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A study of social worker risk assessment practices conducted by day and alternate hours workers

Shelley Thomas-Robinson

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A STUDY OF SOCIAL WORKER RISK ASSESSMENT PRACTICES
CONDUCTED BY DAY AND ALTERNATE HOURS WORKERS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Science
In
Social Work

By
Shelley Thomas-Robinson
September 1999
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Abstract

Increasing unemployment, substance abuse, and poverty in San Bernardino County can drive up the number of suspected child abuse reports received by the Department of Child Protective Services. Administrators must be prepared to redefine policies and procedures to mobilize strategies that will respond to the escalating number of abuse reports. This study examined assessment practices of day and alternate hours workers to assess whether significant differences existed between the two. Using an archival/historical design and manifest content analysis, this study examined the two groups to identify differences possibly attributable to current practices of managing night and weekend duty and its impact on the detention of children.
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CHAPTER ONE

Problem Statement

Numerous national and state child advocacy organizations report an alarming increase in child abuse reports. In 1994, there were over 3 million children reported to Child Protective Service agencies throughout the nation. The total number of reports between 1987 and 1996 have increased by 45%, according to the Executive Summary of Third National Incidence Study of Child Abuse and Neglect, (September 1996). In 1996, the National Committee to Prevent Child Abuse (NCPCA) reported there was a 63% increase in reports of child abuse. Furthermore, the NCPCA report reveals, "Experts attribute much of the recent increase in reporting to greater public awareness of and willingness to report child maltreatment, as well as changes in how states collected or defined a reportable act of maltreatment (Wiese & Daro, 1995)." (April 1995).

"In California, the number of child abuse/neglect reports per 1,000 children increased 76% between 1985 and 1994." (Legislative Analyst’s Office, 1996).
According to the Legislative Analyst’s Office (LAO) in a January 1996 report, for the year 1993, California had the highest rate of reports of child abuse among the nation’s 10 largest states. However, of the ten largest counties, in the same LAO report, San Bernardino County had the second highest reporting rate in 1994 (exceeded by San Diego County), which was 18-20 percent above the statewide average. 

Legislative changes such as the Adoptions Assistance and Child Welfare Act of 1980, the adoption of Chapter 978 in 1982, and the more recent welfare reform laws, clearly reflect legislative responses to increasing concerns over the growing numbers of court ordered dependent children. These statistical findings and legislative responses are startling and seem to scream with urgency the need for administrators and social service workers to redefine policies and procedures to mobilize strategies that will respond in readiness to the increasing needs of so many children.
Problem Focus

Emergency Response Program is part of the Child Welfare System (CWS) within the San Bernardino County Department of Child Protective Services (CPS). It "...is a response system which can provide immediate in-person response 24 hours a day, 7 days a week for the purpose of providing initial intake and crisis intervention services" (Riverside County Department of Public Social Services, 1997, p. 4). Structurally in the San Bernardino County CWS, the Emergency Response Program is housed and supervised in separate units. It consists of the central intake unit, known as CAHL (child abuse hotline) where the report is received and screened for response by the Regional Offices where the report is assigned to Emergency Response Workers for assessment. The Emergency Response staff is that segment of the CWS team that provides the in-person response,

"...to reports regarding children who are suspected of having been abused, neglected or exploited; and determine whether to provide services to assure the safety of the child while preserving the child in his/her own home, or if this is not possible, arrange for adequate substitute..."
care" (Riverside County Department of Public Social Services, 1997).

All children in San Bernardino County, reported for possible child maltreatment are protected by CPS as defined by the Welfare and Institution Code, Section 300. Minors which are ineligible for CPS intervention defined by CPS are (a) youth 18 years or older, (b) emancipated minors, and (c) most minors involved in criminal activity (Policy Manual—Child And Family Services, 1996).

If the report of allegations meets the criteria for protection by CPS, the CAHL worker searches the Case Management System/Child Welfare System (CMS/CWS) database to gather background information. If there is an existing open case under investigation, or an open case currently receiving services, then the additional report is screened out for a response call. The report is subsequently forwarded to the current social worker and supervisor of record for follow-up. However, the CAHL worker processes the report in the same manner; recommending a risk assessment if the abuse allegations fall within the screening guidelines for an Immediate Response.
For all maltreatment reports, the CAHL worker will search the alleged perpetrating parent/caretaker in the CMS/CWS database for prior CPS casework. This step enhances the information gathering process the ER worker will engage during the home visit to assess risk to the child. The CAHL worker considers “risk factors including the precipitating incident, child factors, caretaker factors, and family assessment factors...” to determine the level of appropriate response (immediate or 10-day). (California Risk Assessment Curriculum For Child Welfare Services, 1991, p.2-A-3). An allegation is deemed appropriate for an Immediate Response for the following reasons:

- There exists a situation likely to cause imminent physical pain, injury, disability, severe emotional harm or death to a child.

- Law enforcement agency refers a child and states there is immediate risk of abuse, neglect or exploitation. (Riverside County Department of Public Social Services, Policy Manual 31-100, CPS Referrals)

Emergency Response workers conduct risk assessments using a process derived from the Utah

According to Harris, this process is known as a "...tool which measures and organizes factors present in abuse and neglect situations and which are considered as important in describing the current safety and in predicting the future safety of the child. These factors include the characteristics of the reported abuse or neglect, the child and family involved, and the environment in which the child and the family exist. (California Risk Assessment Curriculum For Child Welfare Services, 1991, p.2)."

Such risk factors were then developed into a grid of characteristics rated in terms of their severity; thereby providing a standardized chart of minimal information that should be assessed during the initial investigative contact. Information is gathered about each problem-involved family member and a rating of the child and the family home situation on pre-set risk criteria; this is completed to aid in the decision process. Pecora (1991) asserts such a tool aids the determination of whether there is a predictability of future child maltreatment. This is the primary objective in an Immediate Response to a report of child maltreatment.
However, the limitation of this tool and other risk assessment tools lies not in its design but in its user. Studies suggest that while risk assessment tools provide uniformity of the information collected and may decrease the time it takes to conduct an assessment, there is no evidence that their use is more accurate in the prediction of child safety than any other methods used. According to Jones, "even when the empirical status of an indicator has been established questions have been raised about whether they are being applied reliably (Wells, Fluke, Downing, and Brown, 1989A, 1989B; Stein & Rezpiniki, 1984; Gleeson, 1987; Craft, Epley, Clarkson, 1980; & Rosen, 1981; McDonald & Marks, 1991)." (1993,p.246).

Furthermore, according to Gleeson, "...studies indicate that professionals are able to agree on child welfare decisions only when children are clearly safe or clearly in physical danger [Craft et al. 1980]." (1987,p.101).

The Emergency Response team of workers in each Regional Office respond to calls for Immediate Responses (IR's) received during business hours, 7:30AM - 5:30PM, Monday through Friday (hereafter
referred to as day hours). However, during alternate hours, which are all other hours, and include 24 hour services on demand on holidays, weekends, and flex Fridays (CPS closed on alternating Fridays), On-Call workers respond to all IR's in their respective region. This team of workers is composed of experienced ER social workers that work day hours and are scheduled on a rotating basis to work additional On-Call work hours. Each Regional Office has its own scheduled On-Call workers to facilitate prompt response time and the availability of workers familiar with the community and its resources.

There are several differences that distinguish the day ER process from the alternate hours process. Unlike, day ER workers who receive completed reports ready for an initial investigative contact; On-Call workers are unable to receive the same information. CAHL workers may obtain background information through CMS/CWS until 10PM. After 10PM there is no access to the CMS/CWS database for Alternate Hours Supervisors or the alternate hours On-Call workers.

Unlike day hour ER calls, alternate hours workers believe the response time to such calls is more urgent.
and believe that the same opportunity for gathering background information is not as easily accessible as it is for day hour workers. It is not clear what factors contribute to the alternate hours ER worker’s perception of a greater sense of urgency to respond to these calls. However, it does appear that day hour ER workers may initially be equipped with more background information surrounding the child and parent before beginning the risk assessment process.

In discussing alternate hours activities with several Social Workers, a higher rate of child detention is believed to occur during alternate hours due to a greater proportion of high-risk reports (i.e. from law enforcement) being generated during these hours. However, other Social Workers reported that the proportion of high-risk reports that are generated during alternate hours and result in child detention is proportionately comparable to all other report types that are generated during day hours. Therefore, it is important to distinguish whether or not a relationship between child detentions and the time of day exists.
As previously noted the number of San Bernardino County child abuse reports exceeded most other counties and exceeded the statewide average. If the County unemployment, drug and alcohol abuse, poverty, domestic violence, and divorce rates cannot be ameliorated, such factors will undoubtedly continue to inflate the already tragic statistics. The purpose of studying day and alternate hours ER workers was to determine if operational differences existed between the two groups that adversely affect the outcome of the decision making process.

- Does the On-Call staff represent the same level of experience available to day Immediate Response calls?
- Do prominent characteristics exist in the outcome of alternate hour Immediate Response calls that imply a need to modify the On-Call response system?
- Do assessment practices significantly differ between day and alternate hour Immediate Response workers?
- Does evidence exist that alternate hour workers are more likely to remove a child than day workers?
• Does evidence exist that night workers are more likely to evaluate no need for intervention than day workers are?

If there are differences between the two groups, it is hoped that such differences can suggest opportunities for operational improvements that may contribute to an increase in positive outcomes when assessing risks to children. Program planning, staff development and staffing patterns are a few of the considerations for practice which may be deduced from such findings and hold import for the Department of Child Protective Services at San Bernardino County.
CHAPTER TWO

Review of Related Literature

Although, many families encountered by CPS workers grapple with multiple and complex problems, such families also generally "present a mix of strengths and deficits making predictions of safety difficult." (Gleeson, 1987). Notwithstanding the use of a risk assessment tool, empirical data have identified worker and client characteristics that contribute to the outcome of assessments. Therefore, for purposes of this study, the risk assessment information collected by the ER worker, and the influence of client and worker characteristics upon the decision making process will be examined.

The study of decision making in child welfare began in the 1950's as an attempt to discover what criteria CPS workers used in deciding when to remove children which was hoped to contribute to the development of practice guidelines. According to Jones, except for the termination of parental rights, "the decision to separate the child is one of the most serious steps that Child Protective Services can take." (1993, p.252). However, according to Gleeson
"Practice theory, social policies, and agency procedures have not provided consensus on the criteria to make decisions about intervention with families."

Furthermore, in a study conducted by Lindsey (1992) wherein he sought to identify what predictive variables contributed to foster care placement, he discovered an absence of consistent standards that were supported by appropriate theoretical underpinnings.

Therefore, it is important to note that despite the continued absence of an agreed upon theoretical foundation which drives the decision making process, there has been considerable study on the variables engaged in this process and the implications that each holds in influencing the outcomes of child maltreatment investigations. Therefore, the literature review will focus on such findings as they have been found to influence the risk assessment process.
Child/Family Characteristics

Client characteristics attributed with influencing the worker’s decision to detain the child are much more expansive than are those personal characteristics affecting the worker’s decision. The national Social Services for Children and Family collected a sample of 9,507 children’s case files in 1978, which was drawn from a pool of 1,800,000 children’s case files from child welfare agencies across the nation. Using this sample, Lindsey conducted a retrospective study in 1991 that sought to examine “the client variables involved in decisions to remove children from their biological parents and to place them in foster care.” (1992, p.29). Lindsey used an odds ratio analysis to assess the likelihood of a relationship between variables when measuring the following categories:

- Reasons for seeking service, i.e. child abuse, neglect, parental substance abuse, etc.
- Source of referral; i.e. law enforcement, school, family, neighbor, etc.
- Race
• Gender of child
• Family composition
• Source of income

The findings in this study revealed a significant relationship between the removal of the child and the existence of dependency, neglect, or substance abuse as the initial reason(s) for the referral being generated. When a parent was unable to care for a child (excludes inability to provide support), or no one was available to care for the child, children were most likely to be removed. However, it should be noted that this study’s operational definition of dependency, neglect, and substance abuse seemed comparable to section 300(b), (failure to protect) under the Welfare and Institutions Code.

When law enforcement generated the referral to welfare agencies, the child was more than twice as likely to be removed than if any other source generated the referral. This finding may account for the perception of some alternate hour ER workers that a higher child detention incidence occurs during alternate hours. Referrals generated by relatives were found to have the second highest correlation with
child removal, as a referral source closely followed by those generated by a professional.

Overall, race appeared to hold the least evidence of relational correlation in the decision making process for child removal. However, while Lindsey acknowledges that the study sample was racially disproportionate to the national population, he does not note in what way the sample is disproportionate. Some additional interesting findings included:

- African American and Hispanic children are placed twice as often as Caucasian children due to dependency;
- African American children are removed as often as Caucasian children due to neglect;
- African American, Hispanic, and Caucasian children appear to all be equally at risk for removal when the referral is due to physical or sexual abuse.

The gender of the child was found to have a minimal influence on the decision making for child removal. However, male children were found to have been removed 1.39 times more often than female children were.
As previously noted, dependency was found to hold the greatest relational reason for child removal. Therefore, when family composition variables were analyzed, and when no able care provider was identified, children were removed 99.3 percent of the times. Children with an identified biological father or adoptive father were found to be removed 1.80 times more often than with a biological mother or adoptive mother. Finally, children were most often removed from single-parent families due to dependency or substance abuse reasons.

Interestingly, single-parent households and families with part-time jobs are more likely to result in child removal. However, parents receiving state or county aid, or without any means of support were less likely to face child removal as compared to parents who were employed only part-time. Lindsey credits this finding with the possible worker's perception that part-time employment reflects an uncertain and unstable means of support for the child as compared with those parents receiving some type of aid. Parents with no means of support were apparently identified as in need of emergency public assistance.
In a study conducted by Jackson & Nuttall (1993), social workers were studied to identify personal and client factors that influence worker judgements about sexual abuse allegations. Questionnaires containing 16 vignettes alleging sexual abuse were sent to 656 social workers yielding a 42% response rate. Each social worker was asked to rate on a scale from one to six their level of confidence that the allegations were true. Seven client factors were found to influence social worker perceptions about the truth of the allegations. They included the following:

- Race - whites more likely to be seen as abusers.
- Age of the alleged perpetrator - younger men were more likely to be seen as abusers.
- Relationship to the victim - family members were more likely to be seen as abusers.
- History of violence - persons with a history were more likely to be seen as abusers.
- Victim's race - minorities were more likely to be seen as victims.
- Age of the alleged victim - younger children were more likely to be seen as victims.
• Behavior and affect - changes in the behavior and negative affect were perceived as supportive of the allegations.

Social Worker Characteristics

As previously noted, the study conducted by Jackson & Nuttall (1993), also examined social worker characteristics that affect judgement in responding to sexual abuse allegations. The findings revealed six social worker characteristics that influence worker judgement. They included the following:

• Age - the younger the worker was, the more likely they were to believe the allegations were founded.

• Gender - females were more likely than males to believe allegations were founded.

• Discipline - clinical social workers were more likely to believe allegations were founded than non-MSW educated social work practitioners were.

• Theoretical orientation (family systems) - workers who held this orientation were more likely to believe allegations were founded.
• Personal history of sexual and/or physical abuse - those workers with abuse histories were more likely to believe allegations were founded.

According to Helene Jackson (1994), studies by Corwin, Berliner, Goodman, Goodwin, & White (1987), have also identified factors that influenced the clinical judgment of social workers in cases of sexual abuse allegations. However, “in contrast to these findings, Herzberger and Tennen (1988) found that people in the general population who reported abuse histories were less likely to recognize abuse than those who had not” (Jackson, 1994,p.113). Clearly, the existence of a past sexual or physical abuse history has an undesirable effect on the social worker’s clinical judgment. Additional factors found to contribute to the clinical judgment of the worker include work role and setting and type and length of service.

A study by James Gleeson, Implementing Structured Decision-making Procedures at Child Welfare, was conducted in 1980 to assess worker decision making variables in various stages of Child Welfare Services with the use of structured assessment tools. Worker
and client variables were studied in three different phases, of the CPS intake process; reception, investigation and problem assessment, and service planning. According to Gleeson, a study conducted in 1984 by Stein and Rzepnicki found workers using structured procedures "...made intake decisions in less time than their comparison group counterparts, with no increase in the recurrence of maltreatment at six-month follow-up." (1987,p.103). Therefore, in using the data collected by Stein and Rzepnicki, Gleeson sought to examine "... the relationships between the degree to which structured decision-making procedures were used, worker characteristics, client characteristics, and the agency service unit in which the worker was employed." (1987,p.103). Thirty-one workers were selected in a non-random method from six service units of three child welfare agencies to include varying levels of professional education and experience. Clients were randomly selected and assigned to the experimental and comparison groups. An undetermined number of night shift workers were included in the study.
However, this group clearly represented a minority of those workers studied. Regrettably this study only conducted a frequency distribution on worker and client characteristics and no further examination of possible differences between day worker and night worker practices or outcomes was researched. However, the study results did draw significant conclusions concerning the worker decision-making practices and their correlation to worker education, years of experience and years of employment with the agency. Such findings revealed that the longer the worker was employed with the agency in the same position, the less likely the worker was to implement new practice methods irrespective of the organization's stated benefit to the decision making process. Workers new to the agency, regardless of previous experience were more likely to implement the structured decision making process; especially when the child being assessed was perceived to be at a greater risk. The higher the educational degree of the worker and the more staff training the worker had received, the greater the frequency of implemented structured decision making methods.
The relevance of such findings relate to the importance of worker participation in the structured decision-making methods adopted by San Bernardino County CPS to enhance the worker's ability to effectively assess the risk of maltreatment to children. Furthermore, this study supports this researcher's reason for examining this component of the worker's risk assessment practice, within the proposed study. Gleeson's study underscores the benefits of using the Family/Child Risk Assessment form during the Immediate Response Call in that it "...defines and structures the tasks of child welfare workers, restricts autonomous judgment, and makes actions of workers more visible, thereby making workers more accountable." (1987, p. 108)

**Worker Fatigue**

The last factor to be examined as contributory in the decision making process is the impact of day workers working extended work days when scheduled as Stand-by Call Back staff for night duty. According to Rosekind, "...sleep loss can create sleep and circadian
(day-around pacemaker) disruptions that degrade the waking function.” (1996,p.157). Furthermore, Rosekind asserts sleep loss is associated with psychomotor changes, but most importantly, a loss in the ability to process information, and a loss in the decision making ability, “...(e.g., fixation on certain aspects of a situation to the neglect of other information).” (1996,p.158-159). The impact of fatigue on risk assessment practices may impede the information processing resulting in the worker overlooking key information or failing to remember information gathered during the risk assessment. Also, “individuals report fewer positive emotions, more negative emotions, and an overall worsened mood with sleep loss and sleepiness.” (Rosekind, 1996,p.159). Clearly fatigue due to sleep loss could have an adverse effect, even fatal effect, on those children and families being evaluated by alternate hours social workers. Such effects could result in a significant variance of the child removal rates as compared with those day workers who do not work alternate hours in addition to their day hour work schedules.
As previously noted, alternate hours workers are composed of regularly scheduled day workers. A distinct alternate hours team of workers does not exist outside of the full time team of day workers. In addition to assuming the role as both Central Intake workers and Emergency Response workers during alternate hours, current work practices for SBC workers do not provide for opportunities to regain lost sleep hours expended during night, early morning, and/or weekend Immediate Response calls. Instead regular work schedules are adhered to irrespective of the number of hours the alternate hours worker has worked within the past twenty-four hour or forty hour work period. Although, there is expansive research on the factors which influence the decision making process of clinical social workers, there appears to be no research on the impact of night work on the decision making processes of social workers.
CHAPTER THREE
Methodology

An inductive process was engaged in this study to observe client and social worker variables, which influence or are interrelated in the risk assessment process conducted by day and alternate hours workers. Using an archival/historical design and manifest content analysis, this study sought to determine if significant measurable differences between assessment practices of day and alternate hours Social Workers exist. In determining whether differences between the two group’s assessment practices exist, implications for how such differences attribute to the outcomes of worker decisions may be developed. The most basic questions to be asked were, do the variances in risk assessment practices hold significant adverse implications for the families being assessed? Do such variances in assessment practices contribute to the detention of children? This retrospective study approach was selected for the following reasons:

• It afforded the researcher the ability to study social workers and families without intrusion into daily activities.
• It offered a means to unobtrusively study social work practices and child/family assessment events without the introduction of bias due to reactive behaviors by the study population.

• It enabled the researcher to collect qualitative data and transform it into a quantitative form for purposes of analysis.

The limitations of this methodological design include the following:

• Data in the Case Management System/Child Welfare System (CMS/CWS) may be inaccurate or missing.

• All workers do not uniformly use CMS/CWS system; therefore computerized case files may be incomplete or nonexistent.

• Records may be lost, damaged, or inaccessible.

• Data entry for social worker variables may be entered inaccurately by personnel staff.

• The Social Worker may have inaccurately observed or recorded events.
Sampling

In discussing alternate hours activities with several Social Workers, a higher rate of child detention was believed to occur during alternate hours due to a greater proportion of high-risk reports (i.e. from law enforcement) being generated during those hours. However, other Social Workers reported that the proportion of high-risk reports generated during alternate hours and resulting in child detention is proportionately comparable, to all other report types that are generated during day hours.

The CMS/CWS summary for the second quarter of 1998 reported 1352 total referrals. Fifteen-percent (202) of these referrals were Immediate Response referrals. Although the detention rate attributable to day and alternate hours was known, the prevailing belief among workers was that more Emergency Response calls are generated during day hours as compared to alternate hours. Therefore a stratified random sampling of the alternate hours referrals was drawn first to ensure adequate representation in the
sampling pool (Appendix A). This action was intended to minimize any possible sampling bias due to an over-representation of characteristics attributable to risk assessments performed during day hours.

A stratified random sample was collected from 201 adjudicated case files to obtain a working sample size of 51 records. Records were reviewed for the central San Bernardino area for the months of April, May, and June 1998. Of the initial pool of 201, 15 referrals were excluded due to erroneous reports; i.e. reported to the wrong county area hotline or unqualified child abuse reports. Of the remaining pool of 186 referrals, 28 were assessed during alternate hours. The remaining 158 referrals were assessed during day hours. Of these 158 referrals every fifth referral was randomly selected to create a study sample of 56 day and alternate hours case files for study. Finally, of the 56 case files an additional five cases were excluded for the following reasons: a) 3 cases had no investigative report or were missing multiple standard documents; b) 1 case file was erroneously recorded as an Immediate Response referral; and c) 1
case file was a duplicate record. Therefore, the actual study sample was reduced to 51 records.

Each selected case file and the respective Emergency Response Social Worker was assigned an alphanumeric identification number to maintain confidentiality and this number was entered into the researcher's codebook. The alphanumeric number was also used to distinguish day case file records from alternate hours case file records.

The personnel department designee received the roster of Social Workers on a tabulation sheet (Appendix C) to facilitate retrieval of the personnel protected information and to ensure the protection of identifying research information from staff.

Data Collection, Instruments, and Procedure

Data was extracted from the Child Maltreatment Report/Referral, the CMS/CWS system, the Family/Child Risk Assessment report, Application for Juvenile Court Petition, Court Dependency Petition, Personnel Records, case file rosters, and narrative notes. The researcher extracted all data from the sources listed,
with the exception of personnel data. Due to laws of confidentiality and the expansive amount of sensitive information found in personnel files, the personnel designee retrieved the necessary data using the Personnel Data Collection Worksheet (Appendix B).

The variables identified for this study included child/family characteristics and Social Worker characteristics. The sociodemographic data collected for the children and families for whom the risk assessments had been conducted included gender, age, ethnicity, previous CPS involvement, number of children in the home, and the parent/caretaker’s source of income (Appendix D-D1). Social Worker sociodemographic data collected included gender, age, ethnicity, years of employment, education, and the time of day the risk assessment was performed (Appendix B-C). An interval level of measurement for Social Work hours worked had been initially sought, however, personnel records that yield this data was not obtainable by the researcher. Therefore, a ratio measurement was selected to represent Social Work hours worked as regular or overtime hours. Furthermore, the inaccessibility of this data
prevented the researcher from exploring whether any correlation could be established between worker fatigue and occurrence of child detention.

The variables to be measured and their purpose included the following:

Dependent Variables

- Child Detention (nominal/dichotomous) Is the incidence of child detention influenced by the time of day the risk assessment occurs?
- Social Worker assessment practices (ratio)
  Is the risk assessment as comprehensive when conducted during alternate hours as when conducted during the day hours?

Independent Variables

- Day Hours, regular time (7:00AM-5:30PM, Monday - Friday) (ratio)
- Alternate Hours, overtime (5:31PM-6:59AM, Monday - Thursday; 5:31PM-6:59AM, Friday - Monday; 24 hours/day Holidays) (ratio)
  Is there a correlation between the time of day the risk assessment is conducted and the detention of children?
Intervening Independent Variables

• Reason for Referral (ordinal)

There are specific reasons that will predictably require the detention of the child (e.g. parental abandonment) irrespective of the assessment practices engaged by the worker. Therefore reasons for referral were be ranked from 1-6, according to the attributed level of risk to the child.

• Source of Referral (ordinal)

Referral sources were be ranked from 1-7, with the highest ranking attributed to law enforcement calls. This referring party has pre-determined a need for detention due to the criminal activity of the parent/caretaker. In such instances there is a strong likelihood that the child (ren) will need to be detained irrespective of the assessment practices engaged by the worker.

• Social Worker gender (nominal/dichotomous)

The variables identified for study of these two groups included both child/family characteristics and social worker characteristics. Therefore, the following statistical analyses were selected to measure these variables in responding to the research question:

- Cumulative frequency distributions of child detention data and social worker personnel data.
- Grouped frequency distributions of hours worked by Social Workers.
- Central tendency for child detentions occurring during day hours and alternate hours.
• Descriptive analysis for child/family characteristics and Social Worker characteristics.

• Variability analysis for the number of hours worked by Social Workers and the risk assessment practices.

• Chi-square analysis for child/family characteristics and Social Worker characteristics at .05 rejection level.
CHAPTER FOUR

Data Analysis

Fifty-one percent of the Immediate Response cases studied were day hour referrals and 49% alternate hours' referrals. The child abuse reports were made by law enforcement (49%), school (29%), and hospital (11%). Fifty-eight percent of the children were detained. Seventy-six percent of the children assessed had a history of previous CPS involvement. Of the 51 case records studied only 7% of the records reported that parental rights and responsibilities, and/or a rights pamphlet had been dispensed or explained to the parent or caretaker. However, 63% of the records studied had evidence of community services and/or resources being offered to parents and caretakers.

Child/Family Characteristics

Children in the records reviewed ranged in age from two months to seventeen years (median age=8). Fifty-one percent of the children were male and 49% were female. The ethnic composition was African-
American 16%, Caucasian 42%, and Hispanic 42%. Forty-two percent of those families assessed were reported as unemployed, followed by 28% reported as having full-time employment, and those families reported to receive some type of aid represented 21% of the study population. The number one reason reported for detention was due to caretaker absence or caretaker incapacity (50%). Multiple abuse reasons follows as the second reason most often reported for detention (30%), and neglect represented only 10% of the detentions. However, 41% of the child abuse reports were generated due to allegations of physical abuse, followed by caretaker absence/incapacity and neglect, 29% and 21%, respectively.

**Social Worker Characteristics**

Seventy-two percent of the Social Workers who performed the Immediate Response assessments were female, and 27% male. No association was found between Social Worker gender and child detention. The ethnic composition was African-American 23%, Caucasian 67%, and Hispanic 9%. Forty percent of the Social
Workers held a Master of Art or Science in Counseling, Education, Psychology, or other related field of study. Those who held a Master of Social Work represented 31% of those studied; followed by 19% who held a Bachelor of Science in Social Work, and 9% who held a Master of Art in Family and Child Counseling. Fifty-two percent of the Social Workers reported eight years of CPS employment or less (median=8).

**Key Findings**

Detention of children by group (day or alternate hours) was associated with the time of day the risk assessment was conducted. Eighty-four percent of alternate hours risk assessments resulted in child detention as compared to day hours risk assessments that resulted in 34% child detention (see table 1). An association could also be found between detention and family income. Families whose parents were reported as unemployed were more likely to be detained than any other group including those parents receiving public assistance, x²=7.82963, df=3, p<.04967 (see table 1). Caretaker absence/incapacity approached
significance as the reason reported most often for
detention, even when compared against all other
combined child abuse reasons for detention, it was
twice as likely to be the reason for detention during
alternate hours, \( x^2 = 9.89418, df=5, p<.07829 \) (see table 1). Male children are more likely to be detained than
female children due to caretaker absence/incapacity,
\( x^2 = 13.11111, df=5, p<.02236 \) (see table 2). However,
female children are only likely to be detained when
the child abuse report alleges multiple types of
abuse, \( x^2 = 7.77778, df=2, p<.02047 \) (see table 2). No
association for detention was found to exist between
the child's age or between detention and the child's
ethnicity.

No variance in the assessment practices between
day and alternate hours Social Workers could be
established. However, a statistically significant
relationship was found to exist between child
detentions and Social Worker education. Social
Workers trained with a Master of Art or Master of
Science in Counseling, Psychology, or other related
field, were more likely to detain children. This was
closely followed by workers trained with a Master of
Social Work, as the second most likely to detain children. Workers trained with a Bachelor of Social Work were the least likely to detain children (see table 3).
CHAPTER FIVE

Conclusions

The goal of this study was to determine if significant differences existed between day and alternate hours Social Work practices, what those differences were, and if those differences were significant in contributing to child detention outcomes. This study was successful in illuminating substantial findings related to the scope of child abuse reports, the characteristics of those children and families assessed, and what contributed to their Child Protective Services involvement. However, this researcher found this study to be limited in its ability to illuminate Social Worker practices and how or if they affect child removal outcomes.

No notable variances were detected between day and alternate hour's workers; most certainly because the alternate hours Social Workers were drawn from the same population of Social Workers as those who performed day hours assessments. Some counties provide for a distinct team of workers for alternate hours duty; San Bernardino County does not. This factor was not realized during the study design.
development. Therefore the Social Worker population was smaller than anticipated and the worker characteristics were merely duplicated in the two groups. Furthermore, the study design did not go far enough to gather data about the Social Workers theories of practice, CPS work experience, and personal information to span the scope and depth of information needed to adequately explore the contribution these factors would impose on child removal outcomes.

However, the data related to children and family characteristics yields an abundance of information about the face of child abuse, the occurrence of child abuse during alternate hours, and the possible remedial interventions which might quell the increasing numbers of child abuse detentions that are mounting in our communities.

As discussed earlier, in the Lindsey study a relationship between child detention and caretaker absence/incapacity was found to exist. In studying San Bernardino, 84% of alternate hours assessments resulting in child detention were attributable to caretaker absence/incapacity. Greater resources
appear to be needed during the alternate hours of operation.

Perhaps alternate hours services must be extended to include drug and rehabilitation counseling services, community law enforcement counseling, eligibility workers, job placement counseling, and housing placement counseling. The expertise of a substance abuse counselor could aid in the evaluation of the parent/caretaker's ability to safely retain child custody, thereby beginning the rehabilitative process to children and families and allowing the child to remain safely in the home.

As previously mentioned, 76% of the families requiring Immediate Response risk assessments had histories of previous CPS involvement. However, only 7% of the families studied reportedly received instruction about parental rights and responsibilities. Each CPS contact with children and families is an opportunity to educate. School aged children are empowered and further protected when they grow in understanding in how to care for themselves and each other. Also, further public education is implied where only 11% of all child abuse reports were
derived from family, friends, and other concerned citizens, and only 3% of the population studied was referred for assessment due to suspected sexual abuse. Communities, churches, and families must be engaged in the awareness of the prevalence of child abuse and the actions to be taken to protect children.

The association between the ethnicity of the child, the ethnicity of the Social Worker and child removal could not be evaluated statistically because the study sample was too small. However, ethnic diversity and the layers it adds to children, families, and Social Worker perspectives and judgements continue to underscore the need for ongoing diversity training among Social Work practitioners. The need for Child Protective Service agencies to continue its efforts to recruit Social Workers that mirror the ethnic diversity of the community must not be overlooked.

Finally, Margaret Mahler is credited with the object relations theory of personality development, which "...focuses on the importance of the very early parent-child relationship, often called 'bonding' as a necessary and vital aspect of a child’s development,"
one that shapes subsequent relationships with family members and ultimately with the world at large." (Wasserman & Rosenfeld, 1986, p. 516). As social work services respond to a growing number of child abuse allegations, further analysis should ensue to discover what mobilization of services and resources could interrupt the cycle of recidivism so frequently associated with the separation of children from their families.
TABLE 1.

Detention, by Group

<table>
<thead>
<tr>
<th>Count</th>
<th>Day</th>
<th>Alternate Hrs.</th>
<th>Row Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>9</td>
<td>21</td>
<td>30</td>
</tr>
<tr>
<td>No</td>
<td>17</td>
<td>4</td>
<td>21</td>
</tr>
<tr>
<td>Column Total</td>
<td>26</td>
<td>25</td>
<td>51</td>
</tr>
</tbody>
</table>

\[ X^2 = 12.83295, \text{ df }= 1, \text{ p}<.00034 \]

Detention by Family Income

<table>
<thead>
<tr>
<th>Detained</th>
<th>Full-time Employment</th>
<th>Part-time Employment</th>
<th>Unemployed</th>
<th>Receives Aid</th>
<th>Row Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>1</td>
<td>6</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Column Total</td>
<td>4</td>
<td>1</td>
<td>6</td>
<td>3</td>
<td>14</td>
</tr>
</tbody>
</table>

\[ X^2 = 7.82963, \text{ df }= 3, \text{ p}<.04967 \]

Detention Reason by Group

<table>
<thead>
<tr>
<th>Reason</th>
<th>Day</th>
<th>Night</th>
<th>Row Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caretaker</td>
<td>5</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Absence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Multiple Abuse</td>
<td>1</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Minor Request</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Column Total</td>
<td>9</td>
<td>21</td>
<td>30</td>
</tr>
</tbody>
</table>

\[ X^2 = 9.89418, \text{ df }= 5, \text{ p}<.07829 \]
TABLE 2.

Detention Reason, by Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>C/T Absence</th>
<th>Neglect</th>
<th>Phys. Abuse</th>
<th>Sexual Abuse</th>
<th>Mult. Abuse</th>
<th>Minor Request</th>
<th>Row Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>5</td>
<td>1</td>
<td>8</td>
<td>1</td>
<td>1</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Male</td>
<td>10</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Column</td>
<td>15</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>9</td>
<td>1</td>
<td>30</td>
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</tbody>
</table>

$X^2=13.11111, \text{ df}=5, p<.02236$

Detention Reason(3), by Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>C/T Absence</th>
<th>Neglect, Physical, Sexual Abuse</th>
<th>Multiple Abuse</th>
<th>Row Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>5</td>
<td>2</td>
<td>8</td>
<td>15</td>
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<tr>
<td>Male</td>
<td>10</td>
<td>4</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>Column Total</td>
<td>15</td>
<td>6</td>
<td>9</td>
<td>30</td>
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</tbody>
</table>

$X^2=7.77778, \text{ df}=2, p<.02047$
### TABLE 3.

Detention, by Social Worker's Education

<table>
<thead>
<tr>
<th>Detained</th>
<th>MSW</th>
<th>MA Psy., Counseling</th>
<th>MS Psy., Counseling</th>
<th>BS Social Work</th>
<th>Row Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>10</td>
<td>11</td>
<td>6</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td><strong>Column</strong></td>
<td>13</td>
<td>4</td>
<td>17</td>
<td>8</td>
<td>42</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>13</td>
<td>4</td>
<td>17</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

$X^2 = 8.50558, \text{ df}=3, p<.03664$
APPENDIX A

Emergency Response Calls Worksheet

<table>
<thead>
<tr>
<th>Case File #</th>
<th>ER Response Type</th>
<th>Time of Day</th>
<th>Social Worker</th>
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<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
## APPENDIX B

Personnel Data Collection Worksheet

<table>
<thead>
<tr>
<th>Name</th>
<th>Payroll Date</th>
<th>Hrs. Worked Payroll Period</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>SW Yrs. @ SB Co. CPS</th>
<th>Education Degree</th>
</tr>
</thead>
</table>
### APPENDIX C

**Social Work Assessment Worksheet**

**Case # _____**

<table>
<thead>
<tr>
<th>ASSESSMENT PRACTICES</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>REFUSED</th>
<th>ABSENT</th>
<th>INCAPABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Interviewed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sibling(s) Interviewed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Examined</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sibling(s) Examined</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent(s) or Primary Other Interviewed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Caretaker(s) Interviewed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Safety/Adequacy Evaluated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services Offered or Referral Planned</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rights Pamphlet Dispensed or Explained</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Consultation w/CPS Worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Detained</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason for Detention (WIC 300,a-j)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## APPENDIX C-1

### Social Work Assessment Worksheet Key

#### Reasons for Detention (WIC 300)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Serious Physical Harm: Has suffered, or substantial risk will suffer nonaccidental serious physical harm inflicted by parent or guardian only.</td>
</tr>
<tr>
<td>(b)</td>
<td>Failure to Protect: Physical/medical neglect; has suffered, or substantial risk will suffer, serious physical harm or illness due to failure or inability to adequately supervise or protect, to provide due to mental illness, developmental disability, or substance abuse.</td>
</tr>
<tr>
<td>(c)</td>
<td>Serious Emotional Damage: Or risk of emotional damage due to conduct of parent.</td>
</tr>
<tr>
<td>(d)</td>
<td>Sexual Abuse: Has been sexually abused or substantial risk will be sexually abused by parent, guardian, or household member, or parent/guardian failed to protect when reasonably should have known.</td>
</tr>
<tr>
<td>(e)</td>
<td>Severe Physical Abuse: Minor under age 5, severe physical abuse by parent or person known to parent, if parent knew or reasonably should have known; no reunification services required.</td>
</tr>
<tr>
<td>(f)</td>
<td>Conviction: Parent causing the death of another child through abuse or neglect.</td>
</tr>
<tr>
<td>(g)</td>
<td>No Provision for Support: Minor left without provision for support or care and supervision; parent incarcerated or institutionalized; relative or adult custodian unwilling/unable to provide care or support; whereabouts unknown.</td>
</tr>
<tr>
<td>(h)</td>
<td>Freed for Adoption: Minor freed for adoption 12 months, no interlocutory or adoption granted.</td>
</tr>
<tr>
<td>(i)</td>
<td>Cruelty: Subjected to act of cruelty by parent, guardian or household member, or parent/guardian failed to protect.</td>
</tr>
<tr>
<td>(j)</td>
<td>Sibling Abuse: Siblings abused or neglected per (a)(b)(d)(e)(i) and substantial risk that minor will be abused/neglected.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source of Referral (1 of 7)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Reason for Referral (1 of 300WIC)</td>
<td></td>
</tr>
<tr>
<td>Child's Age</td>
<td></td>
</tr>
<tr>
<td>Child's Gender</td>
<td></td>
</tr>
<tr>
<td>Child's Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Total Number of Children in Home</td>
<td></td>
</tr>
<tr>
<td>History of Previous CPS Involvement</td>
<td></td>
</tr>
<tr>
<td>Family's Source of Income (1 of 4)</td>
<td></td>
</tr>
</tbody>
</table>
# APPENDIX D-1

## Child/Family Characteristics Worksheet Key

<table>
<thead>
<tr>
<th>Source of Referral</th>
<th>Family's Source of Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Law Enforcement</td>
<td>(1) Employed Full-Time</td>
</tr>
<tr>
<td>(2) Hospital/Clinic/Doctor</td>
<td>(2) Employed Part-Time</td>
</tr>
<tr>
<td>(3) School</td>
<td>(3) Unemployed</td>
</tr>
<tr>
<td>(4) Other Mandated Reporter</td>
<td>(4) Receives Aid(AFDC, Disability, Unemployment, Social Security)</td>
</tr>
<tr>
<td>(5) Family</td>
<td></td>
</tr>
<tr>
<td>(6) Friend</td>
<td></td>
</tr>
<tr>
<td>(7) Neighbor/Concerned Citizen</td>
<td></td>
</tr>
</tbody>
</table>
SELECTED BIBLIOGRAPHY


