



Systemic differences in views on risk: A comparative case vignette study of risk assessment in England, Norway and the United States (California) [☆]



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ABSTRACT

This article examines how child welfare workers from three countries assess risk to a child in the context of different risk assessment tools, child welfare systems and welfare regimes. Previous research suggests that there are distinct differences between child protection-oriented child welfare systems such as England and the U.S., and family service-oriented child welfare systems such as Norway (Gilbert et al., 2011). We use a case vignette method to analyze how 299 child welfare workers from England, Norway and California (U.S.) assess risk. The case vignette describes the case of 'Beatrice', a nine year-old girl of Black African descent who was born with an organic heart disease and a cleft palate. We found that respondents from California assessed the risk to be the lowest, followed by respondents from England and Norway. The risk factors that respondents highlighted as important for their assessment also varied significantly between countries, displaying different perceptions of elements in a case constituting risk. Respondents from Norway, who, comparatively, practice within the context of the least regulated assessment platform, identified the most homogenous assessments and types of reasoning, whereas both the assessment of risk levels and identifications of risk factors were more heterogeneous among workers in England and California. We argue that the different risk assessment tools only partly influence what workers identify as risk factors in a case, and that type of welfare states and child welfare systems is also an influence. This study thus supports existing scholarship on the distinctions between child welfare systems. However, we also found significant differences in perceptions of risk factors between England and the United States.

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1. Introduction

This study examines how child welfare workers employed in public child welfare agencies assess risk to a child in the context of different risk assessment tools in countries with different child welfare systems and welfare regimes (Arts & Gelissen, 2002; Esping-Andersen, 1990; Gilbert, Parton, & Skivenes, 2011). The term "risk assessment tools" here refers to the methods that child welfare workers in England, Norway and California (the United States) utilize in a child welfare case investigation or an ongoing case to assess the factors that constitute risk to the child. The purpose of this paper is to analyze the content and focus of child welfare workers' risk assessments. We are particularly interested in comparing how child welfare workers understand risk and how they explain their assessments. Thus, we presented all workers

with the same case vignette and asked them to identify the risk level in the case on a scale from none to very high. We also asked them to identify the factors in the case that they considered important for their assessment.²

It is important to study child welfare workers' risk assessments from a comparative perspective as there are only a few empirical cross-country studies on the topic, despite a vast theoretical scholarly base on risk assessment. Previous studies comparing risk assessment examined the following countries: Denmark, Germany, Sweden, the U.S. (Texas), the UK (Forslund, Jergeby, Soydan, & Williams, 2002; Jergeby & Soydan, 2002; Skytte, 2002; Soydan, 1995; Williams & Soydan, 2005), and Canada and Israel (Benbenishty, Osmo, & Gold, 2003; Gold, Benbenishty, & Osmo, 2001). One of these research projects (Forslund et al., 2002; Jergeby & Soydan, 2002) analyzed child welfare workers' reactions to a child welfare case depending on the ethnicity of the child. This study found that workers in Germany, Denmark, Sweden and the UK reacted similarly to the case irrespective of the child's ethnic background (Forslund et al.,

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² The vignette is available via this link: http://www.hib.no/avd_ahs/fou/case%204.pdf.

2002; Jergeby & Soydan, 2002). Williams and Soydan (2005) showed that workers tended to work within a cultural/individual deficit model, utilizing psychological and behavioral considerations rather than focusing on social-structural considerations such as inequality, poverty, support networks, and racism. Even in countries such as the UK, where there are standardized guidelines for working with a child of minority ethnic background, responses were not standardized, thus evidencing high levels of worker discretion (Williams & Soydan, 2005).

These previous studies predict heterogeneity of risk assessments in countries with different child welfare policy contexts. They also suggest that not only workers' training and their specific knowledge and experience (Benbenishty et al., 2003) but also national and organizational cultures (Gold et al., 2001) affect risk assessment and decision-making. Gold et al. (2001) analyzed how child welfare professionals undertake risk assessments and decide on interventions in Canada (Ontario) and Israel (Jerusalem). Their research demonstrated high agreement about the level of risk assessment within each country (and in terms of interventions, high agreement among Israelis and quite low agreement among Canadians). The researchers found significant cross-country differences in workers' assessments of level of risk: Canadian workers used higher risk assessments than Israelis and were more likely to recommend that the child be removed from home. This study also showed that maternal level of cooperation affected risk assessments in both countries. Benbenishty et al. (2003) also compared the structure and content of the arguments that workers used to assess the case of a child at risk in Israel and Canada. Workers in both countries reported that they used theory, general knowledge and experience to endorse their assessment of risk and the interventions they recommended. Values or policy were rarely used, and empirical knowledge was never used (Benbenishty et al., 2003).

Based on this previous literature, we would expect to find cross-country differences in risk assessment levels as well as perceived risk factors because England, Norway and the U.S. have different child welfare systems with different aims and embrace different approaches to assessing risk. However, as the core knowledge and values of the social work profession are similar across countries (Healy, 2000; Hutchinson & Olstedal, 2003; Lehmann & Coady, 2008; Levin, 2004; Payne, 2006; Turner, 2011), we might expect child welfare workers to mostly perceive the same risks and strengths in a family when reviewing a case, especially given the fact that marginalized children and families face similar challenges across modern societies. This assumption is supported by a recent vignette study that draws on the same cross-country sample of workers as this study and showed that Norwegian child welfare workers assessed the risk level to the child in the vignette to be significantly higher than their peers in England and the U.S. However, workers from all three countries identified the same risk factors in the case (Skivenes & Stenberg, 2013).

2. Child welfare and risk assessment approaches

We chose England, Norway and the U.S., more specifically California, as our cases because they embrace a different combination of types of welfare state models (Arts & Gelissen, 2002), child welfare systems (Gilbert et al., 2011) and risk assessment approaches. Both England and California represent the so-called "liberal welfare regimes" (Esping-Andersen, 1990), with social programs targeted at the most disadvantaged, and child welfare systems that are primarily oriented towards child protection (Gilbert et al., 2011). Norway represents a "Social Democratic welfare state" (Esping-Andersen, 1990), with universal public service provision and a child welfare system that is considered a "family service system" (Gilbert et al., 2011). While California's risk assessment tool is highly standardized, workers in England followed a "common assessment framework," and Norwegian workers did not work with a risk assessment tool at all when this study was conducted in Norway (in 2008).

2.1. California

In the United States, children's "safety," "permanency" and (a child's physical, emotional and social) "well-being" are the guiding principles of child welfare services as defined by federal law. While "safety" speaks to the child protection focus of the U.S. system, the idea of "permanency" emphasizes the value of continuity in a child's relationships with caregivers as well as the value of family preservation and preventing the need of a child's removal from home (Berrick, 2011; Child Welfare Information Gateway, 2013). California's child welfare system can be considered a "child protection system" (Gilbert et al., 2011). It is oriented towards intervening when there is a serious risk of harm for a child; thus the threshold for intervention is set high and the ambition is to then provide services for a possible reunification. Comparatively, the U.S. represents this type of system more so than England, which has been turning towards a "family service system" and a broader conceptualization of risk up until around 2010, but has been rolling back towards a child protection focus again in recent years (Parton, 2011; Parton & Berridge, 2011).

The Californian child welfare agencies included in this study use an actuarial tool called Standard Decision Making Scheme (SDM) for risk assessment in emergency responses, investigations and ongoing cases. The basis of actuarial risk assessment tools is the statistical examination of the key factors that are involved in situations in which the child is at risk of harm. Actuarial tools provide factors predictive of maltreatment that workers score and that then result in an overall risk score. These tools use fewer and different factors than the so-called consensus-based tools, which are based on theories of child maltreatment, research on maltreatment and/or expert practitioners' opinions (D'Andrade, Austin, & Benton, 2008; Ryan, Wiles, Cash, & Siebert, 2005). There is high compliance with risk assessment tools in California: child welfare workers surveyed in seven Californian counties overrode the child and family risk assessment tool in only 1.5% of 7685 cases in the year 2000 (Johnson, 2011).

More specifically, SDM's "Safety Assessment" tool, which workers need to complete prior to their first face-to-face interaction with the family, contains "yes" and "no" tick-off boxes that include "safety threats" and "protective capacities." Under "safety threats", the tool lists the following risk factors: caregiver causing serious physical harm to the child; current circumstances combined with information about caregiver previously maltreating the child; suspected child sexual abuse; failure to protect the child from serious harm; inconsistent nature of caregiver's explanation of child's injury and nature of injury; family's refusal to access the child; failure to meet child's immediate needs; hazardous living conditions; caregiver's substance abuse; domestic violence; caregiver's negative description of or behavior towards the child, and caregiver's level of emotional, developmental or cognitive impairment. The protective factors listed include the child's and caregiver's capacity to participate in safety interventions; the caregiver's willingness to recognize safety problems and threats; caregiver's access to resources; caregiver's supportive relationships; caregiver's willingness to take action to protect the child and to initiate temporary intervention; healthy caregiver-child relationship; awareness of and commitment to meeting child's needs, and history of effective problem solving (California Department of Social Services, 2009).

The "Family Risk Assessment" tool described in the same SDM Manual (California Department of Social Services, 2009), which workers need to complete within 30 calendar days of the first face-to-face contact, contains 12 items that can add points towards an overall "neglect score" or "abuse score." The numbers scored then add up to a "scored risk level," which ranges from "low," "moderate," "high" to "very high." The more points scored overall, the higher the risk in the case. The items under "neglect" include the following factors: whether current report is for neglect; the number of prior investigations; whether or not the household previously received services from the child welfare system; the number of children involved and the age of the youngest

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