Rami Benbenishty

Background
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 factors: 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.

Method
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.

Findings
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.

Discussion and Implications
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 practitioners’ awareness of the impact that their attitudes and the context in which they are embedded have on their judgments and decisions.

Keywords: child abuse and neglect, decision-making, assessment, professional judgment, protective services, comparative study,
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Protection system of children and young people at risk: Decisions in a context of risk and uncertainty

Doutor Paulo Delgado, Vânia S. Pinto

In family contexts of neglect or maltreatment, the state interferes by safeguarding the development and wellbeing of the child or young person in danger. The decision-making process regarding the type of intervention, removal of the child or reunification with the biological family, should always take into consideration the child’s best interests. This study aims to understand how 200 Portuguese students, in scientific areas related with the professions involved in decision-making process, would decide in the presence of a specific case of a child suspected of being victim of violence, as well as which factors influence their decisions (Davidson-Arad & Benbenishty, 2008, 2010). From the data analysis, it is evident that the students recognize that the child is at risk of suffering significant physical and emotional harm, nevertheless they are mostly in favour of an intervention with the biological family, avoiding the removal of the child. Subsequently, after the child has been removed and integrated in foster care, students consider that she should remain there. It is noted, with statistical significance, that the decisions were influenced, in the first moment by the withdrawal agreement or disagreement of the mother and the second time by the child’s desire or not of reunification with the birth family. We conclude that it is relevant to rethink the curriculum of higher education in the area of child protection system, including the study of decision-making criteria, based on the analysis and understanding of practical cases.

Key-Words: Children protection systems, Children and young people at risk, Decision-making, Foster care

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Predicting the Decisions of Hospital Based Child Protection Teams to Report to Child Protective Services, Police and Community Welfare Services

Rami Benbenishty

This study was conducted with funding from the Israel National Institute for Health Policy Research (Grant # 2009/54) and support provided by the Haruv Institute

Background: This study examines judgments made by hospital-based child protection teams (CPTs) when determining whether or not there is reasonable suspicion that a child has been maltreated, and whether to report the case to a community welfare agency, to child protective services (CPS) and/or to the police.

Method: A prospective multi-center study of all 968 consecutive cases referred to CPTs during 2010-2011 in six medical centers in Israel. Centers were purposefully selected to represent the heterogeneity of medical centers in Israel in terms of size, geographical location, and population characteristics. A structured questionnaire was designed to capture relevant information on each child referred to the team. Bivariate and multivariate multinomial logistic regressions were conducted to predict the decisions whether to refer the case to community welfare services or to report it to CPS.

Findings: Bivariate and multivariate analyses identified a large number of case characteristics associated with higher probability of reporting and referrals, including socio-demographic (e.g., ethnicity and financial status), parental functioning (e.g., mental health), previous contacts with authorities and hospital, current referral characteristics (e.g., parental referral vs. child referral), physical findings, and suspicious behaviors of child and parent.

Discussion: The information used for the decision to report is supported by professional literature and expertise. There are indications that heterogeneity between cases, practitioners and medical centers had an impact on the overall predictability of the decision to report. Collaboration between hospitals and community agencies is suggested to support learning and quality improvement.

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Child protection decisions to substantiate hospital child protection teams’ reports of suspected maltreatment

Merav Jedwab

Background: The present study focuses on the way child protection officers (CPOs) in Israel assess suspected abuse and neglect (SCAN) reports made by hospital child protection teams (CPTs), to determine whether the alleged maltreatment is substantiated.

Methods: The study was conducted in six medical centers and included 358 reports investigated by CPOs for SCAN. A structured questionnaire was completed by hospital CPTs to capture all relevant information on each child referred to the CPTs. Structured phone interviews were conducted with each of the CPOs who received a CPT report. Bivariate associations and multivariate logistic regressions were conducted to estimate the substantiation rate of cases reported by CPTs and the types of maltreatment substantiated, as well as to identify case characteristics of the child and the family that were associated with the CPOs’ substantiation decision.

Findings: CPO follow-up investigations revealed a substantiation rate of 53.5%. The maltreatment type most commonly substantiated was neglect. The case characteristics associated with substantiation included socio-demographic background, parents’ health and functioning, previous contact with social services, characteristics of the hospital referral, medical findings and an assessment of the parents’ behaviors.

Conclusions: The findings of the study highlighted the importance of cooperation between the health and welfare services and the policy makers. This cooperation is essential for identifying early signs of maltreatment. Enhanced cooperation and effective information transfer between various professionals would help prevent or at least reduce the recurrence of maltreatment and would ensure that the children and their families are treated appropriately.

Keywords: Child protection teams, Child protective officers, Reporting, Maltreatment substantiation

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