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**Reasons for placement decisions in cases of suspected child abuse:
the role of reasoning, work experience and attitudes in decision-making**

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Abstract

Child welfare and child protection workers regularly make placement decisions in child abuse cases, but how they reach these decisions is not well understood. This study focuses on workers' rationales. The aim was to investigate the kinds of arguments provided in placement decisions and whether these arguments were predictors for the decision, in addition to the decision-makers' risk assessment, work experience and attitudes towards placement. The sample consisted of 214 professionals and 381 students from the Netherlands. The participants were presented with a vignette describing a case of alleged child abuse and were asked to determine whether the abuse was substantiated, to assess risks and to recommend an intervention. The participants' placement attitudes were assessed using a structured questionnaire. We found that the participants provided a wide range of arguments, but that core arguments – such as the suspected abuse, parenting and parent-child interaction – were often missing. Regression analyses showed that the higher the perceived danger to the child and the more positive the participants' attitudes towards placement, the more likely the participants would be to propose placing the child in care. Arguments related to the severity of the problems (i.e., suspected abuse, parenting and the child's development) as well as the parents' perceived cooperation also influenced placement decisions. The findings indicate trends in the decision-making process, in the sense that participants who decided to place a child in foster care emphasized different arguments and had different attitudes towards out-of-home placement than those who did not. We discuss the implications of our findings.

Keywords: decision-making, child abuse, out-of-home placement, reasoning, attitudes, work experience, child protection

Introduction

Children are regularly placed in out-of-home care because of abuse or other adverse family circumstances. Out-of-home placement is one of the most intrusive measures professionals working in child welfare can impose. Decisions on out-of-home placement have far-reaching consequences (Taylor, 2010). By removing a child, professionals intervene in the relationship between parents and children and their right to live together. At the same time, there can be very serious implications for a child remaining at home while in danger of abuse. As a consequence, professionals are put in a difficult position when deciding whether to remove children from their homes and parents (Farmer, Sturgess & O'Neill, 2008). It is often difficult to tell in advance which intervention (i.e., in-home services or out-of-home placement) will have the most desirable outcome: either intervention can turn out well or badly (Pösö & Laakso, 2016).

Decision-making is an invisible process because it occurs in the minds of the decision-makers (i.e., professionals working in child welfare). Usually only the outcomes (i.e., the judgments and decisions themselves) are studied. Professionals quite often disagree on decisions about whether children are at risk of abuse and should be placed out-of-home (Bartelink, Van Yperen, Ten Berge, De Kwaadsteniet, & Witteman, 2014; Britner & Mossler, 2002). Our understanding of how professionals reach these decisions and what the potential causes of disagreement are is limited. Better understanding could be obtained by studying child welfare workers' reasons for their decisions, which would provide insight into how workers think and reason about a case. Previous studies show that personal beliefs influence the processes by which individuals seek out, store and interpret relevant information (Gambrill, 2005; Kahneman, Slovic, & Tversky, 1990). People selectively look for information which confirms their beliefs, more readily adopt information which confirms their views, and are more critical of information which challenges or contradicts their views (Munro, 1999).

To gain a more thorough insight into placement decision-making, this study focuses on the arguments decision-makers give when making recommendations. We also investigate how these reasons, combined with some of the characteristics of decision-makers (i.e., risk assessment, work experience and attitudes), affect the decision about whether to remove a child from home.

Decision-Making Ecology

A range of factors related to the case, the decision-maker, the organization and external factors may influence the decision-making process and thereby its outcomes. Baumann, Fluke, Dalglish and Kern (2014) proposed a framework for decision-making in child welfare and child protection called the ‘Decision-Making Ecology’ (see Figure 1) (for a similar approach, see Benbenishty et al., 2015). It shows that case factors, decision-maker factors, organizational factors and external factors can combine and influence decisions in several ways.

< Insert Figure 1 about here >

The decision-making process results in both an assessment of the situation and a decision on the course of action to be taken. As part of such a process, the *reasoning of the decision-maker*, be it implicit or explicit, connects the assessment of the situation to the decision being made. It is like a ‘debate’ professionals have within themselves (and possibly with co-workers) about the case and its context, resulting in a choice about the course of action. Reasons or arguments are the recognizable ‘products’ of this reasoning process (see Gambrill, 2005).

The Decision-Making Ecology has been applied in a number of studies on substantiation of child abuse (Detlaff et al., 2011; Fluke et al., 2001), placement decisions (Fluke, Chabot, Fallon, MacLaurin, & Blackstock, 2010; Graham, Detlaff, Baumann, & Fluke, 2015) and reunification decisions (Wittenstrom, Baumann, Fluke, Graham, & James, 2015). These studies most often focused on the context in which professionals make their decisions (i.e., organizational and external

factors). Our study will further elaborate on the Decision-Making Ecology with a focus on *decision-maker factors*. In the following, we will explore how decision-makers' assessments, work experience and attitudes influence their placement decisions.

Assessment and decision-making

Several studies show that safety and risk assessments are associated with placement decisions (Arad-Davidzon & Benbenishty, 2008; Horwitz, Hurlburt, Cohen, Zhang, & Landsverk, 2011). Higher risk assessments usually lead to a greater chance of out-of-home placement. The case factors which influence risk assessment, substantiation and placement decisions have been widely studied (for an overview see Bartelink, Ten Berge, & Van Vianen, 2015; Font & Maguire-Jack, 2015). Placement is related to child characteristics (e.g., severe behaviour problems, intellectual disabilities), parenting characteristics (including severe child abuse), parent characteristics (e.g., mental health problems, substance abuse, intellectual disabilities and partner violence), family risk factors (e.g., financial problems, unstable family life, unemployment), and previous interventions (e.g., lack of cooperation, no positive results from previous interventions) (Bartelink et al., 2015; Font & Maguire-Jack, 2015).

Work experience, attitudes and decision-making

Assessment is not the only predictor of a placement decision (e.g., Jent et al., 2011). Decision-maker factors also seem to influence the decision-making process. Our study investigates the impact of two such factors: the decision-makers' work experience and attitudes.

Previous studies of work experience have yielded mixed results. Young, less experienced or untrained workers tend to assess risks as higher and recommend out-of-home placement sooner than experienced and well-trained workers (Benbenishty, Segev, Surkis, & Elias, 2002; Brunnberg & Pečnik, 2007). Workers who had already encountered child abuse cases in their work were less receptive to indications of child abuse, while workers who had never encountered child abuse cases

previously were more likely to perceive ambiguous acts as abusive (Portwood, 1998), indicating that workers who encounter child abuse cases more frequently may be more hesitant to identify ambiguous acts as abuse. However, more experienced workers may also be more pessimistic about treatment outcomes and therefore more likely to recommend placement (Roberts, 1970). Other empirical studies found no relationship between work experience and placement decisions (Arruabarrena & De Paúl, 2012; Costin, Bell, & Downs, 1991; Font & Maguire-Jack, 2015; Garb, 1989; Lambert & Ogles, 2004; Minkhorst, Witteman, Koopmans, Lohman, & Knorth, 2016). It appears, therefore, that research on the impact of work experience remains inconclusive.

Professionals' personal characteristics, such as their beliefs about the acceptability of corporal punishment (Jent et al., 2011), their attitudes towards out-of-home placement (Arad-Davidzon & Benbenishty, 2008; Davidson-Arad & Benbenishty, 2010), and their biases, personality and values (Gambrill, 2005; Munro, 2008), all influence risk assessments and placement decisions. For example, professionals who view corporal punishment as acceptable are less likely to judge a case as substantiated child maltreatment (Jent et al., 2015). A similar result was found by Benbenishty et al. (2015), who concluded that positive attitudes towards placement resulted in a higher likelihood that a child would be placed in care. Attitudes towards out-of-home placement may be influenced by previous experiences, such as a worker's own childhood history of corporal punishment or abuse (Portwood, 1998) or previous work-related traumas (Regehr, LeBlanc, Shlonsky, & Bogo, 2010), though the effect of this influence can go either way, resulting in more or fewer recommendations to place a child out-of-home. Attitudes towards out-of-home placement also seem to be related to the worker's views regarding client participation in decision-making: being 'against removal' of children is associated with favouring participation of children and parents, and vice versa (Benbenishty et al., 2005). In addition, there are indications that attitudes are related to work experience. For instance, experienced workers seem to have fewer negative stereotypes and more tolerant attitudes towards behaviour they disapprove of, such as child sexual

abuse or child abuse, compared to less experienced workers or students (Davidson-Arad & Benbenishty, 2016; Sanghara & Wilson, 2006).

Reasoning behind decisions

Given the importance and far-reaching consequences of out-of-home placement decisions, the reasoning that underpins these decisions needs to be persuasive. Regarding the content of this reasoning, Bartelink, Ten Berge and Van Vianen (2015) found in their literature review that placement decisions should be based on an assessment of the balance between a child's developmental needs and the available parental capacities, including an analysis of the possibilities for support from the family's social network and professional services.

Empirical evidence suggests that workers typically provide case-related arguments for their decisions (De Ruiter, De Jong, & Reus, 2013; Skivenes & Stenberg, 2015; Skivenes & Tefre, 2012) with only limited alternative explanations or reservations (Benbenishty, Osmo, & Gold, 2003; Osmo & Benbenishty, 2004) and may approach situations with underlying assumptions already in place (Spratt, Devaney, & Hayes, 2015). Factors related to parental behaviour and child development are often mentioned as part of the reasoning, though not by every worker (Skivenes & Stenberg, 2015; Skivenes & Tefre, 2012). In particular, workers sometimes seem to focus more on distal family and environmental factors and less on proximal factors such as parental behaviour or personal problems (De Ruiter et al., 2013). However, the perceived or actual lack of cooperation by families, as indicated by parents' reluctance to concede to a proposed decision, can result in more drastic intervention recommendations. Generally, problems in the alliance between professionals and families or the perceived or actual cooperation of families seem to be associated with more intrusive recommendations (Davidson-Arad & Kaznelson, 2010).

Alternative explanations or reservations were seldom mentioned when workers spontaneously offered reasons for their decisions (Benbenishty, Osmo, & Gold, 2003; Osmo & Benbenishty, 2004). Professionals typically favour either child protection or kinship defence and

tend to ‘hedge’ (i.e., recommend further assessment of the family’s situation because of the tension between a child’s right to family life and their right to be protected from abuse) – this is reflected in the reasons given for their decisions. Professionals deciding to place children in foster care were more likely to favour child protection (Spratt et al., 2015). Professionals deciding to allow a child to remain at home were more likely to believe in kinship defence. Both groups recommended further assessment and services, thus reflecting the hedging tendency.

In conclusion, previous research shows that professionals give case-related arguments for their decisions and are not always clear about how these case factors are related to their decisions. Placement decisions seem to be influenced by work experience and attitudes towards out-of-home placement and client participation. The reasoning process might link workers’ attitudes to the decisions they make.

Research questions

Our research questions were:

1. When asked to clarify their decision about whether to place a child out-of-home, what arguments do participants mention and how often?
2. To what extent do the mother’s consent and the participants’ safety assessments, work experience, and attitudes about placement and client participation predict placement decisions?
3. Does inclusion of arguments in the prediction model lead to a better prediction of the placement decision?

First, we investigated which arguments were given, and how often, to explore the content and structure of the rationales for intervention recommendations. We hypothesized that arguments related to the suspected abuse and neglect, parental behaviour and child development would be frequently mentioned because such issues are the core ingredients of intervention recommendations in child welfare and child protection according to professional guidelines. Next, we studied possible predictors of a placement decision. As safety risks and attitudes towards out-of-home placement

have been clearly shown to positively affect placement decisions, we assumed our findings would repeat previous research. We did not have a specific hypothesis related to work experience because of variability in previous research findings. We expected that the mother's lack of consent with out-of-home placement might increase placement recommendations because previous research shows that professionals intervene more drastically when they are not able to cooperate with parents. We hypothesized that the arguments participants provided could function as additional predictors of a placement decision, in addition to the participants' safety risk assessments, work experience and attitudes. We assumed that decision-makers may not be aware of the influence their attitudes and work experience can have on their decisions. Their rationales may reflect the decision-makers' attitudes and consequently the attitudes and arguments mentioned may reveal an interaction effect.

Method

Design

The present study focuses on the assessment of a vignette describing a case of alleged child abuse. Professionals and students in the Netherlands were asked for their assessments and recommendations concerning out-of-home placement. This study was part of an international study in Israel, the Netherlands, Northern Ireland and Spain (Benbenishty et al., 2015). By focusing on the data from only one country, it was possible to profit from the data's richness through in-depth analyses.

The vignette presented in our study is a composite derived from authentic files in Israel and has been used in previous studies (Arad-Davidzon & Benbenishty, 2008). The original vignette was reviewed in all participating countries and slightly modified to ensure it was relevant for all countries participating in the international study.

The family described in the vignette consists of a father, a mother and 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 (i.e., bruises on her hands and back) and previous injuries (i.e., burns from an accident with boiling water as a three-year-old child, broken arm and dislocated shoulder) which could be attributed to accidents or abusive or neglectful parental behaviour. Dana is generally quiet with unexplained outbursts of rage. The school's psychologist and classroom assistant have attempted 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. Illustrating parts of the vignette can be found in Appendix 1.

Participants were presented with one of two randomly assigned variations of the vignette, differing only in the mother's desire for removal. In the first variation the mother voiced strong objections to the removal of her daughter to a foster family, stating: 'No way will anyone touch my family and I am ready to go to court'. In the second variation the mother did not voice an objection, stating: 'If you think this is best for my family I am willing to try'.

Sample and procedure

Both social care professionals and students participated in the study. Using these two groups to operationalize the 'work experience' decision-maker factor maximized the difference between none or very little experience (students) and a greater or lesser extent of experience (professionals).

Professionals were recruited from six Regional Child Protection Service Agencies (in Dutch, *Bureau Jeugdzorg*) distributed across the whole country and operating in urban (Utrecht and Rotterdam) and rural areas (the provinces of Groningen, Drenthe, Limburg and Gelderland). All professionals were case managers or social workers dealing daily with risk assessment and decision-making. First, permission was sought from the agencies' department heads to distribute questionnaires to their employees. Practitioners were additionally invited to read a leaflet or participate in an oral presentation delivered by one or two members of the research team. Participants could choose either a paper or electronic version of the questionnaire (see below).

Students studying Bachelor's or Master's degree programmes in social work, pedagogy or child psychology were recruited from four universities: University of Groningen, Hanze University of Applied Sciences, Radboud University and HAN University of Applied Sciences. Students had received lectures on child development and parenting and were expected to have sufficient knowledge to recommend an intervention. However, they had not received comprehensive teaching about child maltreatment or out-of-home-placement decisions. After consultation with and agreement from the relevant lecturer, students learned about the research project during an oral presentation given by a team member at one of their classes. As with the practitioners, students could choose between a paper or electronic version of the questionnaire.

Measures

Personal and professional background. Participants answered questions about their background (e.g., age, education) and professional experience.

Attitudes. The Child Welfare Attitudes Questionnaire (Benbenishty et al., 2015) consists of 50 statements covering six content areas. Both positive and negative attitudes were included in each of these areas (reverse coding was used to create an index for each attitude). Participants 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 in the questionnaire: [the respondent] favours removal from home of children at risk (11 items; e.g., if parents physically abuse their child the child should be removed from home; $\alpha = .85$), favours reunification and an optimal period of alternative care (7 items; e.g., when removing a child to a foster family it is better to ensure the child remains there long enough to benefit, rather than rush into reunification with the biological family; $\alpha = .79$), favours parental participation in decisions (9 items; e.g., involving the parents in the decision to remove the child from home yields better decisions; $\alpha = .61$), favours child participation in decisions (9 items; e.g., a child at risk has the right to participate fully in the decision whether to be removed or kept at home; $\alpha = .71$), positively assesses the ability of foster

care to promote children's development and wellbeing (8 items; e.g., usually staying with a foster care family is more harmful than helpful to the child; $\alpha = .54$), and assesses the ability of residential care to promote children's development and wellbeing positively (6 items; e.g., a child is better off staying with his or her neglectful parents than be removed to a residential care facility, even if it is considered a good one; $\alpha = .65$). Alphas were comparable to those reported by Benbenishty et al. (2015). Means were calculated for every attitude scale. In our analyses, we only included attitudes on removal and child and parent participation.

Abuse substantiation. Based on their reading of the vignette, the participants were asked to substantiate the alleged abuse and assess whether the child had been abused at home. The types of abuse were: emotional neglect, physical neglect, emotional abuse, physical abuse and sexual abuse. The five-point answer scale ranged from 1 (strongly disagree) to 5 (strongly agree).

Risk assessment. Following the presentation of the case vignette, the participants were asked how they would assess the level of risk of physical and emotional harm to the child if she remained at home, considering the information presented to them. The five-point answer scale ranged from 1 (no risk) to 5 (very high risk).

Intervention decisions. Participants were asked to recommend an intervention. They were presented with six alternative options on an ordinal scale, from least intrusive (refrain from further intervention) to most intrusive (place the child with a foster family even without parental consent). We later dichotomized this ordinal scale to 0 (child remains at home) and 1 (child will be removed from home and placed in foster care) because participants seemed mainly to provide reasons for deciding whether a child could remain at home or needed to be placed in care. After their intervention recommendation participants were asked to provide reasons for their decision in an open text field ('Do you wish to give a reasoned rationale for your choice?'). Participants received no suggestions or guidance to structure their rationales, such as a professional guideline or protocol. An open-ended question resembles real-life decision-making and may elicit realistic reactions corresponding with real-life reasoning (Hughes & Huby, 2004).

Analyses

Participants provided unstructured rationales for their intervention recommendations. The researchers coded the presence or absence of arguments mentioned in these rationales using a code book based on two frameworks: the Decision-Making Ecology (Baumann et al., 2014) and the Guidelines for Out-of-Home Placement in Child and Youth Care and Child Protection (Bartelink et al., 2015). These frameworks were used to determine which arguments are important in a placement decision.

The Decision-Making Ecology is a framework for organizing decision-making research and provides a typology of the potential influencing factors regarding decisions. We used this framework to determine which main consideration types could be addressed in the rationales. The Decision-Making Ecology states four factors important in placement decisions: case, decision-maker, organizational factors and external factors. These formed the basis of our code book. We also added collaboration between professional and family (see first column of Table 1) as this was notably missing from the Decision-Making Ecology and several studies have shown such collaboration to be important (Alter, 1985; Davidson-Arad, 2001; Davidson-Arad & Kaznelson, 2010; Harnett, 2007; Meddin, 1984; Shapira & Benbenishty, 1993).

The Guidelines for Out-of-Home Placement were developed in the Netherlands to support professional decision-makers in cases where a child may need to be placed out-of-home and into foster or residential care (Bartelink et al., 2015). The Guidelines were based on empirical findings, practitioners' expertise and client experience, providing information about the case factor types that are relevant to out-of-home placement decisions. Though not fully implemented in practice or used in vocational training, the Guidelines provide us with a professional standard for decision-making on out-of-home placement which we can use to code rationales.

Case factors were divided into five domains: abuse (variables: physical abuse, emotional abuse, neglect and safety in biological family), child development (variables: child's current and

future wellbeing and development), parenting (variables: parent-child relationship and parenting skills), family and environment (variables: family circumstances and past interventions), and anticipated and actual outcomes (variables: parent progress, safety in foster family, expectations of other interventions, i.e., possible advantages and limitations, and expectations of placement, i.e. possible advantages and limitations). The decision-maker factor refers to the attitude towards the importance of remaining in the family (permanence). Family-worker collaboration factors are the child's wishes, cooperation with the child, the parents' wishes, and cooperation with the parents. The organizational factor refers to mention of the protocol which needs to be followed. External factors are legislation and the rights of the children and parents. A final variable was included to assess whether participants needed more information to make a decision (variable: lack of information). All variables were coded on a two-point scale: 0 = not mentioned, 1 = mentioned. Instructions for codification and examples of the arguments provided per category can be found in Appendix 2 [for information, contact first author].

We double coded 30 rationales to test inter-rater reliability. The inter-rater reliability of most variables was perfect (100% agreement). A small number of variables had low reliability (Cohen's kappa below .60). These variables were discussed and coded again to achieve acceptable inter-rater reliability of at least a Cohen's kappa of .60. The eventual mean kappa was .85.

Analyses were then performed on the total sample ($n = 595$). A principal components analysis (PCA) was performed on all arguments to reveal whether arguments could be combined into groups. Eight groups were found; however, these neither helped explain variance nor seemed to make much sense. Consequently, we did not group arguments in the further analysis.

A PCA was also performed to discover whether the variables where participants gave their assessment of the presence of child abuse (i.e., emotional abuse, emotional neglect, physical abuse, physical neglect and sexual abuse) and emotional and physical harm could be combined into a single safety assessment variable. Because sexual abuse was weakly correlated to the other

variables it was decided to exclude it from the ‘safety assessment’ scale containing the other variables. Cronbach’s alpha for the scale ‘safety assessment’ is .72.

We used Pearson’s chi-square tests to establish differences in the reasons given by participants who decided to place a child in foster care and those who did not. Based on these analyses, we decided to include variables indicating a difference ($p < .10$) in further logistic regression analyses. A significance level of .10 was chosen to avoid wrongly excluding variables which differed between the two groups. Variables were excluded if mentioned by fewer than 30 participants (i.e., 5% of the sample) because these apparently did not seem relevant to most participants.

Stepwise logistic analyses with forward inclusion and backward elimination of predictors were performed to gain insight into the factors which predicted the placement decision. Wald statistics were used to assess the contribution of individual predictors to the model. The significant predictors ($p < .05$) were included in the final regression analyses with forced entry. Safety assessment, work experience (students versus professionals) and attitudes towards placement and parent and child participation were included in the first model. The reasons provided by participants were included in the second model. A third model was tested in which the interactions between reasons and attitudes towards placement were included; the interactions were not found to be significant and therefore not further reported.

Results

Characteristics of the participants

In the sample, 214 professionals (36%) and 381 students (64%) participated: 87 participants were male (15%) and 508 female (85%). Of the participants, 141 (24%) had children.

The mean age of the professionals was 38.5 years ($SD = 10.5$). Most professionals had vocational Bachelor’s degree qualifications (81%), 14% had Master’s degrees and 1% had a PhD.

Fourteen professionals (2%) had less than a year's work experience in their current role, 44 professionals (7%) had 1-3 years, 45 professionals (8%) 3-5 years, 60 professionals (10%) 5-10 years, 37 professionals (6%) 10-15 years, 5 (1%) 15-20 years, and 8 professionals (1%) more than 20 years' work experience. The mean attitude of professionals towards placement was 2.8 (SD = 0.5), towards child participation 3.0 (SD = 0.4), and towards parent participation 3.0 (SD = 0.4).

The mean age of the students was 24.4 years (SD = 5.4). The students were following academic Master's (66%), vocational Bachelor's (21%) or academic Bachelor's (9%) degree programmes. Over a third of the students (39%) had no work experience in youth care, about a third (31%) less than one year, and about a third more than one year (16% 1-3 years; 7% 3-5 years; 7% more than 5 years). The mean attitude of students towards placement was 3.0 (SD = 0.5), towards child participation 3.3 (SD = 0.4), and towards parent participation 2.9 (SD = 0.4).

There were some small differences between professionals and students on the attitude scales. Professionals were slightly less positive about placement ($t(593) = -4.93, p = .00$) and child participation ($t(593) = -6.20, p = .00$) and more positive about parent participation ($t(593) = 2.83, p = .01$).

Characteristics of given rationales

Almost all the participants gave reasons for their decisions. In total 551 explanations were given by respondents who decided to place the child in care ($n = 175$) and 1,182 were given by respondents who recommended the child stay at home ($n = 420$). There was no significant difference ($-0.24, 95\% \text{ CI } [-0.59, 0.12]$) in the number of reasons provided by participants who decided to place a child in care ($M = 3.15, SE = 0.16$) and participants who did not ($M = 2.81, SE = 0.10; t(593) = -1.82, p = .07$).

Table 1 lists the reasons mentioned and provides insights into differences between participants who decided to place a child in care and those who did not. A large group (19%) said they lacked information. Participants who decided that the child should remain at home reported

lacking information about the case significantly more often than participants who decided the child needed to be placed in foster care.

Participants rarely mentioned the rights and wishes of parents and children or cooperation with the child. About a quarter of participants mentioned the child's development. Participants who decided that a child could remain at home mentioned the child's development less often than participants who placed the child in care. About a third of participants mentioned the abuse in the case. Participants who decided the child could remain at home mentioned the abuse less often than participants who placed the child in care. About a quarter of participants gave an argument concerning the parenting situation (i.e., parenting skills or parent-child relationship): participants who decided to place the child in care mentioned the parenting situation as often as participants who decided that the child could remain at home.

Participants were not always clear about the organizational and external factors influencing their decision. Legislation and organizational protocols were seldom mentioned, while expectations about out-of-home placement or other interventions were more common (about a third of participants). A combination including both expectations about out-of-home placement and other interventions was mentioned by 5% of participants.

Insert Table 1 about here

Professionals and students largely gave the same reasons for their decision, though there were some differences. Professionals mentioned cooperation with parents (.40 and .30 respectively; $\chi^2(1) = 6.14, p < .01$), the parenting skills (.22 and .14 respectively; $\chi^2(1) = 6.58, p < .01$), and the child's current wellbeing and development (.22 and .14 respectively; $\chi^2(1) = 5.68, p < .05$) more often than students. However, they mentioned the parent-child relationship (.07 and .17 respectively; $\chi^2(1) = 11.40, p < .000$), permanence of the biological family (.05 and .18 respectively; $\chi^2(1) = 18.63, p = .000$), and parent progress (.13 and .29 respectively; $\chi^2(1) = 20.43, p = .000$) less often than students.

There were hardly any differences between participants who were presented with one or other of the two vignettes with the cooperating or non-cooperating mother. Participants who evaluated the cooperating mother vignette mentioned the physical injury less often than their counterparts with the non-cooperating mother vignette (.08 and .14 respectively, $\chi^2(1) = 5.78, p < .05$), and more often mentioned the family circumstances (.24 and .16 respectively, $\chi^2(1) = 5.12, p < .05$) and expectations about out-of-home placement (.19 and .11 respectively, $\chi^2(1) = 8.10, p < .05$).

Predictors of the placement decision

In Table 2, we present our prediction models for the placement decision. Without any predictors in the model, 70.6% of decisions can be predicted correctly. In our first model, we found that assessment, attitude towards placement and work experience are separate predictors of the placement decision. Attitude towards parent participation in the decision-making process was not a separate predictor of the placement decision. Using the variables in Model 1, 74.6% of decisions can be predicted correctly. Participants who gave higher safety risks and more positive attitudes towards placement were more likely to place a child in care. Professionals were 1.5 times as likely to place a child in care than students. If the mother consented to the out-of-home placement recommendation the child was 1.5 times more likely to be placed in care than if the mother did not consent.

Using the variables in Model 2, 86.9% of decisions can be predicted correctly. The attitude towards placement and the mother's consent to the placement were still significant predictors in this model. It should be noted that in the second model, which included the participants' reasoning, work experience was no longer a significant predictor of the placement decision. In addition, several reasons were significant predictors of the placement decision. Participants who mentioned missing information, parental progress, past interventions, expectations about other interventions, and the importance of the permanence of the biological family were less likely to place a child in

care. Participants who referred to abuse, child development, the expectations on placement and parental cooperation were more likely to place the child in foster care. The standard errors of the regression coefficients (*b*) for some variables were hard to estimate because of low numbers in some cells. Specifically, these variables were: attitude towards placement, expectations of other interventions, and parental cooperation. It should be noted that the ‘safety in the foster family’ reason was only mentioned by participants who decided to place the child in foster care and as a result is a perfect predictor of that decision.

< Insert Table 2 about here >

Discussion

This study investigated the reasons for out-of-home placement decisions. Our first research question asked which reasons were given and how often. The wide range of reasons found indicates great diversity in reasoning. The mean number of reasons given by each person was low. The rationales given by students and professionals differed very little from each other. Also, very few differences were found between participants given the consenting mother vignette or the non-consenting mother vignette. Our second research question concerned the extent to which risk assessment, work experience and attitudes towards placement and client participation predict placement decisions. Our findings show that safety assessment and attitude towards placement predicted the placement decision: the higher the assessment of safety risks and the more positive people were about placement, the more likely it was they would recommend placing the child in foster care. Our third research question was whether the inclusion of arguments in the prediction model led to better prediction of placement decisions. A range of arguments improved the prediction of the placement decision as well as risk assessment, attitude towards placement and the mother’s cooperation. We found clear patterns in the reasoning put forward by all participants. Dominant reasons concerned

the disposal of information, the suspected abuse, the child's development, past interventions, expectations about placement and other interventions, the importance of the permanence of the biological family, and the participant's assessment of parental cooperation with child support services.

Our results regarding the influence of safety assessment, attitude towards placement and work experience are in line with previous research (Arad-Davidzon & Benbenishty, 2008; Arruabarrena & De Paúl, 2012; Costin et al., 1991; Font & Maguire-Jack, 2015; Garb, 1989; Horwitz et al., 2011; Jent et al., 2011; Lambert & Ogles, 2004; Minkhorst et al., 2016) and with the Decision-Making Ecology (Baumann et al., 2014). In addition, our study shows that rationales seem to predict proposed decisions fairly well. Previous studies have shown which case factors are deemed important in placement decisions (for an overview see Bartelink et al., 2015; Font & Maguire-Jack, 2015). This study gives further insight into the relative weight of the reasons child protection workers and students give for placement decisions.

Our findings on the content of the reasoning reveal some weaknesses. First, important reasons were missing in the majority of explanations given. For example, only a third of the participants mentioned signs of child abuse and neglect, only half of the participants mentioned the parenting situation, and only a quarter referred to the child's development. In accordance with the Dutch Guidelines for Out-of-Home Placement in Child and Youth Care and Child Protection (Bartelink et al., 2015), parenting and child development should be at the heart of considerations. The main reason for an out-of-home placement in these Guidelines is a severe imbalance between parenting capacities and the child's developmental needs which impedes the child's development, wellbeing or safety. Difficulties in making clear judgments about the occurrence of child abuse and neglect, parenting capacities and a child's development could be caused by a lack of clear guidelines to hand (Budd & Holdsworth, 1996; Budd, Poindexter, Felix, & Naik-Polan, 2001), a lack of critical thinking skills (Gambrill, 2005), or a lack of skills to balance the establishment of a

working relationship with a discussion of concerns about child safety (Turnell & Edwards, 1999; Van Montfoort, Slot, Perquin, & Lever, 2009).

Second, our results show unconvincing rationales that possibly indicate trends in the decision-making process. Workers made intervention recommendations in accordance with their values and only seemed to mention arguments supporting their intervention recommendations. The reasoning patterns clearly differed between participants who did and did not decide to place the child in care. Certain differences between participants who recommend placement and those who did not can be expected (e.g., the abuse is so severe that out-of-home placement is needed versus the abuse is not very severe and in-home services are sufficient to improve the situation). However, differences such as the emphasis on certain arguments by each group indicates ‘unbalanced’ decision-making (e.g., the argument is mentioned by one group but not by the other). For example, workers who decided to place the child in care gave reasons related to the supposed child abuse and the expectations on placement more often, while participants who decided that the child could remain at home more strongly emphasized the importance of the biological family and expectations about other interventions. This finding seems to confirm previous conclusions that workers tend to focus on child protection or family preservation (see Spratt et al., 2015). In a balanced decision-making process we might expect reasons related to expectations on placement and other interventions (i.e., both advantages and limitations) as well as arguments related to the supposed abuse and the importance of the biological family, regardless of whether intervention is recommended. Unbalanced decision-making may result from the complexity of placement decisions. It is cognitively demanding to deliberately consider the many factors related to a case. In such situations workers tend to use heuristics and decide early in the assessment and decision-making process (Gambrill, 2005; Kahneman et al., 1990). Moreover, placement decisions are not only cognitively challenging they also seem to be emotionally challenging (Knorth, 1991; Munro, 1999). Children confronting adverse circumstances may appeal to the workers’ sense of justice and thereby may result in a decision based more on the individual’s emotions and less on relevant case

factors. Due to the research design (i.e., a written answer to an open question), it is not possible to determine whether workers overlooked or discounted certain case facts or whether they simply did not discuss them in their rationale.

Finally, workers' reasoning seems to be strongly influenced by their perceptions of parental cooperation, or the absence thereof, which is particularly interesting because the vignette used did not present a clear case of severe child abuse. A substantial proportion of participants mentioned a lack of cooperation in the past as a reason for placement or threatened placement if the parents did not become more cooperative: this applied to both versions of the case described above irrespective of whether the mother's consent was indicated. This finding is in line with previous research studies (Davidson-Arad, 2001; Davidson-Arad & Kaznelson, 2010; Meddin, 1984; Shapira & Benbenishty, 1993). Davidson-Arad and Kaznelson (2010) argue that professionals consider cooperative parents as more receptive to intervention and therefore requiring less drastic measures to ensure child safety. In such cases cooperativeness would correctly be a case factor. However, perceptions of uncooperativeness can also bias the decision-maker by arousing negative emotions resulting in more drastic intervention. Another explanation could be the increased pressure on workers to avoid risks in recent years because of several fatal or near fatal incidents (Landelijk Toezicht Jeugd, 2015; Onderzoeksraad voor de Veiligheid, 2011). This may have increased the tendency to order drastic interventions in even minor cases.

Concerning the second and third research questions, we found that in line with the Decision-Making Ecology (Baumann et al., 2014) attitudes influence decision-making. People who are more pro-removal are more likely to place a child in foster care. It is unlikely professionals are always aware that their attitudes influence their risk assessments and placement decisions and therefore directly refer to them in their rationales. As previously mentioned by several researchers (Arad-Davidzon & Benbenishty, 2008; Benbenishty et al., 2015; Davidson-Arad & Benbenishty, 2010; Gambrill, 2005; Munro, 1996; 1999), people who are more positive about removal assess the child as at greater risk than people who are less positive about removal and therefore more prone to place

the child in foster care. Further research may show if this means that attitude has a direct influence. It may be that attitudes not only influence the information gathering part of the decision-making process but also the reasoning about the available case information.

Confirming several studies (Garb, 1989; Lambert & Ogles, 2004; Minkhorst et al., 2016), we found no relationship between work experience and the proposed decision, despite other studies showing such a relationship (Benbenishty et al., 2002; Brunnberg & Pećnik, 2007; Portwood, 1998; Roberts, 1970). The relationship between experience and decision-making seems complex. Work experience may add little or nothing when making complex decisions (Spengler et al., 2009; Devaney, Hayes & Spratt, 2017). Davidson-Arad and Benbenishty (2016) assume that similarities in the risk assessments and intervention recommendations of students and professionals reflect a shared professional culture. Other factors may be at work besides the length of work experience, for example prior training (i.e., legal versus social work or mental health training; see Britner & Mossler, 2002) or work-related traumatic experiences (Regehr et al., 2010).

We can conclude from our study that professionals and students seem equally prone to confirmatory hypothesis testing (e.g. Strohmer et al., 1990) or the tendency to seek selective evidence to support rather than refute their assumptions (e.g. Munro, 1996). A reason why workers' capabilities do not change with experience is the lack of feedback about their judgments (e.g., Dawes, Faust, & Meehl, 1989; Ericsson & Lehmann, 1996; Finnila, Santtila, Mattila, & Niemi, 2012; Garb, 1998; Lichtenberg, 1997). The effect of feedback remains barely studied (see Spengler et al., 2009). Garb (1998) notes that the use of feedback to improve accuracy might not be without challenges because feedback can be misleading (i.e., most professionals receive feedback about clients when they relapse which can lead to the conclusion that their prognoses are uniformly poor).

Strengths and limitations

Using written rationales given spontaneously and without prior instruction or guidance may be a limitation. The short rationales provided by participants were often hard to interpret. Consequently,

we could not assess whether topics put forward in the rationales were considered positively or negatively. Therefore, no conclusions can be drawn about the direction of arguments and their relationship to the intervention recommendations. In other words, the participants' actual reasoning about the case may have been more complex than what was written. They may have only given the main, explicitly case-related reasons and left out details or contextual considerations such as references to the law and guidelines. It is a common argument that written communication should be precise if the reader is to understand the author's intentions exactly. The rationales we came across, however, were often short and not very precise. Research reveals that many professionals often do not report in detail about their cases (Bartelink, 2006; De Kwaadsteniet, Bartelink, Witteman, Ten Berge, & Van Yperen, 2013). We might have obtained more differentiated results if we had asked participants to think aloud about the case rather than writing down their thoughts or if we had stimulated the provision of certain kinds of arguments by structuring how rationales should be given.

Using a single case for the study could be considered a weakness because it limits external generalizability. However, using only one case allows us to exclude case factors as explanations for different decisions and better determines the role of the reasoning process, giving insights into possible explanations for differences between decisions. Based on previous studies (Bartelink, 2006; De Kwaadsteniet et al., 2013; Skivenes & Stenberg, 2015; Skivenes & Tefre, 2012; Ten Berge, 1998), we do not expect to have obtained very different results if more or other cases had been included in the study. The case we used encompassed a wide range of signs of child abuse and neglect as well as other family and environmental factors (see Evans et al., 2015) and can elicit arguments related to suspected maltreatment, the parents' behaviour and the child's development. However, we acknowledge that our assumptions should be tested in further research.

A strength of this study is the large participant numbers included through convenience sampling from several agencies and universities across the country. Convenience sampling may have led to the inclusion of workers who see themselves as adequate decision-makers, more so than

their non-participating colleagues (Bornstein, Jager, & Putnick, 2017). As a result, our findings could be more positive than if a random sample had been used. Given the relatively weak rationales we found in our sample, it is unlikely that random sampling would have yielded 'better' results.

Finally, the application of at first less and then more stringent significance levels in our analyses may contain pitfalls. The significance level appropriate for deciding whether a difference exists between groups has been discussed (Benjamin et al., 2017; Lakens et al., 2017). To prevent early exclusion of variables a less stringent significance level ($p < .10$) was used in the initial analyses. However, to avoid unfair reports of possible artificial influences resulting from the significance level, we applied a more stringent significance level in the logistic regression analyses. Due to the explorative nature of our analyses on the influence of rationales, we believe it is appropriate to apply a less stringent significance level during the initial phase of data analysis. Future research should confirm whether these results hold in other samples.

Recommendations

Despite some study limitations, we conclude that our findings indicate that reflection is required on how decision making in child welfare and child protection practice can be improved.

First, our study indicates that the content of reasoning needs to be strengthened. In cases such as the one we used in our study, a discussion of parenting capacities (including threats in the form of possible child abuse or neglect) and the child's developmental needs should be at the heart of decision-making. We propose the use of the Guidelines for Out-of-Home Placement in Child and Youth Care and Child Protection (Bartelink et al., 2015), which provide a decision tree to support reasoning on placement decisions. These Guidelines were developed based on research and practical knowledge and the clients' experiences and were authorized by the professional associations of social workers, pedagogues, psychologists and child psychologists. They therefore provide a standard for professional judgment and placement decisions and clarification for professionals about the most important case-related factors and how to weigh relevant case factors.

Second, decision-makers' attitudes need to be addressed in training and supervision.

Decision-makers should be aware of their attitudes towards out-of-home placement and how their attitudes influence their judgments and decisions. Training should support professionals in learning to be open-minded, willing to challenge ideas about their cases and question their beliefs (Gambrill, 2005).

Third, the case-related reasoning could perhaps be improved by critical thinking and discussion among co-workers, though the effectiveness of these measures is still under debate. Improvement in case-related reasoning is needed to increase the transparency and reasons for these decisions. Instruments and decision-making methods prescribing which case-related factors to consider have often been proposed (Munro, 1999), though with limited results (Ægisdóttir et al., 2006; Bartelink, Van Yperen, & Ten Berge, 2015; Bartelink et al., 2014; De Kwaadsteniet et al., 2013; D'Andrade, Benton, & Austin, 2005). Critical thinking about alternatives and related pros and cons could be another solution (Toulmin et al., 1984). Though intuitive processes might remain important because of the complexity of the decision-making task (Munro, 1999), critical thinking about alternative explanations and the pros and cons of both the proposed intervention and its alternatives could prevent tunnel vision and keep people receptive to new information (see also Gambrill, 2005; Knorth, Van den Bergh, & Smit, 1997; Toulmin et al., 1984). And lastly, individuals' vulnerability to intuitive reasoning and the use of heuristics can be counteracted by discussions with co-workers or clients where opinions about cases are challenged. Training and continuous on-the-job supervision could support critical thinking about alternative explanations and the pros and cons of both the proposed and alternative interventions.

Finally, given its important influence on the ultimate decision, the reasoning process requires further investigation. This could be done in at least two ways. Firstly, the reasons underpinning decisions could be studied using a questionnaire in which participants explain which reasons they find most fitting out of a fixed set. Such a study would offer a structured way to increase insight into reasoning processes. Secondly, the reasoning processes could be studied by

asking professionals to explain their thoughts about a case orally (i.e., a thinking-aloud method). This could help obtain deeper insight into the reasoning process and discover whether decision-makers think critically about cases. With a more thorough understanding of the reasoning process we will also be better able to investigate the relationship between attitudes and reasoning.

Conclusion

To conclude, this study enhances the empirical underpinning of the Decision-Making Ecology model (Baumann et al., 2014) by adding knowledge about decision-maker factors and the reasoning process underlying placement decisions. It showed that placement decisions systematically varied depending on decision-maker factors and the reasoning put forward. Attitudes towards placement clearly seem to influence placement decisions. We agree with other researchers' recommendation (e.g., Munro, 1999; Osmo & Benbenishty, 2004) that reasoning processes and the influence of attitudes need to be further addressed in professional training to improve decision-making and (as a consequence) the outcomes for children and their families.

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Competing interests

None of the authors had a conflict of interest, financially or otherwise.

Ethics

According to Dutch legislation, no approval of an ethics board and no written consent to participate was needed for the participants in this study.

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Table 1. Reasons mentioned by participants who decided to place the child into care and those who did not, in frequencies and proportions per group, and chi-square tests of the differences between the two groups for the reasons mentioned

	Stay at home (n = 420)		Placement out-of-home (n = 175)		χ^2
	Frequency	Proportion	Frequency	Proportion	
Rationale provided	410	.98	174	.99	2.23
Lack of information	97	.23	14	.08	18.55***
Case factors					
1. Abuse	105	.25	89	.51	37.59***
Physical injury	29	.07	36	.21	23.71***
Neglect	18	.04	13	.07	2.47
Emotional abuse	23	.06	38	.22	35.40***
Safety in biological family	71	.17	65	.37	28.69***
2. Child development	78	.19	63	.36	20.75***
Child's current wellbeing and development	50	.12	49	.28	23.07***
Child's future wellbeing and development	37	.09	28	.16	6.56*
3. Parenting	113	.27	42	.24	0.54
Parent-child relationship	55	.13	24	.14	0.04
Parenting skills	80	.19	22	.13	3.65
4. Family and environmental factors					
Family circumstances	86	.21	31	.18	0.60
Past interventions	72	.17	6	.03	20.40***
5. Anticipated and actual outcomes					
Parent progress	126	.30	11	.06	39.20***
Safety in foster family	0	.00	13	.07	31.90***
Expectations on out-of-home placement (i.e., possible advantages/limitations)	55	.13	34	.19	3.90
Expectations on other interventions (i.e., possible advantages/limitations)	135	.32	8	.05	51.43***
Decision-maker factor					
Permanence/importance of biological family	69	.16	9	.05	13.81***

Family-worker collaboration factors

1. Wishes

Wishes of the parents	20	.05	16	.09	4.17
Wishes of the child	7	.02	1	.01	1.12

2. Cooperation

Cooperation with the parents	96	.23	102	.58	69.51***
Cooperation with the child	7	.02	3	.02	0.00

Organizational factor

Protocols	3	.01	1	.01	0.04
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External factors

1. Rights

Rights of the parents	14	.03	1	.01	3.83
Rights of the child	5	.01	9	.05	8.40**

2. Legislation

	0	.00	2	.01	4.82
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Note. Participants can mention more than one argument within the domains “Abuse”, “Child

development” and “Parenting”. The frequency and proportion on the domain represent the number

and proportion of participants who mentioned any argument within these domains. * $p < .10$, ** $p <$

.05, *** $p < .01$

Table 2. Unstandardized regression coefficients of the model predicting whether a child would be placed into foster care

Variable	<i>Model 1</i>		<i>Model 2</i>	
	<i>b</i> (SE <i>b</i>)	Odds ratio [95% CI]	<i>b</i> (SE <i>b</i>)	Odds ratio [95% CI]
Constant	-13.24 (1.36)	0.00	-12.61 (1.75)	0.00
Risk assessment	1.79 (0.27)	6.01 [3.53, 10.21]	1.48 (0.35)	4.38 [2.22, 8.64]
Attitude towards placement	1.50 (0.22)	4.48 [2.92, 6.87]	1.75 (0.29)	5.77 [3.28, 10.15]
Work experience (student vs professional)	0.46 (0.22)	1.59 [1.04, 2.43]	-0.12 (0.30)	0.89 [0.49, 1.60]
Mother's consent to out-of-home placement	0.43 (0.20)	1.54 [1.03, 2.29]	0.64 (0.28)	1.89 [1.09, 3.28]
<i>Reasons</i>				
Lack of information			-1.60 (0.40)	0.20 [0.09, 0.44]
Abuse			1.02 (0.29)	2.78 [1.58, 4.87]
Child development			1.11 (0.32)	3.04 [1.62, 5.68]
Past interventions			-1.77 (0.53)	0.17 [0.06, 0.49]
Parental progress			-2.68 (0.44)	0.07 [0.03, 0.16]
Expectations on placement (i.e., advantages and limitations)			1.12 (0.39)	3.07 [1.44, 6.57]
Expectations on other interventions (i.e., advantages and limitations)			-3.04 (0.51)	0.05 [0.02, 0.13]
Importance of permanence of biological family			-1.03 (0.52)	0.36 [0.13, 0.99]
Parental cooperation			1.82 (0.30)	6.20 [3.48, 11.05]

Note 1. Model 1: $R^2 = .28$ (Nagelkerke), $\chi^2 (3) = 123.34$, $p < .000$. Model 2: $R^2 = .65$ (Nagelkerke),

$\chi^2 (8) = 360.30$, $p < .000$.

Note 2. The odds ratios for the safety assessment scale and the attitudes scale mean that the odds of placement rise with each one-point increase of the scale.

Appendix 1. Vignette Dana

The vignette was developed by Prof. Rami Benbenishty, PhD., and Prof. Bilhah Arad-Davidson, PhD. It may only be used for further research with their permission in writing. Contact information: rami.benbenishty@biu.ac.il or bilhah@post.tau.ac.il.

The Health and Social Care Trust received a referral from a primary school teacher who was worried about one of the children in her P1 class. There was a file on the child's family in the social work department, but it had not been active for some three years.

The family consists of the parents and three children. The mother, Hannah, is a 25 year old housewife. The father, David, is 31 years old and is a factory worker. A few months ago he was laid off, and now he does not have a stable job. The subject of the teacher's concern is six year old Dana, the oldest child in the family. Her siblings are four year old Sara and two year old Martin.

The parents married about six years ago, after a short acquaintance, when Hanna became pregnant. Their marital relationship has always been tense. David comes home late and gets very angry when his wife asks where he has been. In recent months he spends much of his time in his parents' flat.

The family lives in a rented flat in a poor neighbourhood. The flat is fairly clean and has basic furnishings. The family has been under financial strain since a business that David opened went bankrupt. His earnings are low and unpredictable.

In the past, Hannah had bolstered the family finances by taking care of neighbours' children, but has mostly stopped doing this after the birth of her second child. David's parents are helping to pay the rent.

The family has no social ties in the neighbourhood. Hannah sometimes visits her sister. Relations with David's family are tense. Most of the tension is between Hannah and David's mother. The social worker who had been in contact with the family in the past got the impression that Hannah resented the fact that David's family "think they're better than her family and that she became pregnant to catch a good husband."

Hannah grew up in a large family. Her father is alcohol dependant, and her mother, who carried the burden of caring for the household, suffered from clinical depression. Some of her older brothers had been accommodated in children's residential units. Hannah, who remained at home, suffered from her father's outbursts and had to take care of her mother from a young age. She left school at sixteen, and worked in a variety of temporary jobs till she married. Her mother's death two years ago was a hard blow to her, which she says she has been unable to overcome: "I am very nervous and sometimes I take it out on the children." When she's asked about this, she bursts into tears and doesn't go into detail.

David grew up in a middle class family. His father was a civil servant and his mother a sales assistant in a department store. This information was obtained from Hannah, since David was not present at the meetings with the social worker. She described a very introverted man who, even as a child, did not play with other children and used to run away from school to wander around on his own. The picture that emerges from his wife's report is of a man who finds it difficult to function within structured frameworks which require discipline. He went through several different post-primary schools and changed jobs several times before he opened the business that went bankrupt. He visits his parents frequently, and often stays over and sleeps there. He's close to his mother, but not his father.

Dana is quiet in school and doesn't relate much to the other children. The teacher would like to keep her for another year in her current year group (P1). She reports that Dana's cognitive development is behind that of her peers, that she often hits other children during breaks, and that, on several occasions, she had unexplained outbursts of rage. The psychologist and classroom assistant in the school tried to form a relationship with her, but she refused to answer their questions.

The primary school teacher referred the matter to the local Social Services office because she was worried about Dana's well-being. She reported that Dana had blue marks on her hands and back. In addition, in the past six months, Dana has come to school with a broken arm and, on another occasion, with a displaced shoulder. Her medical file reveals that at age three she was taken to the hospital emergency room with scalds from boiling water that was spilled on her at home. There are no further

details about this incident. An attempt was made then by Social Services to engage the family in assessment and treatment. The parents refused, and no services were provided. When the teacher tried to get Dana to speak, she responded aggressively and would not give any information. Dana's mother was angry that the teacher had tried to find out what had caused the injuries. She said that Dana plays with roller skates (and that's how she often gets hurt) and that she was angry that the teacher dared to think that she had hurt her child, accusing her of voicing these suspicions only because "she didn't come from a good family".

Based on a number of home visits the worker made following the referral from school, the social worker felt that there was not sufficient attention paid to the children's physical, psychological or emotional needs, and especially not Dana's. The children did not get their immunizations on time and Dana arrives at school without the food or materials that are required. She is dressed inappropriately for the season of the year. More than once, she has come to school dressed only in thin garments in winter and was cold at school. There are hardly any toys at home. The parents don't play with the children and they don't go on family outings. Hannah leaves her four year old daughter in Dana's care for short periods of time to do errands. Dana wanders around the neighbourhood unsupervised and, on one occasion, was almost run over by a car. A neighbour who saw what was happening called to the driver to stop.

The mother's explanations of Dana's injuries were unclear and inconsistent. All she said, several times, was that Dana plays a lot and gets hurt. The social worker did not manage to get Dana to talk. The mother's statements suggest that she views Dana as the "bad girl," as opposed to her obedient sister and smiling baby. As the mother puts it, "Dana's like her father. She doesn't like anyone, is undisciplined, doesn't help her take care of the other children, and is 'cheeky'".

A conversation with Hannah's sister, who is also known to Social Services, indicates that Dana's father has outbursts of anger at Dana which, in her view, stem from the fact that she doesn't listen to him. In the course of these outbursts, he swears at her, accuses her of being "retarded and stupid," and tells her that "nothing good will come of her."

The overall impression is that the emotional relationship between Dana and her parents is very problematic. Both parents convey to her that they prefer her siblings and show a pronounced lack of interest in her. The only times they show interest in her is when they involve her in their fights.

Version A: The social worker who conducted the home visits raised the possibility of removing Dana to a foster family for an undefined period of time: "until the family addresses the issues of concern." The mother voiced strong objection, stating: "no way will anyone touch my family and I'm ready to go to court on it."

Version B: The social worker who conducted the home visits raised the possibility of removing Dana to a foster family for an undefined period of time: "until the family addresses the issues of concern." The mother did not raise strong objection, stating – "if you think that is better for the family, I am willing to try".