal in almost 40% of the cases, far more than Israeli and Dutch practitioners, whose attitudes against removal were weaker. This puzzling pattern could be interpreted on the basis of the development of child protection in Northern Ireland. As part of the United Kingdom, Northern Ireland has been influenced by a child protection orientation (Devaney, McAndrew, & Rodgers, 2011). This orientation was pervasive

until the 1990s, since when there has been a government led campaign to ensure services are delivered to families to address a wider range of child welfare needs at an earlier stage (Hayes & Spratt, 2009). Within this context, we interpret the findings as reflecting a view, fueled by negative press reporting and public inquires, that the public care system (especially residential care) fails children (Coman & Devaney, 2011). Whilst practitioners recognize significant risks to the child in the home situation they perceive other risks to Dana if she were to enter the state care system and appear to be weighing one set of risks against another. This is why high maltreatment ratings do not automatically translate into removal decisions. Additionally, human rights legislation and recent reports into the operation of the child protection system (Munro, 2011) have also had the effect of ensuring that giving space for the voices of children and parents in practice is a priority. This explains why Northern Ireland practitioners are the strongest advocates for the voice of the parent to be heard in decision making, and helps explains the low rate (9.4% being the lowest of any of the participating countries) of practitioners choosing court mandated removal into state care.

The Netherlands

Dutch practitioners present a different pattern; similarly to the Northern Ireland practitioners they had a strong attitude against removal but the overall number of recommendations for removal is much lower and close to the Israeli practitioners. This seems to reflect the Dutch family service orientation which is characterized by more preventive work and family support at an early stage, under the assumption that abuse is a result of a family conflict caused by social, economic and/or psychological difficulties (Gilbert et al., 2011). In Dutch policy an out-of-home placement is considered the most extreme form of intervention to secure the safety of the child; therefore family-centered care and ambulatory programs are the preferred intervention alternatives (Netherlands Youth Institute, 2007). Congruently with this model, Dutch practitioners in this study seem to be the most against removal, together with the Northern Irish. Dutch professionals tended to substantiate alleged maltreatment to a lesser degree than others. The current findings are in line with Dutch governmental policy that strongly emphasizes placement prevention and avoidance of entry into foster or residential care (Harder et al., 2013). The principle of "pedagogical civil society" is seen as guiding child and family welfare issues (De Winter, 2012), causing an extra reluctance to an intrusive intervention like out-of-home placements (see also Raad voor Maatschappelijke Ontwikkeling, 2012). A more surprising finding is that Dutch practitioners in this study showed significantly lower support for children's and parents' participation than practitioners in the other three participating countries. This, despite the fact that Dutch child and youth services emphasize the importance of participation of young people and their parents in decision-making processes (Knorth, 2002; Knorth, Van den Bergh, & Verheij, 2002). This apparent discrepancy might be the result of the one-sided attention that was paid during many years to the professionalization of care workers to the detriment of involving children and parents in care decisions. Groen, for instance, argued that "...the wish for youth participation puts the whole *traditional* idea of the professional under strong pressure. When a youth is (seen as) a co-expert, how does the professional, with his knowledge and experience, position himself? At that moment the professional is no longer the expert who tells the youth what is good for him or her" (in Kroneman, 2000, p. 31). In addition, the massive media attention to family dramas like the Savannah case (Baartman, 2008) presumably has strengthened practitioners' reluctance to give room to parental voices in cases of strong suspicions of child abuse. In fact, the Dutch social worker, who did not distance herself from Savannah's parents' wishes to keep the child in the family, was brought to court after the child's death; an event that shocked the community of Dutch child protection workers.

Study Limitations

This study compares decision making in a case of alleged child maltreatment by practitioners from four countries. As such, it provides valuable information on similarities and differences between practitioners from several countries working on the same case. These findings should be viewed in light of the study limitations. Vignette studies, such as the present one, are limited because they create an artificial decision environment, as real life decisions are carried out in settings with much more informational noise, pressures and competing time priorities. Further, most of the decisions regarding child removal are group decisions, and not carried out individually as in this study. Next, in this comparative study, although we made all efforts to make the vignette identical and relevant to each of the participating countries, we cannot rule out the possibility that some parts of the case story may have been understood and interpreted differently due to cultural and language variations. This may also have caused the low internal reliability of some of the attitude scales, reflecting perhaps different cultural meaning given to similar words. Additionally, given that convenience sampling was used extensively, generalizations should be made cautiously. Finally, as this study did not present a priori hypotheses on differences between countries, it is important to replicate this study and examine what comparative findings are reproduced.

Implications for Practice and Policy

The most important implication of this study is that both practitioners and policy makers become aware of how attitudes and country context impact judgments and decision making in child protection. Training of practitioners in this area should increase their understanding of how the context in which they operate and their own attitudes influence their judgments and

decisions. Training should include group discussions that explore the different attitudes toward child protection issues and the identification of the ways in which the organizational, social and cultural contexts are affecting decisions on particular cases. This four country comparison should be examined by policy makers in each country in order to realize how the majority of practitioners in their country are approaching cases, compared to other countries, and assess whether these attitudes and decision making approaches are in line with their ideology and goals. Finally, this comparative study suggests that there is much to be gained by an international study that compares decisions made on the same case. There is a clear need to continue and explore the ways attitudes are formed in each country and how they are translated into differential judgments and decisions.

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