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THE UNIVERSITY OF ALBERTA

AN EXAMINATION OF ALBERTA GOVERNMENT CHILD
PROTECTION SERVICES AND CLIENTELE

by



DEBORAH JEAN MAGEE

A THESIS

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.....*William E. Kellogg*.....

DEDICATED TO MY LATE
HUSBAND GORDON H. CHALIFOUX

ABSTRACT

The purpose of this study was to examine the Alberta Government Child Protection Service and the attributes of the clients it serves.

An attempt was made to determine whether a rural office and its clients differed from an urban office and to ascertain whether cases were treated differentially by the agency with respect to closure immediately after the investigation stage and taking children into care. The phenomenon of children in substitute care was also examined.

The study was essentially exploratory in nature; no formal hypotheses were developed. Two regional offices of the AGCPS were selected for study (one located in a rural area and one located in an urban area) and two separate sub-samples of client case history files were generated.

A comparison of the AGCPS to other protection agencies, discussed in the literature review, revealed that they were generally similar. However, variations did occur with respect to: legal procedures employed, administrative structure, treatment of referrals, and intake and program responsibilities. Certain of these variations were even more pronounced in the rural office.

Profiles of the clients served by the AGCPS were drawn and the following characteristics predominated: the children tended to be both male and female Caucasian, of undetermined religion pre-school age, and to be referred by the community at large because they were not being cared for properly; they came from families where there were one or two children; their caretakers were married and employed. The major source

of behaviour problems in the families were the caretakers; however, the single most common form of problem behaviour exhibited was that of children being out of control or emotionally disturbed. When rural and urban families and children were compared the only aspect where a statistically significant difference was found was that of family size. Rural families tended to be larger than urban families. Results of the comparison of clients studied to those described in the literature review proved inconclusive, with support for some of the findings being established and not for others.

In examining the disposition of cases by the agency it was found that the only statistically significant difference that emerged, when cases which were closed and not closed after investigation were compared, and cases where the child was taken into care and those where the child was not taken into care were compared, was associated with the employment status of the caretaker. In the majority of not closed cases and the taken into care cases the family was supported by social assistance rather than by funds gained through employment of the caretaker.

Although several aspects of the situation of children in care were analyzed, it was found that the only variables where statistically significant differences occurred, were those related to the length of time in care categories and the discharge status of the child. The results indicated that children who remained in care for longer time periods were discharged with less frequency than the shorter term in care children, and had more placements. Further, children who were not discharged from care at the time the data was gathered tended to be in care because of shared caretaker/child behaviour problems rather than separate caretaker or child behaviour problems.

The results of this study tended to concur with those of research outlined in the literature review, when the situation of children in substitute care was explored.

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CHAPTER I

INTRODUCTION

In present day Canadian society the family is regarded as the primary vehicle accountable for the physical maintenance and the initial socialization of children. However, it is recognized that not all family units are prepared to perform these functions adequately and that children live in situations where their physical and emotional needs go unattended. Such children, if they survive, rarely become productive, accepted members of the wider community. Efforts to improve the life circumstances of these children have led to the establishment of a wide array of child welfare service program designed to reinforce, supplement, or substitute the functions that parents have difficulty in performing.¹

The main focus of this thesis is to examine a particular type of child welfare program known as child protection services; or those services specifically intended to meet the needs of children identified as being neglected or abused. Such programs are administered in Alberta by the provincial government under the auspices of the Department of Social Services and Community Health. This study will concern itself mainly with two particular aspects of the Alberta Government Child Protection Service (there-after referred to as the AGCPS): a) the characteristics of the agency designed to deliver such services, and b) the type of clients served by this agency.

In dealing with the issue of agency characteristics those philosophical and administrative qualities deemed necessary by authorities in the field of child protection for the effective functioning of such an agency are outlined in the literature review. Second, a

description of child protection services, as offered by the Alberta government are presented. An attempt is then made to determine whether or not the Alberta government program has the characteristics delineated in the literature review.

Similarly, when looking at the type of clients involved with protection agencies; first a description of such clients, provided in other research accounts, is determined. Second, a profile of clients served by the Alberta government agency is drawn. This profile is then compared to the descriptions presented in previous research.

An attempt is also made to explore the possibility that certain factors may be related to the manner in which an agency disposes of its cases. More specifically, whether or not social work is extended to the family beyond the investigation and assessment stage and whether or not a child is removed from his home and placed under the care and custody of the protection agency.

Incorporated into the framework of this study, where possible, is a rural/urban comparison. The reason for including such a comparison stemmed largely from the researchers interest in the area of delivery of social services in rural locales and the fact that literature addressing itself to an examination of such services generally suggest that rural centers, as opposed to urban centers are underserved.² Although no assessment of the adequacy of the AGCPS is undertaken in this study, an effort is made to determine whether or not essential differences between the rural and urban programs exist.

Utility of the Study

Comments in the literature, pertaining to the need for further research in the field of child protection services, provided the major

impetus for this undertaking. The general purpose of this study then, is to contribute to the existing body of research addressing itself to the topic of child protection services. More specifically the researcher anticipates that this effort will:

a) help to further identify, through the development of characteristic profiles of clients served by the AGCPS and the comparison of these profiles to those established in previous research, factors apparently associated with families and children involved in cases of neglect and abuse.

b) prove useful to the AGCPS by providing information concerning the operation of their agency as it relates to the standards recommended by the Child Welfare League of America and the operation of agencies as described in other reports.

c) provide some insights into the circumstances of child neglect and abuse in rural areas; a topic not widely explored in the literature pertaining specifically to the operation of child protection services. It is also hoped that this study will help to stimulate an interest to further research in this area.

Limitations of the Study

This study is exploratory in nature and does not represent an attempt to evaluate child protection programs or to establish the causes of child neglect and abuse. Further no attempt will be made to ascertain why differences between the rural and urban sector (if they exist) occur.

The method applied in the selection of offices and cases for study make generalizations to other protection programs and their client populations inadvisable. The rural office was selected on the

4

basis that is was the only office located in a rural center (population of 1,000 or less). A decision, on the part of the researcher, lead to the selection of the urban office for study. Likewise, a decision was made concerning the selection of cases for study; only certain case history files located in these two offices that were active during the year 1976 were examined.

The fact that the researcher was only able to gather the data pertaining to client characteristics and activities from case history files of subjects, rather than from direct sources, increases the probability of error in terms of presenting an accurate and uniform picture of events and client attributes.

NOTES

1. Alfred Kadushin, Child Welfare Services (New York: The MacMillan Company, 1967) p: 202.
2. Joseph C. Ryant, "The Integration of Services in Rural and Urban Communities," Canadian Journal of Social Work Education, Vol. 2 (n.d.), pp. 9, 10.

CHAPTER II

LITERATURE REVIEW AND STATEMENT OF OBJECTIVES

The Child Welfare League of America (CWLA)¹ defines protection services as:

... a specialized child welfare service that carries a delegated responsibility to offer help in behalf of any child considered or found to be neglected, abused or exploited.

Similarly, the Canadian Welfare Council² views protection services as being:

... based on law and ... supported by community standards. Its purpose is protection of children through strengthening the home, or failing that, making plans for their case and custody through the courts ... It is a service on behalf of children undertaken by an agency upon receipt of information which indicates parental responsibility toward those children is not being effectively met.

Children for Whom Protection Services are Appropriate

Child protection services are, by definition, created to deal with the neglected, abused and exploited child and his family. However, no absolute, universally applicable standards have been devised to determine whether or not a child can be categorized as abused, neglected, or exploited. In practice, each case is individually assessed.³ A general inventory of situations indicating the need for intervention by a protection service has been generated by the CWLA. The CWLA⁴ delineates the situation as being critical when a child is:

1. Malnourished, without proper shelter or sleeping arrangements.
2. Without supervision or unattended.
3. Ill and lacking essential medical care.
4. Physically abused.

- 5. Sexually abused or exploited.
- 6. Denied normal experiences that produce feelings of being loved, wanted, secure and worthy (emotional neglect).
- 7. Emotionally disturbed due to continuous friction in the home, marital discord or mentally ill parents.
- 8. Exploited, over worked or exposed to unwholesome and demoralizing circumstances.

Major Neglect and Abuse Definitions

In his attempt to classify situations of neglect and abuse, Kadushin⁵ generated the following categories: a) physical abuse, b) neglect, c) exposure to unwholesome or demoralizing conditions, d) emotional neglect, and e) exploitation.

Physical Abuse

In the case of physical abuse, the child is "... beaten to the point at which he sustains physical damage."⁶ Hepworth cites the following definition, as posited by the National Advisory Committee on Child Battering: "Child battering ... the intentional non-accidental use of physical force by the caretaker aimed at hurting, injuring or destroying the child."⁷ In his book, Violence Against Children, Gil⁸ offers this definition:

Physical abuse of children is the intentional, non-accidental use of physical force, or intentional, non-accidental acts of omission, on the part of a parent or other caretaker interacting with a child in his care, aimed at hurting or destroying that child.

Physical Neglect

Kadushin⁹ explains that, whereas physical abuse is a "crime of commission" on the part of the parent or caretaker, physical neglect

tends to be a "problem of omission." Physical neglect is seen to be a situation where the child is either abandoned, living in unsanitary and unsuitable accommodation, malnourished, lacking in needed medical attention, unsupervised, or generally not having his physical needs adequately attended to.¹⁰

Exposure to Unwholesome or Demoralizing Conditions

Because "children are prone to follow and accept patterns of behaviour of their elders,"¹¹ the intervention of protection services is seen to be warranted when a child is living in a home where the parents or caretakers engage in criminal activities, practice prostitution, are addicted to alcohol or drugs,¹² or quarrell excessively and violently and defy proper authority in society.¹³

Emotional Neglect

Emotional neglect is more difficult to define in explicit terms than physical neglect is,¹⁴ but it is generally seen as a situation where the child is being "denied normal experiences that produce feelings of being loved, wanted, secure and worthy."¹⁵ Included in the category of emotional neglect is the situation where the child is "emotionally disturbed due to continuous friction in the home, marital discord, or mentally ill parents."¹⁶ Costin¹⁷ provides a description of some of the criteria used in determining emotional neglect:

... the extent to which parental responses to a child are recognizable as supportive and valuing, rather than discouraging or demeaning; whether the parents show concern about the child instead of a noncaring indifference; whether they treat him with the respect another person merits; whether they postpone gratification of their own needs in favour of meeting his dependency needs and gear their expectations for behaviour to his individual level of readiness to perform adequately.

Exploitation

The situation of exploitation¹⁸ is characterized by the child being "forced to work at unreasonable tasks for unreasonably long hours" or may involve "encouraging the child to beg, to steal, or to engage in prostitution for the benefit of the parents." If these activities are occurring, the child is seen to be "denied opportunity for normal recreational activities and other opportunities for social and intellectual development."

According to Nelson,¹⁹ the majority of cases dealt with by protection agencies:

... are those that we refer to often as the nonwillful or circumstantial neglect cases, rather than cases where the parents willfully and intentionally mal-treat their children.

Legal Mandate

One of the most distinctive characteristics of protection service is that its mandate for operation is grounded in law.²⁰ These laws invest authority in the members of the protection agency to intervene in situations where child neglect and abuse is suspected.²¹ One of the major reasons for providing legal sanctions to protection agencies is that, in many cases of child abuse and neglect, the source of referral is not the parent; requests for help or intervention come from outside the home.²² The representatives of the agency, in order to fulfill their role, must have the right to investigate any complaint and to intervene on behalf of the child when necessary.²³ Generally, in Canada and the United States, the decision to remove and maintain a child away from the care and custody of a parent or guardian is not one that rests entirely with the representative of the protection agency. In situations where parental consent for the child's removal cannot be obtained, the

case is usually presented to the courts for judgement. The CWLA²⁴ maintains that no child should be removed from his home without a court order, however,

... when a child is in danger and immediate action must be taken to remove him from the home without the consent of his parents or in their absence, it is the function of law enforcement officials to do so. When it is necessary to arrange for emergency care before the court order has been obtained, at the first possible moment thereafter, the agency should obtain an order from the court authorizing care away from the parents.

Administrative and Procedural Aspects of Protection Services

Simmons maintains that protection services should be "extended and developed primarily under the auspices of public agencies,"²⁶ and if they are embodied in multi-function agencies, they should be administered as a separate entity. The CWLA²⁷ supports this position. Therefore, protection workers and administrative staff should not be expected to assume responsibilities associated with the delivery of other welfare programs.

Within the organizational framework of the protection agency, provision must be made for a governing body, a director, and supervisory, intake, fieldworkers and clerical positions.²⁸

Governing Body

According to the CWLA,²⁹ the agency should have "a governing body or advisory board composed of unpaid citizens." The role of the governing body is to develop programs and policies and to assure "adequate financing and staffing of protective services."

Director

The CWLA³⁰ suggests that the director of a protection agency should

provide "leadership" to the governing body and the staff. His primary responsibilities should be "planning, implementation of policies and maintenance of standards, which include sufficient staff."

Supervisor

The role of the supervisor is to provide guidance and direction to the intake and fieldworkers.³¹

The supervisor on a daily basis must support staff and morale, while creating an atmosphere in which workers can learn and share with their co-workers.³²

A supervisor should be responsible for no more than five workers, unless the staff is highly experienced. Then the ratio of workers to supervisor may be slightly greater.³³

Intake - Position and Procedure

The person(s) involved in intake receive complaints registered by the community. DeFrancis³⁴ maintains that no long-term case work should be done at the intake level; a fieldworker should assume this responsibility. He also recommends that if budgetary constraints prevent the creation of an intake position, supervisory staff should handle this task. The CWLA³⁵ emphasizes that only highly skilled and experienced workers should be employed at the intake level. Simmons³⁶ suggests that one person should be specifically responsible for handling neglect complaints and referrals. The importance assigned to the intake situation is justified on the grounds that it is at this point that decisions regarding necessity of service as well as urgency of service delivery are made. Accordingly, it is the role of intake workers to assess the nature and source of the complaint and to determine the initial course of action to follow. In general, situations of alleged neglect and abuse come to

the attention of the protection agency from sources other than the potential client. Discussion of the complaint with the source of referral is usually the first step in the intake process. Then, if circumstances dictate, an investigation of the family by the protection agency is initiated.

Actual research³⁷ with regard to the source of neglect complaints established that 35 percent of the referrals came from individual members of the community and that 65 percent came from:

... community agencies ... such as the police, the school, and other social agencies. The two most frequent sources of referral were units of the county welfare departments ... and neighbours of the family.

A study done by Bryant, et al³⁸ on abusing families revealed that 24 percent of the complaints were made by relatives of the child (some of these were parents registering complaints against spouses), 23 percent of the referrals were made by legal authorities such as police and probation officers, 22 percent of the referrals were made by neighbours, and only 9 percent of the referrals were made by hospitals and doctors.

When examining the disposition of neglect referrals, Boehm³⁹ found that the cases selected for continued service were those that indicated a hazard to the child's well being rather than those where a threat to the community or a violation of community norms was the primary concern. The source of the referral and the number of times a family had been referred also effected the decision for continuation of service.

There is a stronger likelihood of acceptance if the complaint has been made by a community agency rather than by a private individual. The protective agency rarely accepts a case for continued service if it is a family coming to the agency's attention for the first time. In such situations, the family is "warned" and the case is closed.

Fieldwork - Position and Procedure

If the initial investigation substantiates the complaint of neglect or abuse, casework with the family is attempted. When the situation is such that the child cannot be assisted while living with his family and parents do not agree to voluntary placement, it is the responsibility of the protection agency to initiate court proceedings for the removal of the child to another environment. After the child is removed from the home, the protection agency should continue work with the child and his family as long as there are plans to return the child home or "if other children in the home require protection."⁴⁰

In their efforts to assist parents and children, child protection services may make use of various social welfare services which have been classified as: a) supportive, b) supplemental, and c) substitutive. Supportive services are "designed to reinforce the ability of the parents to meet the children's needs."⁴¹ Examples of supportive services include: family and marriage counselling, psychiatric treatment programs, alcoholism counselling, child guidance clinics, parent education programs, and medical services.

Supplementary services are used to "supplement the parents own efforts to care for the child."⁴² In situations where supplemental services are employed, responsibility for the child is shared by the parents and the supplemental service agent. Examples of supplemental services and their use include: a) programs designed to assist in the specialized care of handicapped or emotionally disturbed children, b) day care and homemaker services for the children of parents who are unable to assume full-time parental responsibility because of hospitalization, employment commitments, or other reasons, c) organizations such as Uncles at Large or Big Sisters who may aid the single parent by

alleviating stresses associated with attempting to fulfill the roles of both mother and father.

The use of substitutive services usually denotes the child's removal from the home into a situation where he is receiving care that substitutes for parental care. Under such circumstances the child protection service and the substitutive service it employs usually assume full responsibility for the fulfillment of the parental roles. The most obvious example of circumstances necessitating such a step is in cases where the parent has completely rejected or abandoned the child. Types of substitutive services include: foster care, adoption, and institutional care.

The CWLA⁴³ maintains that termination of child protection services should only occur when "the child is receiving care that meets at least his minimal needs, and the parents have demonstrated their ability to continue to care for the child without the agency's services."

Case Loads

In keeping with the characteristic of delegated authority, the protection agency must deal with every complaint or referral received within a reasonable time span. "A waiting list is unacceptable in protective service."⁴⁴ It stands to reason that some referrals will need instant attention, as in situations where possible danger to the child exists, while in other situations action need not be taken immediately. However, independent of the urgency of the situation, it is suggested that constructive use of agency services by the client is more likely to occur if discussions regarding the complaint are initiated promptly.⁴⁵

The ability to respond to complaints immediately and to provide the often intensive casework needed in protection cases depends partly on the number of cases assigned to the workers. The CWLA⁴⁶ suggests that:

If effective service is to be provided, a full-time practitioner is needed for every 20 families, assuming the rate of intake is not more than one new case for every six open cases.

Other factors cited as important determinants of caseload size include:

- a) time spent on activities other than direct casework with the family and child, such as courtwork, travel time, documentation, staff meetings,
- b) the complexity of the cases and size of families being assisted,
- c) the availability of other social services and the extent of their involvement in a particular case.⁴⁷ Simmons⁴⁸ maintains:

To ensure sufficient time and attention to each child and family ... provision must be made for visits as frequently as the situation indicates but not less frequently than once in every three months ... for caseload standards of not more than 60 cases per worker.

Twenty-Four Hour Service

The need to deal with urgent cases immediately necessitates the provision of twenty-four hour service. This means that staff capable of handling cases of abuse and neglect must be available after normal office hours, during weekends, and on holidays. For example, in Illinois, a statewide answering service was established to handle after hours calls. The calls are relayed to the appropriate regional office to a protection service specialist. In cases where immediate action must be initiated, the social worker on after hours duty is contacted and provides the needed assistance.⁴⁹

Use of Other Social Welfare Services

It is recognized that if a protection agency is to function effectively, it must have access to various social welfare services such as foster care, day care, medical care, mental health services, homemaker services, and so on. DeFrancis⁵⁰ explains that the availability of such social services can affect the nature of casework done with the client:

... the problem is different in the community which lacks a diversity of services. This paucity of available sources to which referrals can be made will dictate a policy broadening and lengthening the treatment aspects of situations coming to the attention of the protective agency.

If a protection agency is to use the available services in a community effectively, it is important that the social workers not only be aware of their existence and function, but also create and maintain a mutually co-operative relationship with these agencies.

Agency Objectives

In the past, the general practice was to remove children from environments seen as unhealthy by community standards and to punish, through criminal court proceedings, the parents who were seen to be responsible for the creation of such living circumstances. However, with the evolution of Societies for the Prevention of Cruelty of Children during the late nineteenth century and the early twentieth century, a movement away from such punitive actions began and attempts were made to help parents change their life circumstances so that they could provide more appropriate care for their children. The concept of serving the child in his own home (when possible) while offering social

work services to the family is a firmly established objective in the field of child protection today.⁵¹ In situations where the child must be removed from the home and placed in a substitute care facility, the major objective of the protection agency is to provide the child with an alternative living situation where he will receive adequate care while casework is done with the parents with a view to reuniting the child and his family.

The extent to which child protection services manage to adhere to the principle of keeping the child in his own home and whether or not they succeed in their efforts to change parental behaviour has not been thoroughly researched. In fact, Kadushin⁵² maintains:

There are no well designated evaluation studies to establish the exact degree of success achieved by protection services.

Kadushin, however, does acknowledge that a few studies have been conducted which provide an indication that protection agencies have succeeded in their efforts to a "modest degree." He concludes:

The amount of change one might expect the agencies to effect must be assessed against the great social and personal deprivation characteristic of the families who are clients of such agencies.

Family Characteristics

Marital Status

In a study designed to examine neglect, complaints, and referrals, Boehm⁵³ found that in 40 percent of the families referred, two parents were present in the home, and in 60 percent of the families referred, only one parent was present.

A study conducted in Denver⁵⁴ of families in receipt of protective services revealed that only 26 percent of the cases consisted of two

parent families. Schmidt⁵⁵ examined 43 cases which were referred to a protection agency because of neglect and found that:

In only 11 cases were both parents in the home while the families were under supervision of Protection Services; in most situations, the mother was assuming major parental responsibility.

Similar results were found in studies conducted in Alberta.⁵⁶

These studies revealed that the majority of families dealt with by the protection service were single parent in nature and that usually the single parent present in the home was the mother. However, in the 300 abusing and neglecting families that Young⁵⁷ examined, 196 had parents who were married and living together and 104 were one parent homes. In these one parent homes, 30 were unmarried mothers, 70 were divorced, deserted or separated, and in 4 of these families, one of the parents was dead. Although the majority of the families were two parent in nature, Young cautions that the incidence of divorce and remarriage was high. Marital instability, in the form of divorce and repeated separations, was also reported by Costin⁵⁸ in her study.

Family Size

Another characteristic of families where neglect and abuse occur is that they tend to be relatively large. Young⁵⁹ discovered that only 20 percent of the families she studied had less than three children and that 37 percent had between six and twelve children. The Alberta⁶⁰ studies found that in the protection families examined, three or four children were the norm. Similarly, Rein⁶¹ noted that a large proportion of the families he described had four or more children.

Income and Employment

Nelson⁶² maintained that in the majority of the cases serviced by protection agencies, the "parents will be in the poverty group."

Boehm⁶³ found that 42 percent of the neglect families she examined received public assistance and that more than 50 percent of the husbands in neglect families were employed in unskilled labour or service occupations.

... the educated, economically independent family is the rare exception among the neglect referrals. The preponderance of the families referred for neglect came from the lower socio-economic strata of the community.

Young found⁶⁴ that "out of the 300 families in the total sample, 128 had at one time or another been given public assistance" and that only 32 of the 300 families were "financially comfortable and able to meet their physical needs." When examining employment characteristics, Young determined that employment histories were unstable and that in "71 percent of the families, the wage earner was an unskilled labourer."

In the Alberta studies, Merchant and Texidera⁶⁵ indicate that a high proportion of the families examined were dependent on social allowance for their incomes.

Ethnic Group

In his study of neglected children in the Edmonton area, Moore⁶⁶ found that Metis and Indian families, when compared to other ethnic groups, were overrepresented. Boehm⁶⁷ established similar findings:

... the proportion of non-whites among neglect families is almost three times the proportion found in the general population. The disproportion is true for both Negro and Indian families, but the Indian families account most heavily for differences in social composition; their incidence in the group of neglect families is more than 30 times their proportion in the general population.

In a study done by Young,⁶⁸ she found that 237 of 300 families were white, 54 Negro, and 9 either Indian or Oriental. Unlike Boehm and Moore, she concluded that there was no correlation between situations of neglect and race or nationality.

Source of Problem Behaviour

Boehm⁶⁹ delineated the following problem behaviours of parents as being most frequently cited in the neglect complaints she examined: a) excessive drinking, b) inadequate housekeeping, c) illicit sex relations of parents, and d) leaving the children unattended. She maintained that "each of these problems occurs in one-third or more of all the neglect complaints."

In the neglecting and abusing families she studied, Young⁷⁰ found that:

One of the most acute problems was alcoholism. One hundred and eighty-six parents were severe and chronic drinkers and their drinking constituted a primary family problem.

One hundred and twelve of the parents Young described had a record of at least one crime, eighty-two of the parents were seen as "consistently promiscuous" and one hundred and six of the parents were diagnosed as psychotic.

In the Alberta studies,⁷¹ "often one or both of the parents in the families studied had an alcohol problem" and the majority of the children who were in care (had been placed in substitute care situations) were there because of "parental unwillingness" which means "parental inability to cope with financial, emotional, marital and social problems."

The types of problem behaviours exhibited by abusing parents appear to differ from those of neglecting parents. The CWLA⁷² offers

the following discriminating description:

Neglecting parents may be characterized more often by inability to care for their children or indifference toward their care. Efforts to provide basic practical necessities and acceptable standards of behaviour for themselves and their children are frequently not evident ... Abusing parents more often provide basic practical necessities, but quick to anger, they are more likely to punish inappropriately, to be critical, harsh or rejecting toward their children.

Kadushin⁷³ summarizes such findings by concluding: "Abuse may be more a response to psychological stress, whereas neglect may be more often a response to social stress."

Boehm⁷⁴ noted that in the majority of the neglect referrals she studied, the referral was made because of parent-centered problems; however, some of the referrals were made because of child-centered problems, including: a) truancy from school, b) withdrawn or frightened behaviour, c) running away from home.

Other studies⁷⁵ show that usually only one child in a family is singled out for abuse. In her discussion of abused children, Young⁷⁶ determined that there appeared to be a "lack of relevance between the behaviour of the child and the savagery of the punishment." Bryant⁷⁷ supports this point through the findings of his study and concludes:

The behaviour of these children seldom provoked or warranted the abuse they received; instead, they seemed like innocent victims of something far more complicated than their own behaviour.

In most cases of abuse and neglect then, the problem appears to be parent-centered rather than child-centered.

Children In Care

In looking at the more specific situation of children who are actually removed from the home, two important elements of the substitute

care situation are examined in the literature: a) factors which appear to influence the return of the child to his family, and b) factors related to the stability of the substitute care situation.

Discharge from Substitute Care

Research demonstrates that the length of time a child is in care is an important factor associated with discharging the child from substitute care. In a study conducted by Mass and Engler,⁷⁸ results revealed:

... time was a most important factor in the movement of children out of care in every setting, for staying in care beyond a year and a half greatly increased a child's chances of not being adopted or returned home.

Jenkins⁷⁹ found that if a child has been in care over three months, the "chances for an early return are substantially lessened." Studies⁸⁰ carried out in Alberta demonstrated similar results:

... when children first come into care, they have a better chance of being returned home than they do at a later date. Where the period of care extends at least 13 months, the percentage of returns are noticeably diminished.

According to Fanshel,⁸¹ most children who are in care for three and one-half years "seem to spend their remaining years of childhood as foster children."

When examining the characteristic of birth status, Fanshel⁸² found that children who were born in wedlock tended to be "discharged from care with greater frequency." Maas,⁸³ however, when comparing marital status (at the time of a child's birth) of the parents of children to short-term care, found "no significant differentiating associations between long-term care and parents' marital status."

When considering the level of income of families who had children in long-term care, Maas states: "More than half (55 percent) of the families ... were very poor." However, Jenkins⁸⁴ noted:

With regard to income, the main shift among the length of care categories was in the relative frequency of families supported by public assistance. Public assistance families constituted 44 percent of the short-term placements, but after three months, they were only 32 percent of the total and after two years, 33 percent.

In his description of the race and religion of children in long-term care, Maas⁸⁵ comments:

... he is distinguished by his race -- that is, by being non-white -- and by his religion -- that is, by the greater likelihood of his being of undesignated religion.

In his research, Fanshel⁸⁶ concluded: "minority children tended to experience a lower proportion of discharges." Jenkins⁸⁷ recorded the following results when considering the religious affiliation of the children in care that she studied:

The Jewish children, represented only 1 percent of the "under three months" group, and 11 percent of all children in care for two years or more. Catholic children represented the highest percentage of the short-term placements (51 percent), and Protestant children were highest among the long-term placements (46 percent).

In terms of ethnic composition and time in care, Jenkins⁸⁷ noted there was a drop in the percentage of Negro children in care when looking at two of the time periods -- under three months (52 percent) and two years and over (43 percent). The percentage of children who were white rose from 13 percent in the "under three months group" to 24 percent in the group of "two years and over" while the percentage of children in care who were Puerto Rican remained fairly stable; they comprised

35 percent of the group in care for under three months and 33 percent of the group in care for two years and over.

When examining the reasons why children were placed in care, Jenkins developed the following "reasons for placement" categories:

a) physical illness of the mother, b) mental illness of the mother, c) child's problem (emotional or personality problems), d) family problems (conflict between parents, incompetence, alcoholism, use of drugs, or desertion), e) neglect and abuse. The results of her study revealed:

A) Physical illness of the mother was associated with a short duration of foster care, representing 46 percent of the children in short-term care and only 7 percent of the children in long-term care.

B) Mental illness of the mother seemed unrelated to duration of foster care, accounting for 11 percent of the children in short-term care and 10 percent of the children in long-term care.

C) Children who were in care because of "family problems" constituted a larger percentage of the long-term care group (38 percent) than the short-term care group (33 percent).

D) The situation of "neglect and abuse" seemed to be unrelated to duration of foster care, representing 10 percent of the children in short-term care and 10 percent of the children in long-term care.

In looking at discharge patterns of children in care, as they relate to "reasons for being in care," Fanshel⁸⁸ noted that:

A) A proportionately larger number of children who were placed because of physical illness left care during the first year.

B) At the end of five years, children who were abandoned or deserted showed the largest proportion of still being in care (approximately 57 percent).

C) Of the children who entered care because of neglect and abuse, 48 percent still remained in care at the end of five years.

D) The smallest proportion of those children returned home during the first year were the children who were placed in care because of their own behaviour problems. However, by the end of five years, this group showed the smallest proportion of children still in care. Fanshel provides the following explanation for this outcome:

Given that treatment of emotional disturbance is known to be time-consuming, the minimal early movement is understandable. That they, rather than their parents, are the source of the need for placement indicates that an intact home is likely to be available to them than is true of other categories of children, and thus probably explains their higher discharge rate.

Maas,⁸⁹ when commenting on the association between reason for placement and length of time in care, concluded:

Children in long-term care are not distinguishable from others in care in terms of ... the precipitating causes for their separation from parents.

Therefore, the researchers do not unanimously concur in their assessment of "reasons for placement" and its association with length of time in care.

Stability of Substitute Care

Concern is expressed in the literature⁹⁰ regarding the number of placement moves some children in care experience.

Anxiety about the permanency of a home is present in almost every child who has suffered the pangs of separation from his own parents. This anxiety is profoundly deleterious and becomes compounded when a child has had the experience of being moved from one foster home to another, a not uncommon occurrence in foster care.

When discussing the phenomena of multiple placements, Fanshel⁹¹ states:

The extent to which children experience turnover while in care -- movement from one setting to another -- is important to monitor. It is an indication of the stability of care provided.

In the cases he examined, he found that nearly 42 percent of the children experienced one placement, 29.8 percent experienced two placements, slightly more than 18 percent experienced three placements, and 10 percent experienced four or more placements. The results of research conducted by Moore in Alberta⁹² revealed: 62.8 percent of the children had more than one placement, 8.6 percent had five or more placements; the average (median) number of placements per child being 2.37.

Fanshel's⁹³ exploration of the variables associated with the number of placements a child experiences led him to conclude:

The length of time a child spends in care is probably the best predictor of number of placements. Minority children were exposed to somewhat greater turnover in care. Child behaviour and parental unwillingness to assume care or to continue care were linked to fewer placements; Children who entered care because of family dysfunctional problems, neglect or abuse or abandonment showed a relatively high number of placements.

In a report on foster care, published by the Alberta Committee on Child Foster Care,⁹⁴ the matter of multiple placements is discussed. The committee maintains that the problem of numerous placements is a serious one and could possibly be alleviated if a careful assessment of the child and his family were carried out previous to placement; however, "at the present time, there is a serious lack of receiving and assessment facilities in the Province."

Statement of Objectives

This study has as its objectives, as derived from information presented in the literature review, the following:

1. The first objective is to determine if the Alberta Government Child Protection Service exhibits characteristics similar to those ascribed to other protection agencies and to compare, where possible, a rural and an urban office of the AGCPS with respect to these characteristics.
2. The second objective is to describe the characteristics of the families and children served by the AGCPS, incorporating a rural/urban comparison and then, to determine if these findings concur with those recorded in other studies.
3. A third objective of this study is to determine if any similarities or differences exist with respect to agency and client characteristics in: a) cases which the agency closes immediately after investigation and those where social work extends beyond this point, and b) cases where the child is taken into care and those where the child is left in his own home.
4. A fourth objective of this study is to examine the situation of those children who were taken into care more closely, with respect to certain of the "in care characteristics" discussed in the literature review.

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CHAPTER III

METHODS AND PROCEDURES OF RESEARCH

Sources and Collection of Data

In order to fulfill the objectives of this study the following procedures for collection and treatment of pertinent data were employed.

The necessary data was drawn from three separate sources: a) the Alberta Government Child Welfare Manual, b) the activities carried out in the offices studied, and c) selected case history files of clients.

Before collecting and recording any information concerning the operation of the AGCPS, permission to examine case history files had to be obtained from the administrators of the two offices and from the Chief Deputy Minister of Alberta Social Services and Community Health.

A copy of the Child Welfare Manual was obtained from one of the regional offices; information regarding regional office activities was obtained by employing the data gathering techniques of participant observation and personal interviews; and descriptions of client characteristics and activities were taken from selected case history files.

The researcher was employed in the urban regional office chosen for study, for a period of fifteen months as a child protection social worker and for four months as a social assistance social worker, in the child protection unit. In meeting the demands of these positions it was necessary to gain a thorough understanding of the operation of all child welfare programs offered by the Alberta government. Data from the case history files in this office was collected during June of 1977.

Once permission was granted to enter the rural office, the researcher spent a day with the administrator describing the design and purpose of the project. Arrangements were made for the researcher to return at a later date; subsequently a one week period in May of 1977 was spent in this office: a) talking to staff members about the operation of the office, b) observing the activities of staff members, and c) gathering data from the client files.

Selection of Client Case History Files

Taking into account concerns of: accessibility of data, time constraints, and limited financial resources, a decision was made to make use of only those case history files on which active casework had been carried out during the period from January 1, 1976 to December 31, 1976. Cases which may have been active during this time but had been transferred out of the subject offices to other regional offices were excluded. This procedure eliminated the necessity for the researcher to travel to those other offices to review files.

Once it was determined that the case history file was to be examined (367 files met the above criterion), relevant information on the file was transferred onto a Case History Form (see Appendix B for a copy of this form). The information on the Case History Form included, not only information that was recorded in 1976 but also information that dated back to the time the file was created (when the child was first referred to the AGCPS) and for each time period the case was "active" after that date up until December 31, 1976. This meant, for example, that in some instances information recorded as early as 1967 was examined.

Once the Case History Form was completed the data was then recorded on a Case History Sheet (see Appendix C for finalized copy of this form) and coded for entry into the computer.

From 367 cases chosen for study, two Sub-Samples were drawn. Information from cases in Sub-Sample I, was used to describe the general characteristics of the agency and of the clients referred to the two offices. The other sample, hereafter referred to as Sub-Sample II, was used to describe the characteristics of children who were placed in substitute care. The following describes the procedures employed in establishing these two samples.

Sub-Sample I

Due to the nature of the data required for the rural/urban comparison component of the study, it was necessary to ensure that only information recorded on the files, by the two subject offices, be used for analysis. In order to achieve this, those cases which were already present as of January 1, 1976, or opened during 1976, in the two subject offices, were identified. (Any cases that were transferred in from another office during 1976 were excluded). Sixty-nine of the case history files in the rural office, and two hundred sixty-two of the case history files in the urban office met this criterion. Second, only that information, other than attributes which remained static over time (such as race, sex and religion of child), recorded on the files in the year 1976, was considered for inclusion in the data analysis. However, due to the fact that as many as four referrals and closures had occurred on some cases over time, a decision was made to include only those areas where first referrals and closures occurred in 1976.¹

An initial perusal of the data revealed that in 47 of the urban cases and 5 of the rural cases, the complaint that was registered had been judged invalid, and that in fact no problem existed at that time. These cases were eliminated from the sample. A further 7 cases were excluded from the urban sample because the agency was unable to make contact with the child being referred, and therefore, no validation of the information received, occurred. Given these circumstances, the final urban sample consisted of 140 case history files and the rural sample consisted of 30 case history files, representing a total of 170 children and 113 child caretakers or families.

In an effort to maintain consistency in sample size and circumstances, these cases were also used in the two comparisons of: a) cases closed after investigation to cases which were not closed, and b) cases where the child was taken into care to cases where the child was not taken into care.

Sub-Sample II

Due to the fact that only four of the rural cases, included in the above described sample, were ones where the child was taken into care, a decision was made to eliminate the rural/urban comparison component in the section of the study describing the situation of children in substitute care, and another sample was generated. Further, in order to meaningfully examine many of the characteristics of the in care situation, it was deemed necessary to include in the analysis an investigation of cases where the child had been taken into care prior to 1976. One hundred seventy cases were reviewed and those on which multiple taken into care situations occurred were eliminated. This left a total of 107 cases to constitute Sub-Sample II.

Selection of Offices

The selection of the urban regional office to be examined, was based on the following concerns: a) accessibility of the data, b) time constraints, and c) limited financial resources. The office chosen was the one in which the researcher was employed for a period of nineteen months (December 1, 1975 to September 31, 1977). The fact that the writer worked in this office, made it possible for her to gather information concerning the operation of the child protection unit on a day to day basis, and to have ready access to other necessary data. The office is located in a large urban center which, according to Statistics Canada Census information, has the legal status of a city.²

The procedure used in the selection of the regional office located in a rural center, defined by Statistics Canada as a town having a population of less than 1,000³, was as follows: a) the researcher obtained a list of the centers where regional offices were located, b) this list indicated that there was a total of 37 offices located throughout the province, c) the population of these centers were determined by making use of the 1976 Statistics Canada material, d) all of those offices located in centers having a population of over 1,000 were considered to be located in urban centers. By following this procedure the researcher selected a regional office which was located in a rural center.

To ensure absolute confidentiality regarding information taken from case history files in the two offices under study, the actual location of these offices will not be divulged.

TABLE 1

Source and Description of Data Collected

Data Collected	Source of the Data
A definition of the AGCPS and its objectives.	Child Welfare Manual
A description of the type of child in need of protection:	
- a definition of neglect and abuse. - reasons why children are referred to the agency.	Child Welfare Act Case history files
Legal mandate of the AGCPS:	
- procedures for removing children from their homes. - legal status of children dealt with by the AGCPS.	Child Welfare Manual Interviews, Observation Child Welfare Manual, Case history files
Administrative and procedural aspects of the AGCPS:	
- organizational chart of the agency. - supervisory position. - intake position and procedures. - fieldworker position and procedures. - caseloads. - twenty-four hour service.	Child Welfare Manual Observation, Interviews Observation, Interviews Observation, Interviews
Use of alternative social services.	Observation, Interviews Observation, Interviews Observation, Interviews, Case history files
Treatment of referrals:	
- source of referral. - reason for case closure. - number of cases closed and not closed after investigation. - number of cases where child was taken into care and not taken into care.	Case history files Case history files Case history files Case history files

Selection and Sources of Data

To reiterate, the first objective of this study was to determine if the AGCPS exhibited characteristics similar to those ascribed to other protection agencies. A further objective was to compare, where possible, a rural and an urban office of the AGCPS with respect to these characteristics.

Table 1 provides a description of the data gathered to meet this objective and the source of this data. This information was used first, to describe the AGCPS and second, to determine whether the AGCPS possessed characteristics similar to those outlined in the literature review.

An attempt was also made to determine if any similarities or differences, with respect to certain of the characteristics considered, were exhibited by the rural and urban subject offices.

Another objective of the study was, in part, to determine if any similarities or differences existed with respect to characteristics of cases: a) which the agency closed immediately after investigation and those that were not closed, and b) where the child was taken into care and those where the child was not taken into care. The data, taken from the case history files, that was collected to meet this objective was as follows: a) case closed or not closed after investigation, taking into account the reason for referral, b) case closed or not closed after investigation, taking into account the source of referral, c) child taken into care or not taken into care, taking into account the reason for referral, c) child taken into care or not taken into care, taking into account the source of referral.

It was expected that the results generated from this particular data would provide some insights into whether or not the factors of source and reason for referral impact on the manner in which cases were handled by the AGCPS.

Due to the fact that the rural sample was relatively small, with regard to cases which were closed after investigation (6 cases) and cases where the child was taken into care (4 cases), it was not feasible to do a rural/urban comparison of the variables analysed in relation to the above characteristics.

Following the guidelines of research outlined in the literature review, the information collection from the case history files to meet the second, and in part, the third objective of this study, was as follows: a) race of the child, b) religious affiliation of the child, c) number of children in the family the child comes from, d) marital status of the child's caretaker, e) employment status of the child's caretaker, f) source of behaviour problem, and g) type of child or caretaker behaviour problem.

For the purposes of this study information was also collected concerning; the age of the child in 1976 and the sex of the child. A category of Caretaker/Child Behaviour Problems was added to the Source of Problem Behaviour classification, because in some referral situations it was apparent that both the child and the caretaker were in need of a rehabilitation program. For example, if a caretaker is an alcoholic and the child sniffs glue, correcting the caretaker behaviour pattern will not necessarily lead to a correction in the child's behaviour pattern.

The above information was used first, to describe the characteristics of the children and the families served by the AGCPS and second, to determine whether these children and families possessed similar

characteristics to those exhibited by clients described in the literature review.

The data were also checked to discover if any similarities or differences, with respect to these characteristics, were exhibited by the clients served by the rural and urban subject offices.

An attempt was also made to determine if the above characteristics were related in any way to the manner in which the agency dealt with cases; more specifically, whether a case was carried beyond the investigation stage or not, and whether or not a child was taken into care.

Four of the above mentioned variables were seen to refer to "Child Characteristics", and the analysis of these variables based on a basic sample size of 170. These variables included: sex, race, religion, and age (in 1976) of the child.

The remaining variables were seen to be "Caretaker and Family Characteristics" and the analysis of these variables was based on a basic sample size of 113.

In order to meet the fourth objective of this study, that of investigating the situation of children taken into care, information with respect to the following variables was collected from the case history files: a) sex, race and religion of child, b) marital and employment status of the child's caretaker, c) reasons for referral, d) source and type of problem behaviours, e) length of time the child spent in substitute care, f) number of placements the child experienced while in substitute care, and g) discharge status of the child (whether the child was, or was not still in care at the time the data was collected).

In examining the variable, length of time in care, cases where the child spent a short-term (under three months), a medium-term (three to twenty-four months), and a long-term (over twenty-four months) in care were compared with respect to: a) sex, race, and religion of child, b) marital and employment status of the child's caretaker, c) source and type of problem behaviour, d) number of placements child experienced, and e) discharge status of child.

The variable, number of placements, was differentiated into three categories: one placement, two placements, and three or more placements, and the following characteristics examined: a) sex, race, and religion of the child, b) marital and employment status of the child's caretaker, and c) reason for referral.

When determining if any similarities or differences existed between cases where the child was discharged from care, as opposed to remaining in care, the following variables were examined: a) sex, race and religion of the child, b) marital and employment status of the child's caretaker, c) source and type of problem behaviour, and d) number of placements child experienced.

The analysis of the above described variables was based on a sample size of 107. Differentiating between sample size for variables pertaining to "Caretaker and Family Characteristics", and "Child Characteristics" was not feasible due to the fact that children in care, although they may come from the same household, do not necessarily experience the same length of time in care, number of placements, or discharge status.

Statistical Analysis

The Chi-Square test of significance was applied in analyzing tables where the expected cell frequencies were seen to be large enough to permit the use of this statistic. The Spearman Correlation Coefficient was applied in situations where the Chi-Square could not be used, and a test of significance judged useful.

NOTES

1. In those cases where a second referral was received in 1976, only information recorded at the time of first referral was used.
2. Statistics Canada, Population; Geographic Distributions, Federal Electoral Districts, 1976 Census of Canada (Catalogue No. 92-801, Bulletin 1.2), June 1977, pp. 2-42, 2-44.
3. Statistics Canada, Dictionary of the 1971 Census Terms, (Catalogue No. 12-540), December 1972.

CHAPTER IV

PRESENTATION OF RESULTS

The following provides a description of the AGCPS; attending specifically to certain characteristics of the regional offices studied. An attempt has been made to determine whether the Alberta organization possesses characteristics similar to those described as distinctive to protection agencies in the literature review and whether the urban and rural offices differ in this respect.

Definitions and Objectives of the AGCPS

The Government of Alberta provides a definition of protection services containing statements similar to those presented in the Canadian Welfare Council description. AGCPS are described as including a range of services designed to assist parents who fail to provide care for their children at a standard acceptable to the wider community. The removal of children from their homes is seen to be a "last resort" and is to be used only when the family situation is deemed unsafe for the child. In cases where removal is necessary the "... primary objective ... is to ensure that the child receives adequate care while work is being done with the family to allow his 'safe return'."¹

Definition of Children in Need of Protection

In determining the type of child considered in need of protection by the AGCPS the sources of information examined included: the Government of the Province of Alberta Child Welfare Act, and the content of referrals accepted for investigation by the AGCPS.

The Child Welfare Act² provides the primary guideline used to ascertain whether intervention on behalf of the child is warranted; particularly Part 2, Section 14, Subsection e. (See Appendix D for copy of this portion of the act).

An examination of the cases referred to, and investigated by, the AGCPS indicated that circumstances similar to those outlined in the Child Welfare Act provided the basis for intervention on the part of the AGCPS.

The characteristics of referral situations, as related by the persons registering the complaints, were categorized as follows:

A) Children Not Properly Supervised. This included situations where the child was not attending school, running away, or creating problems in the community such as destroying property or fighting with other children. In most of the families (29.2 percent) this was the reason for the referral.

B) Children Not Properly Cared For. This category included those elements generally referred to as neglect, such as the child not being properly fed or clothed, being emotionally rejected, or not receiving adequate medical attention. Of the families referred 25.7 percent were referred for this reason.

C) Children Left Alone. This referred to situations where children, considered too young to be responsible, (generally under twelve years of age) had been left without adult supervision. This was the reason for referral for 12.4 percent of the families.

D) Request for Assistance From an Out of Province Agency of Another Regional Office of AGCPS. This included requests for home studies, court service, and repatriation of runaways. Of the families referred 8.8 percent were referred for this reason.

Table 2
Reason for Referral and In Care Legal
Status By Total Sample

Family Variables	Total Sample (N=113) (Percent)
<hr/>	
Reason for Referral	
Not Properly Cared For	25.7
Left With Babysitter	8.0
Left Alone	12.4
Abuse	7.1
Not Able to Care	5.3
Unwilling to Care	3.5
Not Properly Supervised	29.2
Request for Assistance	8.8
In Care Legal Status	
Custody by Agreement	9.7
Apprehended/Supervision Order	4.4
Apprehended/Temporary Ward	11.5
Apprehended/No Status	2.7
No Legal Status	71.7

E) Children Left With Babysitter. In this situation the babysitter refused to continue to care for the children, often because the caretaker failed to return home at a previously arranged time. This was the reason for referral for 8.0 percent of the families.

F) Abuse. This included physical or sexual abuse of children by a parent or other caretaker. A total of 7.1 percent of the families were referred for this reason:

G) Parent Not Able to Care. In these situations the caretaker was physically ill, hospitalized, or in jail and therefore unable to care for the child. This was the reason for referral for 5.3 percent of the families.

H) Parent Unwilling to Care. In these cases the caretakers were stating they were unwilling to assume any responsibility for the child and requesting that the Government take custody. Only 3.5 percent of the families were referred for this reason.

Legal Mandate

The Child Welfare Act designates that responsibility for providing protection services in Alberta rests with the Department of Social Services and Community Health. The Department, in turn invests the power to administer protection services to clients, in social workers employed in the department's various regional offices.

In cases where it is deemed necessary to remove the child from the home only departmental personnel or the police have the legal authority to carry out this action. There are two possible avenues open to the social worker and the family when the decision is reached to remove the child: a) Custody by Agreement, b) Apprehension.

Custody by Agreement

In cases where a Custody by Agreement is used the following conditions are recognized. A written agreement is signed by the parents or guardian of the child in question, and authorized personnel of the Department. The situation necessitating removal of the child cannot be characterized by abuse or "wilfull neglect", rather by "necessitous circumstances" such as illness of the parent, rendering him or her unable to care for the child.³ In this type of situation the parent must clearly agree to remain involved with the child and be willing to resume full parental responsibility within a relatively short period of time.

Apprehension

The term apprehension, is used to "... describe the temporary removal of custody of a child from his parents or guardian ..."⁴ Under usual circumstances it is a child welfare social worker who performs the apprehension (not police or supervisory personnel). Once the social worker has apprehended the child, the parents must be provided with an explanation regarding the apprehension and the legal procedures which will follow. A court hearing (in Family and Juvenile Court) must take place within twenty days after the apprehension and the parent must be provided with an official notification (served to the parents by department personnel in person) not less than ten days before the date of the court hearing.

The court hearing is closed to the public and presided over by a judge. Unless the parents are represented by a lawyer (then the Department is also represented by a lawyer) the apprehending social worker normally presents the case to the judge. The hearing is not a

a trial and the judge is limited in the type of disposition he can make. Unless the parents have been charged with abuse or neglect, which would warrant a hearing in the Criminal Court System, they are not subject to imprisonment or a fine. However, the judge can either; a) ascertain that the child has not been neglected or abused and dismiss the case, ordering a return of the child to his parents, b) declare the child to be neglected and/or abused and, c) return the child to the parents under a Supervision Order or make the child a temporary ward.

Supervision Order

In cases where a Supervision Order is granted by the judge the child is returned to his parents or guardian. The Department is then responsible for the provision of services on a regular basis until such time as the Supervision Order lapses. If it is necessary for the child to be taken back into the care of the Department, the child must be re-apprehended and a court hearing scheduled.

Temporary Wardship

The judge has the power to make the child a temporary ward of the Crown for a time period not in excess of twelve months; however, a temporary wardship order can be renewed in subsequent court hearings if necessary. When a child is made a temporary ward the legal custody and guardianship of the child is transferred from the parents to the Director of Child Welfare, thus making the Department fully responsible for the care and maintenance of the child in a substitute care situation. In cases of temporary wardship, the Department adheres to the following policy:

It is the Department's intention to return the child to the parent's care as quickly as possible. It is important that intensive casework be done with the parents ... so that parents and child do not drift apart.⁵

The child may be returned to the parent while under temporary wardship with the Department supervising the situation until wardship lapses. If a child, who has been returned home while still a temporary ward needs to be taken back into care apprehension is not necessary.

Permanent Wardship

When there appears to be no possibility that a family unit can be rehabilitated the Department representative can petition the District Court with an application to make a child a permanent ward. If permanent wardship is achieved, the Director of Child Welfare becomes the sole legal guardian of the child until such time as that child is: a) legally adopted, b) reaches the age of eighteen, or c) dies.

Legal Status of Sub-Sample I Children

When considering the legal status of children from Sub-Sample I families, it was established that in 9.7 percent of the families the children entered care through a Custody By Agreement arrangement, 4.4 percent by apprehension followed by a return home under a Supervision Order, 11.5 percent by apprehension followed by temporary wardship, and 2.7 percent by apprehension followed by return home with no legal status. In 71.7 percent of the Sub-Sample I families the children were not taken into care and therefore had no legal status.

Administrative Unit

Child protection services are included in the "Family Service Section" of the Child Welfare Branch. Figure 1 illustrates the operational responsibilities and organization in the Branch's central office.

When considering the organization of the two regional offices studied it was found the administrative structure outlined in Figure 2 existed.

Supervisory Position

In the urban office the supervisor of the unit responsible for the delivery of child protection services had seven workers under him. Two of these social workers handled social allowance caseloads, two handled temporary wardship caseloads, and three handled child protection caseloads.

In the rural office a separate supervisory position did not exist and the administrator assumed these duties. Two of the social workers in this office handled social allowance caseloads and two handled caseloads related to child welfare matters.

Intake, Fieldworkers, and Caseloads

In the urban regional office unit responsible for child protection a rotating intake system was operating. For each working day a social worker was appointed to remain in the office and handle emergency and child protection intake calls. This system led to a situation of social workers specializing in other programmes handling child protection duties (and child protection workers handling social assistance needs), in situations that warranted immediate attention. Under normal circumstances

Figure 1
ORGANIZATIONAL CHART: CHILD WELFARE BRANCH

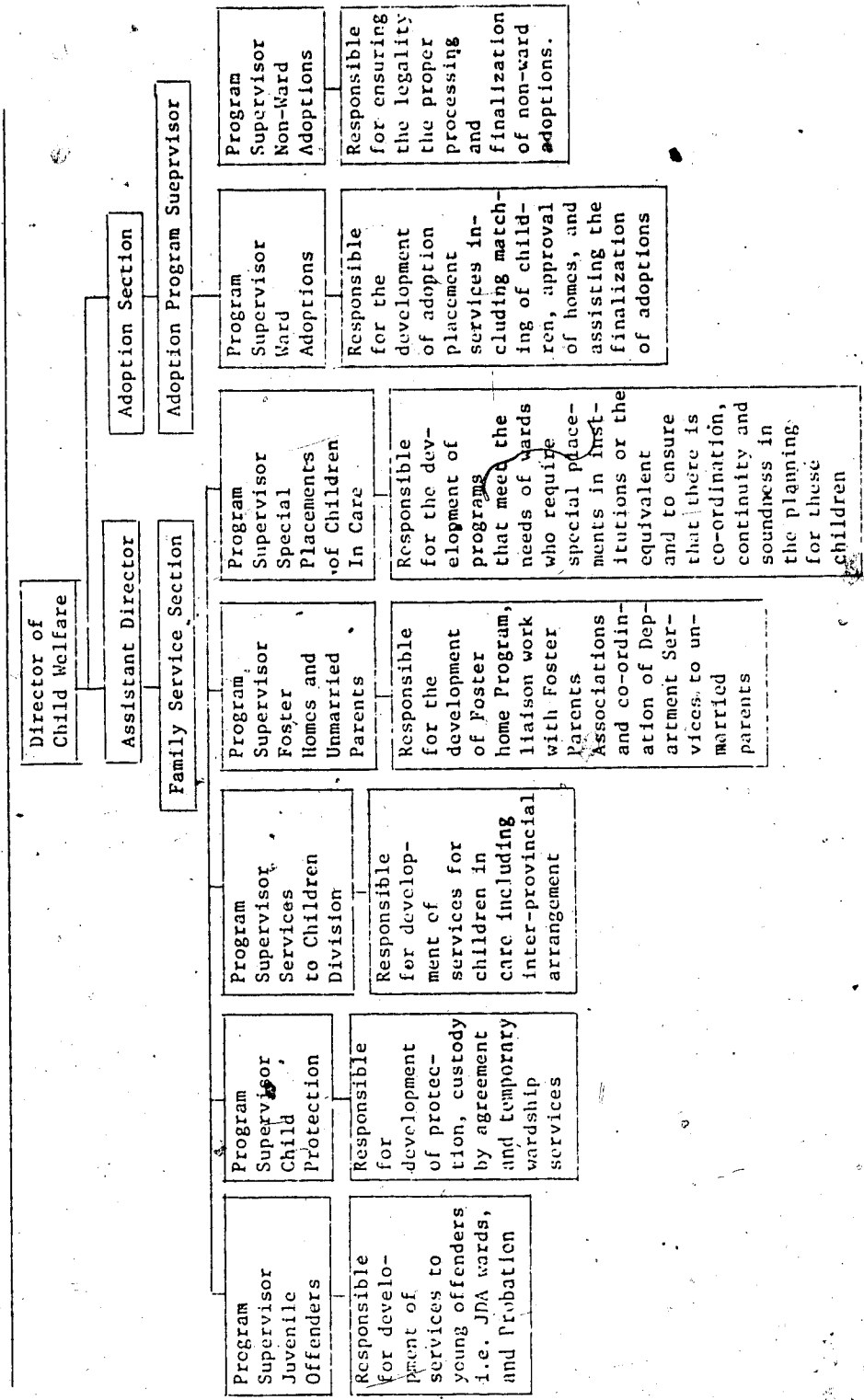
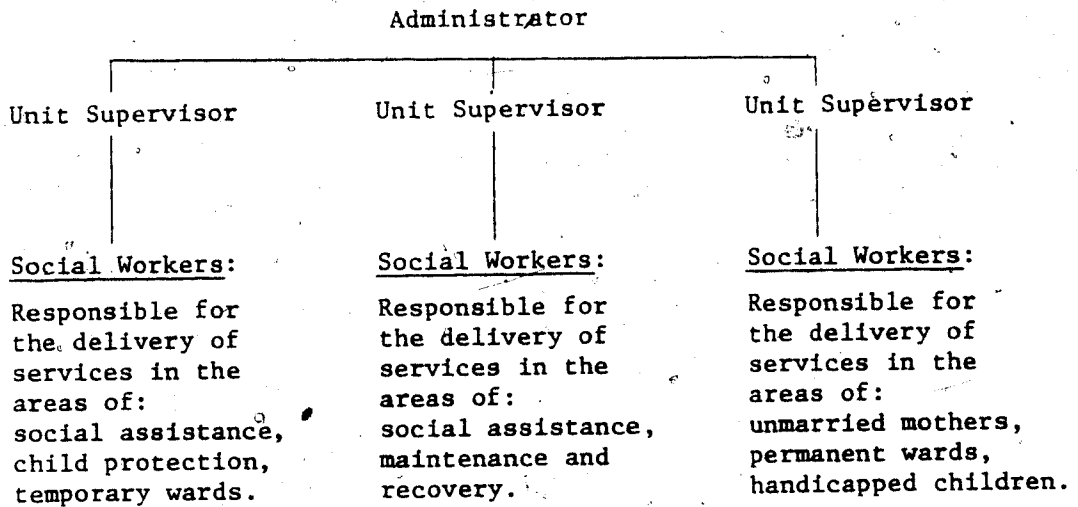


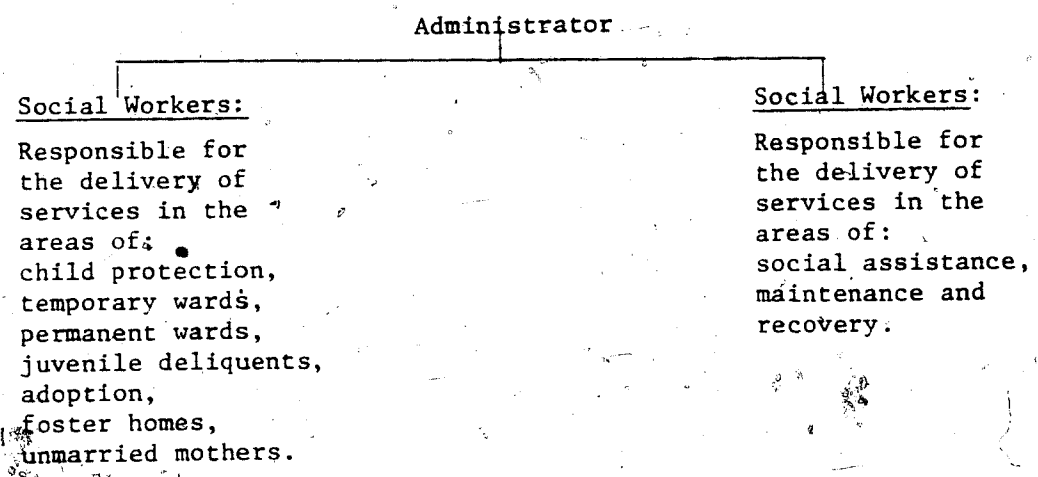
Figure 2

ORGANIZATIONAL CHARTS: URBAN AND RURAL REGIONAL OFFICES

Urban Regional Office



Rural Regional Office



once the intake information was recorded it was forwarded to the unit supervisor and the case assigned to a child protection worker. The major responsibilities of the child protection workers included investigation of intake reports, apprehension of children, securing a Custody by Agreement if appropriate, contacting the foster home unit or the institutional placement committee for substitute placement, presenting cases in court, assuming supervision of families of children under Supervision Orders or temporary wardship (if granted for less than four months) and for supervising children who were in need of protection but not removal from the home.

Cases in which temporary wardship was granted for more than a four month period were transferred to the temporary ward workers. The primary duties of the temporary ward worker included casework with families and children in question, necessary courtwork, and to act as a liaison between foster parents, child, and natural parents.

In the rural regional office an intake and assignment of cases procedure similar to that of the urban office was operating. However, the duties of the child protection workers in this office included, along with those outlined for the urban child protection workers, the following: supervision of unmarried mothers, handicapped children's services, juvenile delinquents, foster home recruitment, approvals and supervision, permanent wards and adoption.

Twenty-Four Hour Service

In the urban area there was a specialized Crisis Unit set up to handle after hours emergency child welfare calls. The staff members of this unit handle the case on a temporary basis until a regular child

protection worker from one of the regional offices was assigned the case, usually the next normal working day.

In the rural area each of the four social workers and the administrator were responsible for taking after hours calls on a rotating weekly basis.

Other Social Services

A wide array of supplemental services existed in the center where the urban office was located. The following list provides examples of such services utilized by the urban office clients during the year 1976:

Alberta Alcoholism and Drug Abuse Commission, City Social Services, Native Counselling Services of Alberta, the Guidance Clinic, Canadian Mental Health Services, Public Health Units, school counsellors and social workers, various better parenting groups, life skills programs, and assorted psychiatric treatment programs.

Supplementary services such as day care, day treatment center programs, and homemaker programs were also employed by the urban office social workers to assist in family rehabilitation.

The Department of Social Services and Community Health operates its own foster care program and some treatment centers for children located in the urban area. Other substitute care situations are operated by civic and private organizations with the Department paying specified rates for children who are placed in such facilities. The responsibility for administering the foster care and institutional placement program does not rest with the regional office child protection worker, rather these activities are carried out by other specialized units within the Child Welfare Branch.

In the area supervised by the rural regional office, there was a paucity of supplemental and supportive services. Case records indicated that in 1976 only the following resources, available in the immediate area, were put into effect: the Public Health Unit, homemaker services, and the school counsellor. In cases where other services were utilized, such as psychiatric programs, the clients travelled to the closest urban center for treatment. Foster home placement was the only form of substitute care in the immediate locale. Children requiring institutional treatment or other forms of substitute care would have to be referred to centers located in the closest major urban center (100 kilometers).

As mentioned earlier, supervision and active recruitment of foster homes in this region was the responsibility of the child protection workers.

Agency Treatment of Referrals and Cases

When considering the disposition of cases handled by the AGCPS, an examination of cases which were closed and not closed after investigation and cases where the child was and was not taken into care, with respect to the variables: source of referral and reason for referral was undertaken. Although it was not feasible to do a rural/urban comparison of cases on this level a description of the source of referral and reason for closure in the rural and urban cases is offered.

Source of Referral

In examining the source of referral, as recorded on the case history files, the findings indicated the majority of families (56.6 percent) were referred by members of the community at large (persons not employed by an agency). Of the families referred by this source 18.6

Table 3

Detailed Source of Referral, Source of Referral,
Reason for Case Closure By Total Sample and Regional Office

Family Variables	Total Sample (N=113) (Percent)	Rural Regional Office (N=16) (Percent)	Urban Regional Office (N=97) (Percent)
Detailed Source of Referral			
Neighbour	18.6	12.5	19.6
Caretaker/Child	15.0	31.1	12.4
Relative/Friend	15.9	25.0	14.4
Babysitter	8.8		10.3
Social Assistance Worker	0.9		1.0
Medical Service	13.3	12.5	13.4
Indian Affairs	0.9		1.0
Police	1.8	6.3	1.0
School/day Care Service	6.2	6.3	6.2
Counselling Service	8.0		12.4
Out of Province Agency/ Another Regional Office	10.6		
Source of Referral¹			
Community Agency	56.6	68.7	54.6
	43.4	31.3	45.4
Reason For Case Closure			
Warning Issued	23.9	6.2	26.8
Whereabouts Unknown	9.7	6.3	10.3
Situation Improved	36.3	62.6	32.0
Nothing Further To Offer	6.2	6.2	6.2
Not Closed	23.9	18.8	24.7

¹Test of significance applies to comparison of Rural Regional Office Source of Referral and Urban Regional Office Source of Referral. Chi-Square = 1.11; df = 1; not significant at 0.05 level.

were referred by neighbours, 15.9 percent by a relative or friend, 15.0 percent by the caretaker or child involved, and 8.8 percent by a babysitter.

Of those referrals received from other agencies (43.4 percent), 13.4 percent were made by persons employed by a medical service, 10.6 percent were made by persons employed in out of province agencies or other Alberta government regional offices, 8.0 percent by various counselling agencies; 6.2 percent were made by school or day care personnel, 1.8 percent by police, 0.9 percent by Indian Affairs social workers and 0.9 percent by Alberta government social assistance social workers.

When comparing the rural and urban families, it was noted that 54.6 percent of the urban families and 68.7 percent of the rural families were referred by members of the community at large. The remaining 31.3 percent of the rural families and 45.5 percent of the urban families were referred by agency personnel. (These differences were not significant at the 0.05 level).

Reason for Closure

After examining the case history files, the following reasons for terminating social work activity with a family were established. In 36.3 percent of the families, the child's circumstances were seen to have improved and no further social work by the protection agency necessary. In 23.9 percent of the closure situations no social work involvement by the protection agency, other than the issuance of a warning to the child or his caretakers to change their behaviour was deemed necessary. In 9.7 percent of the closures, the family had left the area and could not be located. Although the situation had not improved, the protection agency felt it could be of no further benefit to the child in 6.2 percent of the

Table 4

Case Closed/Case Not Closed and Not In Care/
In Care By Total Sample and Regional Office

Family Variables	Total Sample (N=133) (Percent)	Rural Regional Office (N=16) (Percent)	Urban Regional Office (N=97) (Percent)
Case Closed/Not Closed ¹			
Case Closed After Investigation	38.9	18.7	42.3
Case Not Closed After Investigation	61.1	81.3	57.7
Not In Care/In Care ²			
Not Taken Into Care	72.6	81.3	71.1
Taken Into Care	27.4	18.7	28.9

¹Test of significance applies to comparison Rural Regional Office Case Closed/Case Not Closed and Urban Regional Office Case Closed/Case Not Closed. Chi-Square = 2.19; df = 1; not significant at 0.05 level.

²Test of significance applies to comparison of Rural Regional Office Not In Care/In Care and Urban Regional Office Not In Care/In Care. Chi-Square = 0.71; df = 1; not significant at 0.05 level.

Table 5

Source of Referral By Case Closed After Investigation/Case Not Closed After Investigation and Child Not Taken Into Care/Child Taken Into Care

Family Variables	Case Closed After Investigation (N=44)	Case Not Closed After Investigation (N=69)	Child Not Taken Into Care (N=82)	Child Taken Into Care (N=31)
Source of Referral ^{1,2}				
Community	56.8	56.5	56.1	58.1
Agency	43.2	43.5	43.9	41.9

¹ Test of significance applies to comparison between Case Closed After Investigation Source of Referral and Case Not Closed After Investigation Source of Referral. Chi-Square = 0.0; df = 1; not significant at .05.

² Test of significance applies to comparison between Child Not Taken Into Care Source of Referral and Child Taken Into Care Source of Referral. Chi-Square = 0.04; df = 1; not significant at 0.05 level.

closure situations. Work was still going on with 23.9 percent of the sample families at the time of data collection.

For the majority of the rural families, closures occurred because the situations were seen to be improved (62.6 percent); this dropped to 32.0 percent when the urban families were considered. A warning was issued to 6.2 percent of the rural families and 26.8 percent of the urban families. The whereabouts of the family was unknown in 10.3 percent of the urban closure and 6.3 percent of the rural closure situations. For an equal proportion of urban (6.2 percent) and rural (6.2 percent) families, the reason for closure was that the agency had nothing further to offer the child. Social work was still going on with 18.8 percent of the rural families and 24.7 percent of the urban families at the time of data collection. (No test significance was performed on this variable).

Case Closed After Investigation

For 38.9 percent of the families, cases were closed immediately after the investigation was made and for 61.1 percent social work was undertaken past the point of investigation. When the rural families were compared with the urban families, results indicated for 18.7 percent of the rural families, and 43.3 percent of the urban families, their cases were closed immediately after investigation. (These differences were not statistically significant at the 0.05 level).

When examining the relationship between case closure after initial investigation and source of referral it was found that in both those instances where cases were closed (56.8 percent), and not closed (56.5 percent), the majority of referrals were received from the community rather than an employee of an agency. (Differences were not significant at the 0.05 level). °

Table 6

Sex, Race, Age (In 1976) and Religion of Child By Total Sample and Regional Office¹

Child Variables	Total Sample (N=170) (Percent)	Rural Regional Office (N=30) (Percent)	Urban Regional Office (N=140) (Percent)
Sex ²			
Male	50.0	60.0	47.9
Female	50.0	40.0	52.1
Race ³			
Caucasian	31.8	10.0	36.4
Native	28.2	26.7	28.6
Other	3.5		4.3
No Record	36.5	63.3	30.7
Religion			
Roman Catholic	24.1	10.0	27.1
Protestant	8.2		10.0
Other	1.8		2.2
No Record	65.9	90.0	60.7
Age in 1976 ⁴			
Newborn to Five Years	38.8	30.0	40.7
Six to Twelve Years	34.7	36.7	34.3
Thirteen to Seventeen Years	26.5	33.3	25.0

¹The variable values of Other and No Record were not included in the calculation of the above Chi-Squares.

²Test of significance applied to comparison between Rural Regional Office, Sex and Urban Regional Office Sex. Chi-Square = 1.46; df = 1; not significant at 0.05 level.

³Test of significance applies to comparison between Rural Regional Office Race and Urban Regional Office Race. Chi-Square = 3.26; df = 1; not significant at 0.05 level.

⁴Test of significance applies to comparison between Rural Regional Office Age in 1976 and Urban Regional Office Age in 1976. Chi-Square = 1.42; df = 2; not significant at 0.05 level.

Table 7
Sex, Race, and Age (In 1976) and Religion of
Child By Case Closed/Case Not Closed and Not In Care/In Care²

Child Variables	Case Closed After Investigation (N=67) (Percent)	Case Not Closed After Investigation (N=103) (Percent)	Child Not Taken Into Care (N=122) (Percent)	Child Taken Into Care (N=48) (Percent)
Sex ^{2,3}				
Male	53.7	47.6	53.3	41.7
Female	46.3	52.4	46.7	58.3
Race ^{4,5}				
Caucasian	28.4	34.0	26.2	45.8
Native	20.9	33.0	18.9	52.1
Other	5.9	1.9	4.1	2.1
No Record	44.8	31.1	50.8	
Religion ^{6,7}				
Roman Catholic	11.9	32.1	10.7	58.3
Protestant	1.5	12.6	1.6	25.0
Other		2.9		6.3
No Record	86.6	52.4	87.7	10.4
Age in 1976 ^{8,9}				
Newborn to Five Years	40.3	37.9	36.1	45.8
Six to Twelve Years	38.8	32.0	36.1	31.3
Thirteen to Seventeen Years	20.9	20.1	27.8	22.9

¹ The variable values of Other and No Record were not included in the calculation of the above Chi-Square.

² Test of significance applies to the comparison between Case Closed After Investigation Sex and Case Not Closed After Investigation Sex. Chi-Square = 0.62; df = 1; not significant at 0.05 level.

³ Test of significance applies to the comparison between Child Taken Into Care Sex and Child Not Taken Into Care Sex. Chi-Square = 1.86; df = 1; not significant at 0.05 level.

⁴ Test of significance applies to the comparison between Case Closed After Investigation Race and Case Not Closed After Investigation Race. Chi-Square = 0.42; df = 1; not significant at 0.05 level.

⁵ Test of significance applies to the comparison between Child Taken Into Care Race and Child Not Taken Into Care Race. Chi-Square = 1.32; df = 1; not significant at 0.05 level.

⁶ Test of significance applies to the comparison between Case Closed After Investigation Religion and Case Not Closed After Investigation. Chi-Square = 1.17; df = 1; not significant at 0.05 level.

⁷ Test of significance applies to the comparison between Child Taken Into Care Religion and Child Not Taken Into Care Religion. Chi-Square = 1.6; df = 1; not significant at 0.05 level.

⁸ Test of significance applies to the comparison between Case Not Closed After Initial Investigation Age in 1976 and Case Closed after Initial Investigation Age in 1976. Chi-Square = 1.9; df = 2; not significant at 0.05 level.

⁹ Test of significance applies to the comparison between Child Taken Into Care Age in 1976 and Child Not Taken Into Care Age in 1976. Chi-Square = 1.4; df = 2, not significant at 0.05 level.

Children Taken Into Care

For 72.6 percent of the families of Sample I, the children were not taken into care and for 27.4 percent of the families, the children were taken into care.

When comparing rural and urban families in this regard, it was found that for a greater percentage of the urban families (28.9 percent) than the rural families (18.7 percent), the children were taken into care.

When differentiating between families where the child was taken into care and those where the child was left in the home, with respect to source of referral, the following results were generated.

The major source of referral for those families where the child was taken into care (58.1 percent) and not taken into care (56.1 percent) was the community at large, with employees of another agency making the referral for 41.9 percent of the families where the child was taken into care, and for 43.9 percent of the families where the child was not taken into care. (These differences were not significant at the 0.05 level).

Client Description

In an effort to meet the second, and part of the third objective of this study, information concerning specific child and caretaker or family characteristics was gathered. The following provides a description of the results obtained.

Sex of Child

An equal proportion of male and female children were involved with the agency; however, when the rural and urban cases were compared, the results indicated a majority of the rural children were male (60.0 percent) and a majority of the urban children were female (52.1 percent).

When comparing the cases according to whether or not they were closed after investigation: the majority of the children whose cases were closed were male (53.7 percent) and the majority of the children whose cases were not closed were female (52.4 percent).

Of those cases where the child was not taken into care the majority of the children were male (53.3 percent) and in those cases where the child was taken into care, the children were female (58.3 percent). In none of these comparisons were the differences significant at the 0.05 level.

Race of Child

When considering the characteristic of race, the results determined 31.8 percent of the children were Caucasian, and 28.2 percent Native (Metis or Treaty Indian). In 3.5 percent of the cases the children were classified as other and in 36.5 percent of the cases, no indication of the race of the child was given.

Although differences were found between the rural and urban cases, when they were compared on the basis of the two racial groupings of Caucasian and Native, with a greater percentage of the rural children being Native (26.7 percent) rather than Caucasian (10.0 percent) and a larger proportion of the urban children being Caucasian (36.4 percent) rather than Native (28.6 percent), these differences were not found to be statistically significant.

In those cases where the case was closed after initial investigation, 28.4 percent of the children were Caucasian and 20.9 percent were Native. This compared to 34.0 percent of the children whose cases were not closed being Native and 33.0 percent being Caucasian. (These differences were not significant at the 0.05 level).

Religion of Child

24.1 percent of the children were identified as being Roman Catholic, 8.2 percent Protestant and 1.8 percent The religion of the child was not known in 65.9 percent of the cases examined.

When comparing the different types of cases: rural to urban, case closed after investigation to case not closed, and case where the child was not taken into care to case where the child was taken into care, the results indicated that in each instance where the religion of the child was known, the category of Roman Catholic ranked first, Protestant second, and other third. However, these differences were not significant at the 0.05 level.

Age of Child in 1976

In the largest proportion of the cases (38.8 percent) the children were of pre-school age (newborn to age five years); 30.0 percent of the rural children and 40.7 percent of the urban children were in this age group. With respect to the total sample, 34.3 percent of the children were age six to twelve, with a similar percentage of rural (36.7 percent) and urban (34.3 percent) children being in this age group. Approximately forty percent of the total sample children were age thirteen to seventeen. A larger proportion of the rural children (33.3 percent) than urban children (25.0 percent) were this age.

In both those cases where the case was closed after investigation (40.3 percent) and those that were not closed (37.9 percent) most of the children were in the pre-school age group. A larger percentage of the case closed children (38.8 percent) than the case not closed children

(32.0 percent) were age six to twelve. Of the case closed children 20.9 percent were age thirteen to seventeen with 30.1 percent of the case not closed being in this age group.

When comparing those cases where children were taken into care to those where children were not taken into care, with respect to age of the child, the following results were obtained. An equal proportion of the children not taken into care were in the pre-school age group (36.1 percent) and the age six to twelve year age group (36.1 percent). The remaining 27.8 percent of the children were age thirteen to seventeen.

In cases where the children were taken into care the age breakdown was as follows: 45.8 percent were pre-school age children, 31.3 percent were children age six to twelve, and 22.9 percent were age thirteen to seventeen.

In none of the above type of case comparisons: rural to urban, case closed to case not closed, not taken into care to taken into care, were the differences recorded on the child variable, Age in 1976, found to be statistically significant at the 0.05 level.

Number of Children in Family

Of the families in the total sample, the majority had one or two children (46.9 percent), 30.1 percent had three or four and 15.9 percent had five or more children.

When comparing the rural and urban families with respect to number of children the results indicated that in the majority of urban families (52.6 percent) there were one or two children; this was the case in only 12.5 percent of the rural families. In approximately twice as many (percentage wise) of the rural families (56.3 percent) as urban families

Table 8

Number of Children in Family, Marital, and Employment,
Status of Caretaker By Total Sample and Regional Office

Caretaker and Family Variables	Total Sample (N=113) (Percent)	Rural Regional Office (N=16) (Percent)	Urban Regional Office (N=97) (Percent)
Number of Children in Family²			
One or Two	44.9	12.5	52.6
Three or Four	30.1	56.3	25.8
Five or More	15.9	18.7	15.4
No Record	7.1	12.5	6.2
Marital Status of Caretaker³			
Married	39.8	43.7	39.2
Common Law	8.0	12.5	7.2
Separated from Spouse	38.9	37.5	39.2
Single	8.9		10.3
No Record	4.4	6.3	4.1
Employment Status of Caretaker⁴			
Employed	35.7	62.5	54.6
Unemployed Receiving Social Assistance	38.1	31.2	39.2
No Record	6.2	6.3	6.2

¹The variable value No Record was not included in the calculation of the Chi-Square.

²Test of significance applies to the comparison between Rural Regional Office Number of Children in Family and Urban Regional Office Number of Children in Family. Chi-Square = 9.44; df = 2; significant at 0.01 level.

³Test of significance applies to the comparison between Rural Regional Office Marital Status of Caretaker and Urban Regional Office Marital Status of Caretaker. Chi-Square = 2.24; df = 3; not significant at 0.05 level.

⁴Test of significance applies to the comparison between Rural Regional Office Employment Status of Caretaker and Urban Regional Office Employment Status of Caretaker. Chi-Square = 0.38; df = 1; not significant at 0.05 level.

Table 9

Number of Children in Family, Marital, and Employment
Status of Caretaker By Case Closed/Case Not Closed and Not In Care/In Care¹

Case Variable	Case Closed After Investigation (N=44)	Case Not Closed After Investigation (N=69)	Child Not Taken Into Care (N=82)	Child Taken Into Care (N=31)
Number of Children in Family ^{2,3}				
One or Two	45.5	47.8	46.4	48.4
Three or Four	34.1	27.5	32.9	22.6
Five or More	6.8	21.7	12.2	25.8
No Record	13.6	3.0	8.5	3.2
Marital Status of Caretaker ^{4,5}				
Married	45.4	36.2	43.9	29.1
Common Law	9.1	7.3	9.8	3.2
Separated from Spouse	31.8	43.5	34.1	51.6
Single	2.3	13.0	6.1	15.1
No Record	11.4		6.1	
Employment Status of Caretaker ^{6,7}				
Employed	65.9	49.3	63.4	35.5
Unemployed Receiving Social Assistance	20.5	50.7	29.3	64.5
No Record	13.6		7.3	

¹The variable value of No Record was not included in the calculation of the Chi-Square.

²Test of significance applies to comparison between Case Closed After Investigation Number of Children in Family and Case Not Closed After Investigation Number of Children in Family. Chi-Square = 3.95; df = 2; not significant at 0.05 level.

³Test of significance applies to comparison between Child Not Taken Into Care Number of Children in Family and Child Taken Into Care Number of Children in Family. Chi-Square = 3.29; df = 2; significant at 0.05 level.

⁴Test of significance applies to comparison between Case Closed After Investigation Marital Status of Caretaker and Case Not Closed After Investigation Marital Status of Caretaker. Chi-Square = 4.93; df = 3; not significant at 0.05 level.

⁵Test of significance applies to comparison between Child Not Taken Into Care Marital Status of Caretaker and Child Taken Into Care Marital Status of Caretaker. Chi-Square = 6.5; df = 3; not significant at 0.05 level.

⁶Test of significance applies to comparison between Case Closed After Investigation Employment Status of Caretaker and Case Not Closed After Investigation Employment Status of Caretaker. Chi-Square = 7.4; df = 1; significant at 0.05 level.

⁷Test of significance applies to comparison between Child Not Taken Into Care Employment Status of Caretaker and Child Taken Into Care Employment Status of Caretaker. Chi-Square = 9.87; df = 1; significant at 0.05 level.

(25.8 percent) there were three or four children and a greater percentage of rural (18.7 percent) than urban families (15.4 percent) had five or more children. These differences were statistically significant at the 0.01 level.

When comparing those families where cases were closed after investigation to those where cases were not closed, with respect to size of family, the results established that: the majority of the case closed families (45.5 percent) and case not closed families (47.8 percent) had one or two children. Families with three or four children accounted for 34.1 percent of the case closed cases and 27.5 percent of the not closed cases. Proportionately, in three times as many of the families where cases were not closed (21.7 percent) than families where cases were closed (6.8 percent) there were five or more children. These differences were not statistically significant.

Of the families where children were not taken into care, 46.4 percent had one or two children, 32.9 percent had three or four children and 12.2 percent had five or more children. This compared to 48.4 percent of the families whose children were taken into care having one or two children, 22.6 percent having three or four children and 25.8 percent having five or more children. These differences were not statistically significant.

Marital Status of Child's Caretakers

In looking at the marital status of the caretaker persons, it was found that 39.8 percent of the caretakers were married, 38.9 percent were either separated, divorced, separated from common-law spouses or widowed, and 8.0 percent were living common-law. Caretakers who were single (never married or lived common-law) accounted for 8.9 percent of the total sample.

When comparing the rural and urban caretakers with respect to marital status, the results indicated most of the rural caretakers were married (43.7 percent); this was the situation for 39.2 percent of the urban caretakers. Of the urban caretakers 39.2 percent were separated, divorced, or widowed; 10.3 percent were single and 7.2 percent were living common-law. Of the rural caretakers 37.5 percent were separated, divorced, or widowed and 12.5 percent were living common-law; none were classified as single.

When comparing the families where cases were closed after investigation to those where cases were not closed, with respect to marital status of caretakers, the results indicated that in 45.5 percent of the families where closure occurred and in 36.2 percent of the families where cases were not closed, the caretakers were married. Most of the caretakers in families where cases were not closed were separated from their spouses (43.5 percent), with this category accounting for only 31.8 percent of the caretakers in families where cases were closed. A much larger proportion of the caretakers in families where cases were not closed (13.0 percent) than caretakers in families where cases were closed (2.3 percent) were classified as single. In 9.1 percent of the families where cases were closed and 7.3 percent of the families where cases were not closed, the caretakers were living common-law.

In the majority of families where the child was taken into care, the caretaker person was separated, divorced, widowed (51.6 percent) or single (16.1 percent). However, in the families where the child was not taken into care the largest proportion of the caretakers were married (43.9 percent) or living common-law (9.8 percent). Married (29.1 percent) caretakers or caretakers living common-law (3.2 percent) were in the

minority in families where the child was taken into care with separated, divorced, widowed (34.1 percent) or single (6.1 percent) caretakers being in the minority in families where the child was not taken into care.

In none of the above type of case comparisons: rural to urban, case closed to case not closed, not taken into care to taken into care, were the differences recorded with respect to marital status of caretakers statistically significant.

Employment Status

In examining the employment status of the caretaker persons, it was found that 55.7 percent of the caretakers were employed and 38.1 percent were receiving social assistance from government sources. In 6.2 percent of the cases this information was not available.

In 62.5 percent of the rural families there was an employed caretaker and in 31.2 percent of the families the caretaker was on social assistance. In 39.2 percent of the urban families, the caretaker person was in receipt of social assistance, with 54.6 percent of the urban caretakers being employed. (These differences were not significant at the 0.05 level).

In 49.3 percent of the families where cases were not closed after investigation, the caretaker was employed and in 50.7 percent of the cases, the caretaker was on social assistance. However, in the cases that were closed, 20.5 percent of the caretakers were on social assistance and 65.9 percent were employed. These differences were significant at the 0.01 level.

Statistically significant differences, at the 0.01 level, were also found when the employment status of the caretakers in families where children were not taken into care were compared to the employment status

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of caretakers in families where children were taken into care. 74 percent of the families where children were not taken into care, the caretaker was employed. This compared to only 35.5 percent of the caretakers in families where children were taken into care being employed. Correspondingly, the majority of the caretakers in families where children were taken into care were on social assistance (64.5 percent) but only 29.3 percent of the caretakers in families where children were not taken into care were on social assistance.

Source of Problem Behaviour

In determining the source of problem behaviour at the time of referral, it was ascertained that in 65.9 percent of the families it was the caretakers who exhibited the decisive problem behaviour, in 26.5 percent of the families it was the child and in 8.0 percent of the families it was both the caretaker and the child who demonstrated problem behaviour.

A similar pattern emerged when the differing types of cases were compared: rural to urban, case closed after investigation to case closed, and cases where the child was not taken into care to cases where the child was taken into care; the results showed that in each instance the predominant source of problem was the caretaker, followed by the child and then both the caretaker and child. Any differences exhibited in these comparisons were not significant at the 0.05 level.

Type of Problem Behaviour

For the purpose of this study, the following classification was devised to describe the type of problem behaviours exhibited at the time of referral.

Caretaker Irresponsible. This category included caretakers, who according to protection agency workers, appeared unwilling to provide proper care for the child. This occurred in 21.2 percent of the families.

Caretaker Emotionally Unstable. In these situations the caretaker was described by protection agency workers, as being in need of psychiatric treatment and unable to provide proper care for the child. This was the situation in 15.9 percent of the families.

Caretaker Alcohol. This refers to caretakers who, according to protection agency workers, had an identifiable alcohol problem which rendered them incapable of providing proper care for a child. This was the problem in 10.6 percent of the families.

Caretaker Physically Ill. Caretakers in this situation were seen to be, by protection agency workers, too physically ill to provide proper care for the child. This problem occurred in 2.6 percent of the families.

Request for Homestudy or Court Service. This category included requests by out of province agencies or other regional offices to do a homestudy to assess whether or not a child should be returned to the care of the parents or to serve a parent for a court appearance. In 8.0 percent of the families, the problem was classified in this manner.

Child Out of Control or Emotionally Disturbed. This refers to children who, according to protection agency workers, either refused to accept parental guidance and follow rules set down by the caretakers or parents, or were in need of psychiatric or psychological treatment. This was the situation in 26.5 percent of the families.

Caretaker Emotionally Unstable/Child Emotionally Disturbed or Out of Control. In these cases the caretaker's primary problem was that of being emotionally unstable and the child was either emotionally disturbed

or out of control. This was the situation in 7.1 percent of the families.

Caretaker Alcohol/Child Out of Control. In these cases the caretaker's problem was alcohol and the child was out of control. This type of problem evidenced itself in 1.0 percent of the families.

When comparing the rural and urban families with regard to the type of problem exhibited at the time of referral, the Child Out of Control or Emotionally Disturbed category was established as the most frequent type of problem behaviour experienced in both rural (31.2 percent) and urban (25.8 percent) families, with the Parent Irresponsible category assigned a ranking of two in both types of families (rural - 25.0 percent, urban - 20.6 percent). Although the Parent Physically Ill category was ranked third as the problem for rural families (18.8 percent) this problem did not occur in any of the urban families and was ranked ninth. The third most frequently exhibited problem for the urban families was Parent Emotionally Unstable (16.5 percent); this category was assigned a rank of 4.5 (12.5 percent) along with Caretaker Alcohol (12.5 percent) for the rural families. The caretaker Alcohol category was ranked fourth (10.3 percent) for the urban families. In none of the rural families did the problem of Homestudy, Caretaker Ignorant, Caretaker Emotionally Unstable/Child Emotionally Disturbed or Out of Control, or Caretaker Alcohol/Child Out of Control evidence themselves and all of these categories were assigned a rank of 7.5 percent. These problems were exhibited however, in the urban families and were ranked 5 (9.4 percent), 6.5 (8.2 percent), and 8 (1.0 percent) respectively.

The Spearman correlation coefficient for rank orderings of the type of problem behaviours for rural and urban families was + 0.60 at

the 0.05 level of significance. The type of problem behaviours that were ranked much the same for the two types of families.

The following results were generated when the families where cases closed after investigation were compared to those where cases were not closed.

In a similar proportion of the families where cases were closed (27.3 percent) and not closed (26.1 percent) the child was seen to be either emotionally disturbed or out of control. In 29.5 percent of the families where cases were closed, the caretaker was judged irresponsible; this was the situation in only 15.9 percent of the families where cases were not closed. The Caretaker Emotionally Unstable category of problem behaviour occurred in 13.6 percent of the families where cases were closed and rose to 17.4 percent in families where cases were not closed. In approximately twice as many (when percentages were compared) of the families where cases were not closed (13.0 percent) as families where cases were closed (6.8 percent) the caretaker was judged to have an alcohol problem. In 11.4 percent of the families where cases were closed and 5.8 percent of the families where cases were not closed the problem was that a homestudy or court service was required. In an almost equal proportion of the families where cases were closed (6.8 percent) and families where cases were not closed (7.3 percent) the caretaker was seen to be ignorant of proper child care practices. A physically ill caretaker appeared as the problem in 2.3 percent of the families where cases were closed and 2.9 percent of the families where cases were not closed. Caretaker Emotionally Unstable/Child Out of Control or Emotionally Disturbed was the problem in a relatively small proportion of the families where cases were closed (2.3 percent) and a larger percentage of families where cases

were not closed (10.1 percent). In none of the families where cases were closed and a minimal percentage of families where cases were not closed (1.5 percent), the caretaker had an alcohol problem and the child was out of control.

Although differences did exist between families where cases were closed after investigation and families where cases were not closed, with respect to types of problem behaviours, these differences were not found to be significant (at the 0.05 level).

When comparing the families where children were taken into care and families where children were not taken into care, a child out of control or emotionally disturbed was the primary problem in both the families where children were taken into care (22.5 percent) and those where children were not taken into care (28.1 percent). For those families where children were taken into care, the problem categories of Caretaker Alcohol (19.4 percent), Caretaker Emotionally Unstable (19.4 percent), and Caretaker Irresponsible (19.4 percent) all were assigned a rank of three. For those families where children were not taken into care, ranks of six (7.3 percent), three (14.6 percent), and two (22.0 percent), respectively, were assigned to these problem categories. The fifth most frequent type of problem exhibited in families where children were taken into care (12.9 percent) was Caretaker Emotionally Unstable/Child Out of Control or Emotionally Disturbed; this category ranked seventh in families where children were not taken into care (4.9 percent). Ranks of 6.5 were assigned to the problem behaviour categories of Caretaker Ignorant (3.2 percent) and Caretaker Physically Ill (3.2 percent) in the families where children were taken into care and ranks of 5 (8.5 percent) and 8 (2.4 percent) respectively for families where children were not taken

Table 10

Source of Problem and Type of Problem By Total Sample and Regional Office

Family Variables	Total Sample (N=113) (Percent)	Rural Regional Office (N=16) (Percent)	Urban Regional Office (N=97) (Percent)
Source of Problem¹			
Caretaker	65.5	68.7	64.9
Child	26.5	31.3	25.8
Caretaker/Child	8.0		9.3
Type of Problem²			
Garetaker Alcohol	10.6	12.5	10.3
Caretaker Emotionally Unstable	18.9	12.5	16.5
Caretaker Irresponsible	21.2	25.0	20.6
Caretaker Ignorant	7.1		8.2
Caretaker Physically Ill	2.6	18.8	
Home Study	8.0		9.4
Child Out of Control/ Emotionally Disturbed	26.5	31.2	25.8
Caretaker Emotionally Unstable/ Child Out of Control or Emotionally Disturbed	7.1		8.2
Caretaker Alcohol/Child Out of Control	1.0		1.0

¹Test of significance applies to the comparison between Rural Regional Office Source of Problem and Urban Regional Office Source of Problem. Chi-Square = 1.67; df = 1; not significant at 0.05 level.

²Test of significance applies to the comparison between Rural Regional Office Type of Problem and Urban Regional Office Type of Problem. Spearman Correlation Co-efficient = +0.60; N = 9; significant at 0.05 level.

Table 11

Source of Problem and Type of Problem By Case Closed/Case Not Closed and Not Taken Into Care/Taken Into Care

Family Variables	Case Closed/Not Closed ¹		Not In Care/In Care	
	Case Closed After Investigation (N=44)	Case Not Closed After Investigation (N=69)	Child Not Taken Into Care (N=82)	Child Taken Into Care (N=31)
Source of Problem ^{1,2}				
Caretaker	70.4	62.3	65.8	64.5
Child	27.3	26.1	28.1	22.5
Caretaker/Child	2.3	11.6	6.1	13.0
Type of Problem ^{3,4}				
Caretaker Alcohol	6.8	13.0	7.3	19.4
Caretaker Emotionally Unstable	13.6	17.4	14.6	19.4
Caretaker Irresponsible	29.5	15.9	22.0	19.4
Caretaker Ignorant	6.8	7.3	8.5	3.2
Caretaker Physically Ill	2.3	2.9	2.4	3.2
Home study, Child Out of Control/Emotionally Disturbed	11.4	5.8	11.0	
Caretaker Emotionally Unstable/Child Out of Control ^{or}	27.3	26.1	28.1	22.5
Emotionally Disturbed	2.3	10.1	4.9	12.9
Caretaker Alcohol/Child Out of Control		1.5	1.2	

¹ Test of significance applies to the comparison between Case Closed After Investigation Source of Problem and Case Not Closed After Investigation Source of Problem. Chi-Square = 3.22; df = 2; not significant at 0.05 level.

² Test of significance applies to the comparison between Child Not Taken Into Care Source of Problem and Child Taken Into Care Source of Problem. Chi-Square = 1.57; df = 2; not significant at 0.05 level.

³ Test of significance applies to the comparison between Case Closed After Investigation Type of Problem and Case Not Closed After Investigation Type of Problem. Chi-Square = 6.99; df = 7; not significant at 0.05 level.

⁴ Test of significance applies to the comparison between Child Not Taken Into Care Type of Problem and Child Taken Into Care Type of Problem. Spearman Correlation Coefficient = +0.79; N = 9; significant at 0.01 level.

into care. The problem category of Homestudy (11.0 percent) ranked fourth in the families where children were not taken into care, however, this was not a problem in any of the families where children were taken into care (rank 8.5), neither was Caretaker Alcohol/Child Out of Control (rank 8.5). This latter problem category ranked ninth for the families where children were not taken into care (1.2 percent).

A Spearman correlation coefficient of + 0.79, significant at the 0.01 level, was obtained when these results were analyzed, indicating that similar rankings occurred for those families where children were taken into care and those where children were not taken into care, with respect to problem behaviours.

Profiles of Clients

When summarizing the findings of this study, with respect to the predominant characteristics of families and children referred to the AGCPS, the following profiles emerged.

Total Sample

In creating a profile of the child, it was determined that the largest proportion of the children were Caucasian, and of pre-school age. An equal proportion of males and females were evident. Predominant family characteristics included: the family having one or two children, with the caretakers being married and employed. In the majority of families, the caretaker exhibited the problem behaviours, however, the single most common type of problem behaviour was Child Out of Control or Emotionally Disturbed.

Rural and Urban Sample

The rural children tended to be male, Native, in the six to twelve age group and to come from families where there were three or four children. Most of their caretakers were married and employed. In the majority of the families, the caretakers were the source of problem behaviour, but the single most common type of behaviour problem was that of Child Out of Control or Emotionally Disturbed. The urban sample differed from the rural sample in that the children were usually female, Caucasian, in the pre-school age group, and from families with one or two children.

Case Closed After Investigation/Case Not Closed

In both those families where cases were closed and those where cases were not closed, the children tended to be Caucasian pre-schoolers, from families of one or two children; however, the majority of case closed children were male and case not closed children were female. The caretakers in families where cases were closed were usually married and employed, whereas, caretakers who were separated from their spouses and on social assistance, prevailed in the case not closed families. In both the case closed families and the case not closed families, the caretaker was the source of problem behaviour. However, with respect to the single most common type of behaviour problem in the case closed families, it was an irresponsible caretaker and in the case not closed families, a child out of control or emotionally disturbed.

Children Not Taken Into Care/Taken Into Care

Children who were not taken into care differed from those that were taken into care in that they were usually male, Caucasian and either pre-school or age six to twelve. The children taken into care tended to

be female, Native and pre-schoolers. In both types of cases, most of the children came from families where there were one or two children.

The caretakers of families where children were not taken into care were most commonly married and employed, rather than separated from spouses and on social assistance as the caretakers of families where children were taken into care tended to be. In both types of families, the parent was usually the source of problem behaviour with Child Out of Control or Emotionally Disturbed being the most predominant single type of behaviour problem exhibited.

Children in Care

In reviewing the situation of children taken into care two basic aspects of the in care situation were examined: the length of time a child spent in substitute care, and the number of placements a child experienced while in care. An attempt was also made to determine whether the circumstances of children who were discharged from care differed from those who remained in care at the time the data was collected.

Length of Time in Care

When considering the length of time children spent in substitute care with respect to the total sample, it was determined that 3.18 percent of the children were in care for a short-term (under three months), 45.8 percent were in care for a medium-term (three to twenty-four months), and 22.4 percent were in care for a long-term (over twenty-four months).

Sex of Child. Of the short-term care children, 44.1 percent were male and 55.9 percent female. A larger proportion of the medium-term care children were male (59.2 percent) rather than female (40.8 percent) and an equal proportion of the long-term care children were male and female.

(These differences were not significant at the 0.05 level).

Race of Child. A much larger proportion of the short-term care children (67.7 percent) and the long-term care children (54.2 percent) were Native as opposed to Caucasian. However, more of the medium-term care children were Caucasian (63.3 percent) rather than Native (36.7 percent). (These differences were significant at the 0.01 level).

Religion of Child. In all of the length of time in care categories,, a majority of the children were classified as being Roman Catholic (56.7 percent short-term, 55.1 percent medium-term, 62.5 percent long-term), with the classification of Proetstant ranking second (30.6 percent medium-term, 37.5 percent long-term) except in the short-term care category where the religion of the child was not known in 23.3 percent of the cases and only 10.0 percent of the children were Protestant. (These differences were not significant at the 0.05 level).

Marital Status of Child's Caretaker. The most prevalent marital status category for all "terms in care" was that of separated from spouse (55.9 percent short-term, 59.2 percent medium-term, and 45.8 percent long-term). A larger proportion of the caretakers of children in short-term care (29.4 percent) than in medium (10.2 percent) or long-term care (16.7 percent) were single, with a greater percentage of caretakers of medium (24.5 percent) and long-term care (29.2 percent) children than short-term care children (11.8 percent), being married. A relatively small percentage of the caretakers were living common-law (2.9 percent short-term, 6.1 percent medium-term, and 8.3 percent long-term). (These differences were not significant at the 0.05 level).

Table 12.

Sex, Race, Religion of Child, Marital and Employment Status of Caretaker By Length of Time in Care¹

Variable	Short-Term (-3 months) (N=34) (Percent)	Medium-Term (3 to 24 months) (N=49) (Percent)	Long-Term (+24 months) (N=24) (Percent)
Sex²			
Male	44.1	59.2	50.0
Female	55.9	40.8	30.0
Race³			
Caucasian	29.4	63.3	37.5
Native	67.7	36.7	54.2
Other	2.9		8.3
Religion⁴			
Roman Catholic	56.7	55.1	62.5
Protestant	10.0	30.6	37.5
Other		4.1	
No Record	23.3	10.2	
Marital Status of Caretaker⁵			
Married	11.8	24.5	29.2
Common Law	2.9	6.1	8.3
Separated from Spouse	55.9	59.2	45.8
Single	29.4	10.2	16.7
Employment Status of Caretaker⁶			
Employed	20.6	42.9	45.8
Social Assistance	64.7	57.1	33.4
No Record	14.7		20.8

¹The variable value of Other and No Record were not included in one calculation of Chi-Square.

²Chi-Square = 1.89; df = 2; not significant at 0.05 level.

³Chi-Square = 9.16; df = 2; significant at 0.01 level.

⁴Chi-Square = 5.95; df = 2; not significant at 0.05 level.

⁵Chi-Square = 7.85; df = 6; not significant at 0.05 level.

⁶Chi-Square = 5.73; df = 2; not significant at 0.05 level.

Employment Status of Child's Caretaker. In both the short-term (64.7 percent) and medium-term cases (57.1 percent) the majority of the caretakers were on social assistance; however, in most of the long-term cases the caretaker was employed (45.8 percent). (These differences were not significant at the 0.05 level).

Type of Problem Behaviour. The most common type of problem behaviour in long-term (41.6 percent) and short-term (41.2 percent) cases was listed as Caretaker Irresponsible; with Caretaker Emotionally Unstable receiving a rank of one in the medium-term cases (24.5 percent). Caretaker Emotionally Unstable ranked second in terms of frequency of occurrence in the short-term (20.5 percent) and long-term (25.0 percent) cases; with Caretaker Alcohol receiving this ranking in the medium-term cases (30.6 percent). In the short-term cases Caretaker Alcohol (11.8 percent) and Child Out of Control or Emotionally Disturbed (11.8 percent) ranked third. In the long-term cases Caretaker Alcohol (16.7 percent) and Caretaker Emotionally Unstable/Child Out of Control or Emotionally Disturbed (16.7 percent) ranked third. In the medium-term cases Caretaker Irresponsible ranked third (18.4 percent) with Child Out of Control or Emotionally Disturbed (12.2 percent) and Caretaker Emotionally Unstable/Child Out of Control or Emotionally Disturbed (12.2 percent) ranking fourth. A rank of four was assigned Caretaker Ignorant (8.8 percent) in the short-term cases and a rank of five assigned Caretaker Physically Ill (2.1 percent) in the medium-term cases. (No test of significance was performed on this variable).

Number of Placements. Of the children who spent a short-term in

Table 13

Source of Problem, Type of Problem, Number of Placements and Discharge Status by Length of Time in Care

Variable	Short-Term (-3 months) (N=34) (Percent)	Medium-Term (3 to 24 months) (N=49) (Percent)	Long-Term (+24 months) (N=24) (Percent)
Source of Problem¹			
Caretaker	28	37	20
Child	4	6	
Caretaker/Child	2	6	4
Type of Problem			
Alcohol	11.8	30.6	16.7
Caretaker Emotionally Unstable	20.5	24.5	25.0
Caretaker Physically Ill		2.1	
Caretaker Irresponsible	41.2	18.4	41.6
Caretaker Ignorant	8.8		
Child Out of Control/ Emotionally Disturbed	11.8	12.2	
Caretaker Emotionally Unstable/ Child Out of Control or Emotionally Disturbed	5.9	12.2	16.7
Caretaker Alcohol/Child Out of Control			
Number of Placements²			
One	73.5	34.8	41.7
Two	26.5	32.6	8.3
Three or More		32.6	50.0
Discharge Status³			
Child Discharged	73.5	61.2	41.7
Child Not Discharged	26.5	38.8	58.3

¹Chi-Square = 4.62; df = 4; not significant at 0.05 level.

²Chi-Square = 25.23; df = 4; significant at 0.01 level.

³Chi-Square = 6.31; df = 2; significant at 0.05 level.

care 73.5 percent experienced one placement and 26.5 percent experienced two placements. Most of the children who spent a medium-term in care had one placement (34.8 percent), 32.6 percent had two placements, and 32.6 percent had three or more placements. Fifty percent of the long-term care children had three or more placements, 41.7 percent had one placement, and 8.3 percent had two placements. (These differences were significant at the 0.01 level).

Discharge Status. Of the children who spent a short-term in care, 73.5 percent were discharged from care at the time of data collection; this percentage dropped to 61.2 percent for the medium-term children and to 41.7 percent for the long-term children. (These differences were significant at the 0.05 level).

Number of Placements

The results revealed that in most of the cases examined children experienced only one placement while in substitute care (47.6 percent), with an equal proportion of children having two placements (26.2 percent) or three or more placements (26.2 percent).

Sex of Child. Of the children who experienced one placement 54.9 percent were female and 45.1 percent were male. Of the children who experienced two placements 60.7 percent were female and 39.3 percent were male. A large proportion of the children who experienced three or more placements were male (78.6 percent) rather than female (21.4 percent). (These differences were significant at the 0.05 level).

Race of Child. The majority of the children who had one placement (56.9 percent) and who had three or more placements (53.6 percent) were Native; however, of the children who experienced two placements, the

majority were Caucasian (64.3 percent). (These differences were not significant at the 0.05 level).

Religion of Child. In all of the number of placement categories, the majority of the children were Roman Catholic (one - 56.9 percent, two - 67.9 percent, three or more - 64.3 percent). Protestant children represented 27.4 percent of those that had one placement, 28.5 percent of those who had two placements, and 17.9 percent who had three or more placements. (These differences were not significant at the 0.05 level).

Marital Status of Child's Caretaker. In the majority of the cases, the child's caretakers were either separated or single (74.5 percent one, 64.3 percent two, and 78.5 percent three or more) in each of the number of placement categories. In the remaining cases, the child's caretakers were either married or living common-law. (These differences were not significant at the 0.05 level).

Employment Status of Child's Caretaker. In most of the cases, the child's caretakers were on social assistance (60.8 percent - one placement, 42.9 percent - two placements, and 53.6 percent - three or more placements). (These differences were not significant at the 0.05 level).

Reason for Referral. The following results were established when the Reason for Referral was ranked in order of frequency of occurrence for those cases where the child experienced only one placement: Child Left Alone ranked first (21.6 percent), Child Not Properly Cared For ranked second (19.6 percent), Child Left With Babysitter ranked third (17.6 percent), Caretaker Unwilling to Care ranked fourth (15.7 percent), Caretaker Not Able to Care (9.8 percent) and Child Not Properly Supervised (9.8 percent) ranked fifth, and Child Abused ranked sixth (5.9 percent).

Table 14
Sex, Race, and Religion of Child by Number of Placements¹

Variable	One Placement (N=51) (Percent)	Two Placements (N=28) (Percent)	Three or More Placements (N=18) (Percent)
² Sex			
Male	45.1	39.3	78.6
Female	54.9	60.7	21.4
³ Race			
Caucasian	41.2	64.3	39.3
Native	56.9	35.7	53.6
Other	1.9		7.1
⁴ Religion			
Roman Catholic	56.9	67.9	64.3
Protestant	27.4	28.5	17.9
Other	3.9		10.7
No Record	11.8	3.6	7.1

¹The variable value of Other and No Record was not included in the calculation of the above Chi-Sq

²Chi-Square = 8.54; df = 2; significant at 0.05 level.

³Chi-Square = 4.03; df = 2; not significant at 0.05 level.

⁴Chi-Square = 0.86; df = 2; not significant at 0.05 level.

Table 15

Marital Status and Employment Status of
Caretaker and Reason for Referral By Length of Time in Care¹

Variable	One Placement (N=51) (Percent)	Two Placements (N=28) (Percent)	Three or More Placements (N=28) (Placement)
Marital Status of Caretaker²			
Married	19.6	28.6	17.9
Common Law	5.9	7.1	3.6
Separated from Spouse	52.9	57.2	57.1
Single	21.6	7.1	21.4
No Record			
Employment Status of Caretaker³			
Employed	37.2	39.2	32.1
Social Assistance	60.8	42.9	53.6
No Record	2.0	17.9	14.3
Reason for Referral			
Not Properly Cared For	19.6	57.1	32.1
Left With Babysitter	17.6	7.1	35.7
Left Alone	21.6		
Abuse	5.9		
Caretaker Not Able to Care	9.8	14.3	3.6
Caretaker Unwilling to Care	15.7	3.6	3.6
No Properly Supervised	9.8	17.9	25.0

¹The variable value of No Record was not included in the calculation of the Chi-Square.

²Chi-Square = 3.73; df = 6; not significant at 0.05 level.

³Chi-Square = 0.73; df = 2; not significant at 0.05 level.

In those cases where the child had two placements the majority of the children were referred because they were Not Properly Cared For (57.1 percent), 17.9 percent of the children were referred because of Caretaker Not Able to Care, 7.1 percent because they had to be Left With a Babysitter, and 3.6 percent because of Caretaker Unwilling to Care. In the cases where the child had three or more placements, most of the children were referred because they had been Left with a Babysitter (35.7 percent), followed by Not Properly Cared For (32.1 percent), Caretaker Unwilling to Care (25.0 percent), Caretaker Not Able to Care (3.6 percent) and Child Abused (3.6 percent). (No test of significance was performed on this variable).

Discharge Status

In 60.7 percent of the cases examined, the child had already been discharged from care at the time the data was gathered and that in 39.3 percent of the cases, the child was still in care.

Sex of Child. 53.8 percent of the children who had been discharged from care were male and 46.2 percent were female; with an equal proportion of male and female children still being in care. (These differences were not significant at the 0.05 level).

Race of Child. An equal proportion of the discharged children were Native (49.2 percent) and Caucasian (49.2 percent); however, more of the not discharged children were Native (52.4 percent) rather than Caucasian (42.9 percent). (These differences were not significant at the 0.05 level).

Table 16
Sex, Race and Religion of Child, and Marital
and Employment Status of Caretaker by Discharge Status¹

Variable	Discharged (N=65) (Percent)	Not Discharged (N=42) (Percent)
Sex²		
Male	53.8	50.0
Female	46.2	50.0
Race³		
Caucasian	49.2	42.9
Native	49.2	52.4
Other	1.6	4.7
Religion⁴		
Roman Catholic	60.0	64.3
Protestant	23.1	28.6
Other	3.1	
No Record	13.8	7.1
Marital Status of Caretaker⁵		
Married	18.5	26.2
Common Law	4.6	7.2
Separated From Spouse	61.5	45.2
Single	15.4	21.4
Employment Status⁶		
Employed	36.9	35.7
Social Assistance	58.5	47.6
No Record	4.6	16.7

¹The variable value Other and No Record were not included in one calculation of the Chi-Square.

²Chi-Square = 0.15; df = 1; not significant at 0.05 level.

³Chi-Square = 0.25; df = 1; not significant at 0.05 level.

⁴Chi-Square = 0.1; df = 1; not significant at 0.05 level.

⁵Chi-Square = 2.75; df = 4; not significant at 0.05 level.

⁶Chi-Square = 0.16; df = 1; not significant at 0.05 level.

Religion of Child. In both those cases where the children were discharged (60.0 percent) and not discharged (64.3 percent), the majority of the children were Roman Catholic; with 23.1 percent of the not discharged children and 28.6 percent of the discharged children being classified as Protestant. (These differences were not significant at the 0.05 level).

Marital Status of Child's Caretaker. In the majority of the discharged from care cases (76.9 percent) and the not discharged from care cases (66.6 percent), the children's caretakers were either separated from their spouses or single. In 23.1 percent of the discharged from care cases and 33.4 percent of the not discharged from care cases, the child's caretakers were married or living common-law. (These differences were not significant at the 0.05 level).

Employment Status of Child's Caretaker. In an almost equal proportion of the discharged from care cases (36.9 percent) and the not discharged from care cases (35.7 percent), the child's caretaker was employed. In a majority of the cases where the child was discharged from care (58.5 percent) and in a large proportion of the cases where the child was not discharged from care (47.6 percent) the caretakers were on social assistance. (These differences were not significant at the 0.05 level).

Source of Problem Behaviour. In a majority of the discharged from care cases and not discharged from care cases the source of problem behaviour was seen to be the Caretaker. In a similar proportion of the discharged and not discharged cases, the child was seen to be the problem. However, in a much larger percentage of the not discharged cases (21.4

Table 17

Source of Problem, Type of Problem, Number of Placements By Discharge Status

Variable	Discharged (N=65) (Percent)	Not Discharged (N=42) (Percent)
Source of Problem¹		
Caretaker	86.2	69.1
Child	9.2	9.5
Caretaker/Child	4.6	21.4
Type of Problem		
Caretaker Alcohol	18.5	26.2
Caretaker Emotionally Unstable	30.8	11.9
Caretaker Physically Ill		2.4
Caretaker Irresponsible	32.3	28.6
Caretaker Ignorant	4.6	
Child Out of Control/Emotionally Disturbed	9.2	9.5
Caretaker Emotionally Unstable/ Child Out of Control or Emotionally Disturbed	4.6	21.4
Caretaker Alcohol/Child Out of Control		
Number of Placements²		
One	61.5	28.6
Two	23.1	28.6
Three or Four	15.4	42.8

¹Chi-Square = 7.37; df = 2; significant at 0.05 level.

²Chi-Square = 13.37; df = 2; significant at 0.01 level.

percent), than the discharged cases (4.6 percent), the problem was seen to be Caretaker/Child centered. (These differences were significant at the 0.05 level):

Type of Problem Behaviour. When the "Type of Problem" categories were ranked in order of frequency of occurrence, for those cases where the child was discharged from care, the following results occurred: Caretaker Irresponsible ranked first (32.3 percent), Caretaker Emotionally Unstable ranked second (30.8 percent), Caretaker Alcohol ranked third (18.5 percent), Child Out of Control or Emotionally Disturbed ranked fourth (9.2 percent), with Caretaker Ignorant (4.6 percent) and Caretaker Emotionally Unstable/Child Out of Control or Emotionally Disturbed (4.6 percent) both being assigned a rank of five. In the cases where the child was not discharged from care, the results were as follows: Caretaker Irresponsible ranked first (28.6 percent), Caretaker Alcohol ranked second (26.2 percent), Caretaker Emotionally Unstable/Child Out of Control or Emotionally Disturbed ranked fourth (11.9 percent), Child Out of Control or Emotionally Disturbed ranked fifth (9.5 percent) and Caretaker Physically Ill ranked sixth (2.4 percent). (No test of significance was performed on this variable).

Number of Placements. Children who experienced only one placement accounted for the greatest percentage of the discharged from care cases; however, when considering the children not discharged from care, it was found that the greatest percentage experienced three or more placements. In the remaining cases where the child was discharged 23.1 percent of the children had two placements and 15.4 percent had three or more placements. In an equal proportion of the child not discharged cases the

child had one (28.6 percent) or two placements (28.6 percent). (These differences were significant at the 0.01 level).

Profiles of Children in Care

The following child and caretaker profiles emerged when the most common characteristics were enumerated according to the length of time a child spent in care, the number of placements experienced and the child's discharged status.

Length of Time in Care

The short-term care children tended to be female, Native and Roman Catholic; the medium-term children male, Caucasian and Roman Catholic; and the long-term children either male or female, Native and Roman Catholic. The primary marital status of the caretakers in all of the "terms in care cases" was Separated from Spouse. In the short and medium-term cases the caretakers tended to be employed. The caretaker was the source of problem behaviour in the majority of the short, medium and long-term cases with the predominant type of problem behaviour exhibited in both the short and medium-term cases being identified as an irresponsible caretaker and in the long-term cases, a caretaker with an alcohol problem. In the short and medium-term cases the child most commonly experienced one placement and in the long-term cases, three or more placements. Children who spent a short-term in care were discharged from care with greater frequency than the medium or long-term care children.

Number of Placements

Children who experienced one placement were usually female, Caucasian and Roman Catholic; two placements: female, Caucasian and Roman Catholic; three placements: male, Native and Roman Catholic. For all of

the Number of Placement categories the caretaker tended to be separated from a spouse and on social assistance. Children who had one placement tended to have been referred because they had been left alone; with those children who had two placements tending to be referred because they were not properly cared for, and three placements, because they had been left with a babysitter.

Discharge Status

The children who were discharged from care were usually male, either Caucasian or Native, and Roman Catholic. Those children not discharged from care tended to be either male or female, Native and Roman Catholic. The caretakers of both the discharged and not discharged children were likely to be separated from their spouses, and on social assistance, and the major source of problem behaviour, with this problem behaviour most commonly being classified as Irresponsible.

Comparison to Other Studies

The following presents an attempt to compare, where possible, the findings of this study with those of other researchers, as outlined in the literature review.

Definition of Services and Children Served

The Alberta government's definition of protection services and the type of children in need of protection closely approximate those outlined by the Child Welfare League of America and other sources cited in the literature review.

Similarly, with respect to the nature of referral situations, the results of this study concur with those established by Nelson, in that

the majority of families were referred to the AGCPS because of situations characterized by general neglect rather than deliberate abuse.

Legal Mandate

Some differences were found to exist with regard to the procedures employed by the AGCPS when removing a child from his home and those recommended by the C.W.L.A. The C.W.L.A. maintains that no child should be removed from the care and custody of the parents unless consent had been obtained or a court order issued. In Alberta however, as stated earlier, no court action need be initiated until up to twenty days after the apprehension has occurred.

However, in other areas concerning "legal mandate" the AGCPS does adhere to the guidelines cited in the literature review.

Administrative and Procedural Aspects of Child Protection Services

Certain aspects of the AGCPS Administrative structure were not in accord with the recommendations concerning this matter, as presented in the literature review. These being that:

- a) Child protection units were not specialized and set apart administratively from other social welfare programs. Workers in both the rural and urban offices, due to the emergency intake arrangements, were expected to deal with duties other than those related to matters of child protection. In general, the duties assumed by the workers in the rural office, included several activities not specifically related to child protection.
- b) There was no provision made for a governing body of unpaid citizens in the Alberta system.

c) The supervisor in the urban office was responsible for seven workers (rather than the recommended five), two of whose positions were not in the area of child welfare. The administrator of the rural office was also supervising a "mixed group" of social workers.

d) Intake responsibilities, and in the rural offices, after hours emergency calls were sometimes assumed by persons not specialized in child protection.

Differences were also found to exist when the results of this study, with respect to the source and treatment of referrals, were compared to those achieved by Boehm. The results of this study indicated that the majority of referrals to the agency were made by individual members of the community, rather than, by community agencies, as determined by Boehm. Boehm also established that county welfare departments were one of the most frequent sources of referral, whereas, the above results indicate a relatively small proportion of referrals from this source. The results of this study more closely resemble those generated by Bryant in his examination of the source of abuse complaints, in that his findings revealed more referrals were received from relatives, parents and neighbours of the child, than from other sources.

When considering the disposition of cases, Boehm found that cases accepted for ongoing social work were usually referred by an agency and more than one referral on a case was necessary. However, the results of this study indicated that when cases of families which were closed immediately after a first investigation were compared to those of families which were not closed, the majority of cases were not closed and the primary source of referral was the community at large.

A rural/urban comparison revealed that no significant differences, with respect to the above mentioned factors, existed.

Agency Objectives

Statements made by the AGCPS in their Child Welfare manual, indicated that in general the objectives of the agency were similar to those outlined in the literature review, with respect to maintaining the child in his own home while social work was carried out with the family. The results of this study revealed that in the majority of the cases (both rural and urban), the children were not taken into care; however, a greater percentage of the rural children, as opposed to urban children, remained in their homes while casework was being carried out with the family.

Family and Child Characteristics

The results of this study, with respect to marital status of caretaker, did not concur with any of the findings outlined in the literature review. Households where there was one parent or two parents, were represented in almost equal proportion rather than as Young determined that there were more two parent than one parent households and as Boehm and Schmit determined that there were more one parent households. (The rural/urban comparison revealed that more of the rural families than urban families were two parent in nature).

With respect to family size; most of the families studied had one and two children rather than three and four children or five or more children. These results did not concur with findings outlined in the literature review with most families described as having three or more children. However, when the rural and urban families were compared, the

results established the majority of rural families had over three children and the urban families had one or two children.

The results of this study, in terms of the income and employment of caretakers, were similar to those outlined in the literature review. Although the majority of the families had an employed caretaker, a relatively large proportion of the caretakers were in receipt of social assistance. (No significant differences between the rural and urban families were established on this variable).

For those cases where the race of the child was known, it was determined that a relatively high proportion of the sample children were Native (Metis and Treaty Indian). These results concur then, with those established by Moore and Boehm rather than by Young, who found that there was no over representation of any racial or ethnic group in the families she studied. No significant differences, with respect to this variable were established when the rural and urban offices were compared.

When considering the source of problem behaviour, this study established, as did studies described in the literature review, that in the majority of families the caretakers rather than the children exhibited the problem behaviours. The type of problem behaviours evidenced by the families in this study were similar to those described by other authors, however, the problems of parental irresponsibility and children out of control or emotionally disturbed, rather than a problem with alcohol (as suggested by Young) or parental inability to cope (as suggested by Moore) emerged as the most common types of problems. In general, the rural and urban families possessed the same types of problems.

Children in Care

When considering the marital status of caretakers and the length of time a child spent in substitute care, Jenkins found that one parent families were in the majority in the short-term care category and in the minority in the medium-term and long-term categories and that these proportions declined as length of time in care increased. Although the results of this study indicate that in all the length of time in care categories the one-parent family predominated, they also revealed a proportional decrease of this marital grouping as the length of time in care was extended.

Jenkins also noted that the relative frequency of families on public assistance decreased as length of time in care increased. The results of this study support these findings.

The results of this study were similar to those outlined by Maas, in that the majority of children in long-term care were non-white (in this case Native).

However, when considering the child's religion, Jenkins noted that more Roman Catholic children were represented in the short-term care group and more Protestant children in the long-term care group. Although the results of this study indicated that the majority of the children in the short-term group were Roman Catholic and that there was an increase in the number of Protestant children over the length of time in care categories, they did not outnumber the Roman Catholic children in the long-term care group.

When comparing the results of this study to those of other authors, where possible, with respect to reason for placement (type of problem)

and length of time in care, the results were similar. Jenkins noted that the category of Physical Illness was associated with a short-term care period rather than a long-term period. The findings of this study were similar in that in the only instance where this problem occurred, the child spent a medium-term in care. Jenkins also established that Mental Illness of the parent seemed unrelated to the length of time in care. The results of this study tend to concur with this finding as the proportion of cases relating this problem remained fairly stable over the length of time in care categories. If the categories of Caretaker Alcohol, Caretaker Irresponsible, and Caretaker Ignorant are subsumed under the heading of "Family Problems" employed by Jenkins, the results of this study agree with her findings that these type of problems constitute a larger percentage of the long-term in care group than the short-term in care group.

Fanshel established, when considering the phenomenon of child centered problems, that children who are placed in care for this reason experience a lower rate of discharge during the first year than other children but also that by the end of five years they represent the smallest proportion of children still in care. The results of this study generally bear out this observation in that none of the children who remained in care past the twenty-four month period, were in care because of the problem of Child Out of Control or Emotionally Disturbed.

The results of this study also generally agree with those established by authors in the literature review when the discharge status of the child was considered. It is apparent that those children who spent a short-term in care are discharged more frequently than children who are in care for longer periods of time.

The other factor which was examined in this study, that of sex of child, did not appear to be of consequence when the length of time a child spent in care was considered.

With respect to the number of placements children experience while in substitute care the results of this research generally supported the findings generated by Fanshel in his study. He noted that most children had one placement and that an almost equal proportion of children had two and three or more placements. The results however, did not agree with those established by Moore. In his research, he found a larger proportion of children experiencing one placement than the proportion of children sampled in this study.

Fanshel maintained that the length of time in care influenced the number of placements a child experienced; the longer the time in care the more placements. The results of this study were similar in that the majority of the short-term in care children had one placement and the majority of children in long-term care had three or more placements.

Similar results to those established by Fanshel, with respect to number of placements and reasons for being in care, were generated in this research project, in that children who were in care because they were not properly cared for and left with babysitters, tended to experience more placements and children who were in care because of parental unwillingness to care experienced fewer placements. However, Fanshel also found that children who were abandoned experienced more placements, whereas, the results of this study indicate that all of the children who were referred because they had been left alone had only one placement.

In this study the factors of sex of child was also considered,

with respect to number of placements, and it was found that in general male children had more placements than did female children.

Although the variables of marital and employment status of caretakers were also analyzed, no significant differences between the number of placement categories were established.

NOTES

1. Alberta Social Services and Community Health, Child Welfare Manual January, 1973, Chapter 3, p. 1.
2. Alberta Government, The Child Welfare Act (being Chapter 45 of the Revised Statutes of Alberta 1970 with amendments up to and including November 16, 1979), Office Consolidation. Edmonton: Queen's Printer, n.d.
3. Alberta Social Services and Community Health, op. cit., Chapter 2, p. 1.
4. Ibid., Chapter 3, p. 1.
5. Ibid., Chapter 4, p. 2.
6. Ibid., Chapter 1, p. 3.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS FOR FURTHER RESEARCH

The primary focus of this thesis is to examine a particular type of child welfare service known as Child Protection. In order to achieve this, four major objectives were generated; the first objective was to determine whether or not the AGCPS exhibited characteristics similar to those ascribed to other protection agencies and to compare where possible, a rural and an urban office of the AGCPS.

In meeting this objective, it was determined that the AGCPS closely approximated the agencies described in the literature review with respect to the definition of protection services and the type of children in need of protection. However differences, pertaining to certain legal, administrative and procedural aspects were identified.

The main point of difference, with regard to the legal perspective was that, in Alberta, the requirement for obtaining a court order prior to removing children from the home did not exist. It is the author's opinion that this approach, if implemented by highly trained and qualified personnel, better serves the purpose of protecting the child from immediate detrimental influences to his well being. However, the fact that the decision to remove children from their homes is likely to be based on the perceptions of one person, possibly increases the margin of error in assessing whether the situation is one where removal is warranted. Research directed at an examination of cases which are taken before the courts where the disposition is one in which the children are returned home without further legal status being obtained, may provide useful insights into whether or not the AGCPS procedures regarding apprehension should be revised.

Differences between the administrative structure of the AGCPS and that which was recommended by authors in the literature review, also occurred in the general area of specialization of service delivery. Although the Alberta system probably allows for a greater co-ordination of Child Welfare Services, the existing bureaucratic structure may lead to difficulties in terms of effective delivery of services at the lower administrative levels. Administrators, supervisors, and child protection workers who are in positions where they must devote their energies to the delivery of other programs may not be able to effectively perform the highly specialized functions of intake assessment and casework necessary to prevent the separation of children from their natural families. Although the move to greater specialization would probably require an increase in staff at the supervisory and fieldworker levels; if such a change was to lead to a reduction in the use of other services in the Child Welfare Branch such as, institutional care, foster care and adoption, the overall benefits in simple economic terms may eventually outweigh the costs.

Another area, in which the findings of this study did not support the results outlined in the literature review, related to the procedure of initiating active casework beyond the investigative stage. Boehm determined that decisions to undertake continued casework were related to the source of the referral and the number of times a family was referred. However in the majority of the Alberta cases social work activities were instigated at the time of first referral and no significant differences between those cases that were closed immediately and those that were not, with respect to source of referral were established.

However, a follow-up study of the 52 cases that were eliminated from the sample, because the complaint was judged invalid at the time of referral, may result in alternate findings, with respect to this phenomenon.

When comparing the rural and urban offices the only major difference, with respect to the above-mentioned factors occurred in the area of administrative and procedural characteristics. In the rural office, specialization of social work positions did not occur to the degree that it did in the urban office. The fact that rural workers assumed added responsibilities and operated in situations where there were fewer outside support services than workers in the urban area may have had an impact on the ability of the rural agency to meet the needs of their clients. Further research may establish a need for an increase in staff or at least the assurance that rural workers be highly trained and experienced in the general disciplines of Child Welfare.

Second Objective

The second objective of this study was to describe the characteristics of families and children served by the AGCPS, incorporating a rural/urban comparison and then, to determine if these findings concur with those recorded in other studies.

Children involved with the AGCPS could not be distinguished on the basis of sex: an equal proportion of male and female children were referred.

Children in the younger age brackets tended to be referred more often than children in the older age brackets. This may be related to the perception that as a child develops he is less likely to be totally

reliant on his caretakers to meet his needs and therefore less susceptible to circumstances where he may be considered neglected. Further research in this area could be of value in the development of support programs in situations where resources are decidedly limited. For example, if the population of children referred to an agency is primarily of pre-school age, day care facilities and mother's day out programs may be priorities. Whereas in situation where older children are involved, the need may be for teen programs or programs designed for the elementary school aged child.

In those cases where the religious affiliation of the child was known, the largest percentage of the children were classified as Roman Catholic, followed by Protestant and then Other. However, in the majority of cases examined, the religion of the child was not defined. Given this, no discussions of this characteristic, as it relates to situations of neglect or abuse, are offered here.

The findings of this study indicated that a large percentage of children referred to the AGCPS were Native (Metis or Treaty Indian). Further research to identify the reasons for this occurrence should be undertaken with a view to establishing programs especially designed to meet the needs of this particular group.

Family Characteristics

The results of this study established there was an almost equal proportion of two and one parent families and that the majority of families had only one or two children. Never-the-less, a large proportion of the families referred to the AGCPS were single parent in nature and had three or more children, seeming to indicate that these types of families may be susceptible to the kinds of problems which warrant

intervention on the part of protection services. A more in depth examination of these families may reveal that the additional strain of parents having to perform both the father and mother roles may be a contributing factor in situations of neglect and abuse and that more programs specifically designed to relieve these stresses should be generated.

It was interesting to note that even though a large proportion of the family caretakers referred to the AGCPS were in receipt of social assistance rather than employed, very few of the referrals to Child Protection workers were made by social assistance workers who would logically already be involved with these cases. Although it is unlikely under the present conditions of large caseloads, that social assistance workers could be cognizant of the day to day circumstances of their clients, if a more rigorous monitoring system with respect to potentially troubled families could be established and appropriate resources made available through the social assistance program, the necessity of a referral to the child protection unit may be avoided.

The most common types of problem behaviours exhibited in the families referred to the AGCPS were those of parents being capable, but unwilling to provide proper care for their children (Parent Irresponsible) and children being out of control or emotionally disturbed. This result seems to indicate there is a need for programs designed to: a) assist parents in acknowledging and accepting responsibility for the care of their children and b) assist children in changing their own negative behaviours. A more refined analysis of these problems would be required before specific statements could be made concerning the type of program development needed in this area.

Rural/Urban Comparison

When the rural and urban clients were compared, with respect to Child and Family Characteristics, the only difference found to be statistically significant was related to size of families, with the rural families tending to be larger than urban families. As mentioned earlier, certain differences in terms of the rural and urban operation of the AGCPS were found to exist. If however, rural and urban clients share the same basic attributes there is an apparent need for similar programs in both geographic areas. Further research to determine whether or not rural children in need of protection are in fact receiving the same caliber of service as their urban counterparts may prove useful.

Comparisons to Other Research

When comparing the results of this study to those of the research outlined in the literature review, it was determined that with respect to the variables of employment status of caretaker and source of problem behaviour, the findings were similar. Only partial agreement, with respect to the variables of marital status, family size, type of problem behaviour, and child's race was achieved. Reasons for these disparities may be related to actual agency and population differences, or to the methods applied in conducting the research. Before any conclusive statements regarding these differences could be made an in depth examination of this phenomenon would be necessary.

Third Objective

The third objective of this study was to determine if any similarities or differences existed with respect to agency and client characteristics in a) cases which were closed, and not closed, immediately after

investigation and b) cases where the child was, or was not taken into care. As previously stated, the only characteristic where a statistically significant difference between cases that were closed and cases that were not closed occurred, was that of Employment Status of Caretaker. This was also the situation in the comparison of cases where the child was taken into care to those where the child was not taken into care.

Fourth Objective

The fourth objective of this study was to examine the situation of children who were taken into care. The variables: a) length of time in care, b) discharge status and c) number of placements were examined.

In general, it was established that the results of this study, with respect to children in care, agreed with those of previous research.

One of the variables in which statistically significant differences were found, in relation to the three lengths of time in care categories, was that of the discharge status of the child. It was determined that generally, the children who spent a shorter time period in care were discharged with greater frequency than those where the child spent a longer time in care. Given the fact that one of the goals of the AGCPS is to reunite families as soon as possible, further research in this area aimed at isolating the factors which contribute to this occurrence, should be attempted.

Statistically significant differences were also found with respect to the source of problem behaviour and discharge status of the child. In a much larger proportion of the cases where children were discharged than not discharged, both the child and caretaker had behaviour problems. This finding is not surprising, given the fact that rehabilitation programs

involving both parties would have to be initiated before the child could be returned home.

Another factor where statistically significant differences were found with respect to the child's discharge status, was that of number of placements the child experienced. Those children who were not discharged from care, on the whole, had had more placements than those children who were discharged. The length of time a child spent in care also appeared to influence the number of placements a child experienced; the longer the period of time in care, the more likely the child's circumstances were characterized by multiple placements.

If one of the goals of the AGCPS is to provide the child with an alternative living situation where he will receive stable and adequate care, the importance of examining the phenomenon of numerous placements is clear. Research directed at exploring the specific reasons behind the movement of children within the foster care system should be undertaken.

One of the reports cited in the literature review maintained that, a contributing factor to the situation of instability of children in foster care was the serious lack of receiving and assessment facilities in Alberta. This report was published in 1972. It is not almost ten years later and little has been done to change this situation.

Conclusion

In this chapter, several recommendations for further research have been made. However, research alone will not improve the situation of neglected and abused children. Only positive action on the part of those agencies responsible for ensuring the well being of our children can accomplish this.

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APPENDIX A

CHILD WELFARE ACT: DEFINITION OF NEGLECT AND ABUSE

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CHILD WELFARE ACT:¹ DEFINITION OF NEGLECT AND ABUSE

(e) "neglect child" means a child in need of protection and without restricting the generality of the foregoing includes any child who is within one or more of the following descriptions:

- (i) a child who is not being properly cared for;
- (ii) a child who is abandoned or deserted by the person in whose charge he is or who is an orphan who is not being properly cared for;
- (iii) a child where the person in whose charge he is cannot, by reason of disease or infirmity or misfortune or incompetence or imprisonment or any combination thereof, care properly for him;
- (iv) a child who is living in an unfit or improper place;
- (v) a child found associating with an unfit or improper person;
- (vi) a child found begging in a public place;
- (vii) a child who, with the consent or connivance of the person in whose charge he is, commits any act that renders him liable to a penalty under any Act of the Parliament of Canada or of the Legislature, or under any municipal by-law;
- (viii) a child who is misdemeanant by reason of the inadequacy of the control exercised by the person in whose charge he is, or who is being allowed to grow up without salutary parental control or under circumstances tended to make him idle or dissolute;
- (ix) a child who, without sufficient cause, habitually absents himself from his home or school;
- (x) a child where the person in whose charge he is neglects or refuses to provide or obtain proper medical, surgical or other remedial care or treatment necessary for his health or well-being, or refuses to permit such care or treatment to be supplied to the child when it is recommended by a duly qualified medical practitioner;

(xi) a child whose emotional or mental development is endangered because of emotional rejection or deprivation of affection by the person whose charge he is;

(xii) a child whose life, health or morals may be endangered by the conduct of the person in whose charge he is;

(xiii) a child who is being cared for by and at the expense of someone other than his parents and in circumstances which indicate that his parents are not performing their parental duties toward him;

(xiv) a child who is not under proper guardianship or who has no parent

(A) capable of exercising, or

(B) willing to exercise, or

(C) capable of exercising and willing to exercise, proper parental control over the child;

(xv) a child whose parent wishes to divest himself of his parental responsibilities toward the child;

(f) "parent" includes a step-parent of a child and any person who, in the opinion of the Director, stands in loco parentis to a child, but does not include the father of a child born out of wedlock unless, in the opinion of the Director, he stands in loco parentis to that child;

(g) "shelter" means a building or part of a building that is under the supervision of or approved by the Director and that may be used for temporary care of children;

(h) "temporary home" means a home in which a child may be placed temporarily pending further consideration of his case.

RSA 1970 c45 s14; 1973 c15 s4 1975(2) c80 s1(2)
1978 c51 s38(8) Eff. June 30/79

NOTES

1. Alberta Government, The Child Welfare Act (being Chapter 45 of the Revised Statutes of Alberta 1970 with amendments up to and including November 16, 1979), Office Consolidation. Edmonton: Queen's Printer, n.d.

APPENDIX B

CASE HISTORY FORM

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CASE HISTORY FORM

Office:

Name:

Birthdate:

Sex:

Race:

Religion:

Caretakers:

Names:

Addresses:

Occupations:

Marital Status:

Number of Children in the family:

Date of Intake:

Source of Referral:

Circumstances of Referral:

Follow-up Action:

Type and Dates of Status and Placement Changes:

APPENDIX C
CASE HISTORY SHEET

APPENDIX C
CASE HISTORY SHEET

Var	Code	Code name
Var	Code	Office
Var	Code	Included in 1976 sample
Var	Code	Type of case
Var	Code	Sex
Var	Code	Race
Var	Code	Religion
Var	Code	Marital status
Var	Code	Employment status
Var	Code	Number of children in family

Source of referral:

Var	Code	First	Var	Code	Second
Var	Code	Third	Var	Code	Fourth

Behaviour problem at time of referral;

Var	Code	First	Var	Code	Second
Var	Code	Third	Var	Code	Fourth

Source of problem:

Var	Code	First	Var	Code	Second
Var	Code	Third	Var	Code	Fourth

Type of problem at time of referral:

Var	Code	First	Var	Code	Second
Var	Code	Third	Var	Code	Fourth

CASE HISTORY SHEET

Mode of entry into care:

Var	Code	First	Var	Code	Second
Var	Code	Third	Var	Code	Fourth
Var	Code	Number of placements			
Var	Code	Length of time spent in care			
Var	Code	Reason for case closure			
Var	Code	Alternate services employed			