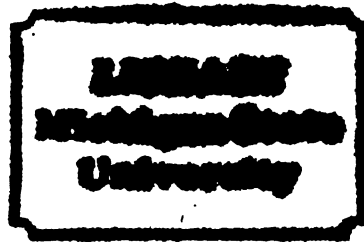


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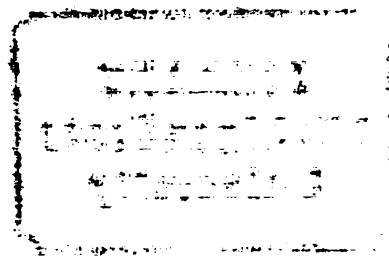
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Joan King
Eleanor Marzocco



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FACTORS RELATED TO OUTCOME OF SERVICE
IN A COUNTY PROTECTIVE SERVICES AGENCY

By

Paul Hennrikson
Joan King
Eleanor Marzocco

AN ABSTRACT OF
A THESIS

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

MASTER OF SOCIAL WORK

School of Social Work

1967

ABSTRACT

FACTORS RELATED TO OUTCOME OF SERVICE IN A COUNTY PROTECTIVE SERVICE AGENCY

by

Paul Henrikson
Joan King
Eleanor Marzocco

The purpose of the study is to identify characteristics of families treated in protective services which are related to successful outcome. Timing of services and casework intensity also are evaluated in relation to the family characteristics, and to successful outcome.

Data from 134 case records, representing the total number closed in a seven month period, were collected on a schedule. The data include family structure, marital status, behavior patterns of parents, the problems reported in the care and training of children, the major family problems of housing, health and economics, and intensity of casework services and timing of services after referral.

There is a significant, positive relationship between successful outcome and casework intensity. Immediate or delayed service is of no significance to success of outcome.

Intact families which have marital conflict or problems in housing, health or economics are more amenable to casework effort. Where a family abuses a child, or a parent is psychotic, there is less service given and less

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likelihood of success. Nearly one-fifth of the families on whom referrals are received are mobile, and these families are the least likely to receive treatment.

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INTRODUCTION

After passage of the "Battered Child Act" of 1964, which required reporting of child abuse to the Michigan Department of Social Services, it was learned that no action had been taken in half of the reported cases of child mistreatment because of the lack of agency resources, both public and private (17).

The Department of Social Service Protective Services program was instituted in 1965 as a part of child welfare services, to meet the identified need for care and protection of children who are abused and neglected. The service was developed with the principles of early intervention and preventive treatment, but with a ninety-day service limit.

Following the establishment of pilot programs in protective services, early evaluations raised the question whether the services were actually oriented to the hard-to-reach client, especially those who had the most severe problems in child-care.

This is a study of what family problems appear in the case records of a protective service agency, what are some of the characteristics of families that respond successfully to protective service intervention, what are characteristics of those who don't, and how much casework effort is given in treatment.

The socio-legal background to the present protective agency structure is discussed, as well as some theories about the nature of abusing families, because of their relevance to the matter of agency outreach and treatment.

SOCIO-LEGAL BACKGROUND

Protective services has antecedents in the western world as far back as one thousand years, in the English common law concept of *parens patriae*. *Parens patriae* is the right of the state to act in behalf of a child, even to the extent of depriving the parents of care and custody. Intervention has gradually evolved from the prevention of cruelty and physical exploitation, to the concern that children receive adequate education, character training and emotional care.

The first organized effort for child protection in the United States was the humane society movement in the latter part of the nineteenth century. These private organizations had to bring cases to court initially under laws that protected animals. When the juvenile courts were inaugurated at the beginning of the twentieth century, they took on some of the aspects of child protection and the private agencies died.

There is a question as to why social work, which emerged as a profession in the 1920's was not more concerned with neglected children. Social work agencies such as the child guidance clinics could see the relation between emotional deprivation and delinquency. However, the extreme passive approach which held sway in the 1930's made the

profession reluctant to work in an authoritarian setting. In addition, the depression of that decade presented conditions of such poverty that neglect could not be an issue. It was as if everyone were neglected. During the Second World War, abnormal conditions created very questionable conditions of supervision and care of children. These conditions were accepted "for the duration." It was only after the war that aggressive or assertive casework was heard of.

In the middle 1950's, an affluent society was startled into recognition of the neglect problem, in part by the writing of Dr. John Bowlby, Maternal Care and Mental Health, and Margaret Gerard's The Emotionally Disturbed Child. The Children's Bureau took the lead with guidance in model legislation for programs to protect children. The coining of the term "battered child syndrome" by Dr. Harry Kempe, Head of the Department of Pediatrics at the University of Colorado Medical Center, had great impact in arousing interest in the abused child.

In 1963, the Children's Bureau and the American Humane Association published model legislative guides to encourage physicians to report abuse. This legislation was passed in Michigan in 1964, and is Public Act 98. It was followed by protective services legislation in 1965, which requires reporting of child mistreatment by many people who might have significant contacts with children: nurses, social

workers, teachers, and school administrators. Reports from anyone else are accepted, too.

In 1965, the Michigan Legislature approved protective service programs within the Department of Social Services to implement the abuse and neglect laws through its investigations. But the protective service program also intends to improve the conditions for some children before they become serious enough to warrant change in custody; in other words, it covers a population broader than the criminally or legally neglectful. It has a rehabilitative and non-punitive focus with emphasis on strengthening families in areas which directly affect the safety and well-being of children.

Public Act 283 authorizes the Department of Social Services to enter into a situation warranting community concern, to provide social services in order to improve the conditions for the child, with or without the consent of the parents. A plan for action is made by a worker following a diagnostic study. Possible actions are:

1. Referral of the family to the Juvenile Court if serious neglect or abuse exists.
2. Provide casework service to the parents while the child remains at home or is given temporary child care (this may be accomplished through referral but in Genessee County, the agency studied, available community resources are minimal.

3. Close the case because neglect does not exist or cannot be legally established and the family situation cannot be improved by continuation.

When social services are given, they are supposed to terminate in ninety days because of the need to keep case-loads within managable limits, but there also is a legal problem: a lack of clear authority to provide service when help is refused by the family, which also limits time and intensity of service.

THEORETICAL APPROACHES TO THE NATURE OF ABUSE AND NEGLECT

There are a number of studies on the sources and nature of child mistreatment. Some of the more recent studies focus on the personality structure of the parents, in relation to the type and degree of mistreatment inflicted. Vincent Fontana (6) designated the "maltreatment syndrome" as the willful abuse of unwanted children. A child's symptoms to identify this syndrome include multiple minor physical evidences of emotional or nutritional deprivation. Battering is only the last phase of the maltreatment syndrome. Dr. Fontana, as a physician, is more concerned with cases of extreme physical abuse seen in hospitals and his diagnostic criteria of maltreating families seem to apply to these more than to neglectful parents, though he does not specify. He says maltreating parents have a history of family discord, financial stress, alcoholism, illegitimacy, poverty, perversive tendencies and involvement with law enforcement agencies.

In cases of abuse, Dr. Fontana says preliminary studies show parents have rigid behavior, compulsiveness, immaturity, periods of depression, anti-social behavior and lack of warmth toward the child. They are evasive, contradictory and lack guilt or concern about their own

actions or are socially withdrawn. These characteristics which Dr. Fontana lists are diagnostically suggestive of obsessive or compulsive personalities or borderline schizophrenics.

Irving Kaufman (11) says there are two major groups in the classical neglect and abuse patterns seen in protective casework (in practice they may be found to co-exist in the same family). Manifestations are: (a) absence of adequate parental function or (b) the presence of a special kind of unhealthy interaction with the child. The first type he says is found in orally regressed families in need of prolonged restitutorial treatment, building of a relationship and testing within the relationship. For the second type, anal-sadistic or oedipally fixated, treatment may be shorter because it may be handled by verbal discussion of the patients' problems.

James Delsordo (4) studied eighty cases of abusing families. He classified them in this manner: mentally ill with overflow abuse of children (eight out of eighty); another eight fitting the "battered child" category where there is overall dependency of the parent; twelve cases of disciplinary abuse due to paranoid schizophrenia reactions of the parents; and forty-three cases of misplaced abuse where the child was unwanted. He believed that the last group had greater possibility of movement toward better care than any of the others. His theory is consistent with

Kaufman's in that treatment success has to do with depth of regression of the parents.

There have been attempts to classify different family types and levels of functioning characteristic of each family. Voiland (14) isolated three different areas of family functioning: child rearing, marital role and economic performance; and five different family types: perfectionist, unsocial, egocentric, inadequate and normal. Failure in child rearing was a symptom common to all but the normal, but the failure manifests itself in particular and distinct ways characteristic of each family. However, using Fontana's symptoms, an abusing parent could be present in more than one of Voiland's types.

Leontine Young (16) attempted to develop a profile of families according to the manner of maltreatment. Four categories, severe and moderate neglect and severe and moderate abuse of children were developed. She applied a schedule, 95 items, to each of 180 cases, selected because of child neglect or abuse. The 95 items were classified into three groupings: parental behavior, marital roles and family standard, which are similar but not exactly like those of Voiland. Young found traits of social isolation and lack of cooperation more prevalent among abusive than neglecting parents. She also found more role definition among abusive than neglectful parents and more family routine. Severely abusing parents showed higher amounts of hostility toward society, more projection and failure in

seeing connection between parental and children's behavior. Running away was more characteristic of neglecting parents. The most impressive finding, in terms of efficacy of protective service was how many families failed to change in behavior toward children as a result of protective service intervention. This is true of 95.5 per cent of the severely abusing group, 78.8 per cent of moderate abuse, 82.4 per cent of severe neglect and 69.9 per cent of moderate neglecting cases.

A study by Bryant et al. of abusing families in a protective agency showed there is more variety of psychological types among abusive families than Young's study suggested. Three personality clusters were identified. One group of parents showed hostility and aggressiveness, primarily due to being unloved as children. Another showed rigidity, compulsiveness and lack of warmth, and the third, passive, dependent and depressive with a tendency to compete with the children for love. The authors of this study concluded that abusing parents can not be identified as typical of any diagnostic grouping (3).

These studies are based on one of two assumptions: psychological categories of mental disorders are either relevant to the nature of the treatment or to the potential for improving care of the child. There are too many different results, however, and an overall dismissal of certain relevant situational or environmental factors in these studies. Practical experiences in the protector

service agency are with a very wide range of problems, and abuse or battering is not the most prevalent problem (13).

Some studies have emphasized environmental situations as a source for child mistreatment. L. G. Housden (10), reviewing cases handled by the Royal Society for the Prevention of Cruelty to Children, has interpreted inadequate child care primarily as a cultural phenomena; where a family has its culture of ignorance or poverty or mental incapacity leading to improper care of children. He says if there is any affection between the parent and child, it can be used for leverage for re-education of the parent. If its missing there isn't any hope for improvement.

Other studies have attempted to isolate from a series of variables those which are the most critical determinants of parental adequacy. In Britain, neglectful mothers are remanded for residential treatment for about a six month period, to learn more adequate child care. A report on a follow up of 100 mothers who had received training indicated that mothers who failed to sustain the improved care were those with marked psychotic reactions and those with very poor health. Mental capacity was not significant in outcome (12).

Housden, commenting on treatment centers, said that the presence of a father in the home after treatment was important in maintenance of adequate care.

A study on disposition of child neglect cases by Weinberger and others (15) in the Los Angeles County Bureau

of Social Aid, showed that decisions to institute neglect proceedings for families that were inaccessible to treatment were based on the following problems in this order: inadequate or immature parent, severely emotionally disturbed, and alcoholic parents.

Bishop (1) applied a schedule of nearly 100 traits to case records of families in an intensive casework project for maltreating parents, to find those traits which were most characteristic of them. Those which showed up predominantly were: lack of social training for children, lack of emotional care of children, lack of child supervision, inadequate housing arrangements, and economic inadequacy. In the area of family relationship, most prevalent were inappropriate mother-child interaction, psychotic disturbance in a parent and disturbed marital relationship. This latter study points to situational problems as well as disturbances in role performance and personal inadequacy as sources for child mistreatment.

Geismar and associates (7) conceptualized the family as a system of social roles which are reciprocally related and interdependent. He said where there is a failure in child rearing, there is also failure, in some degree, in other areas of family organization. The characteristics selected by Geismar as descriptive of the important family functions are:

1. Adequate family relationship
 - a. Marital
 - b. Parent-child
2. Individual adequacy and personal adjustment of parents
3. Child training and physical care
4. Economic adequacy
5. Household adequacy
6. Health adequacy.

The two studies, Bishop's and Geismar's point to those family functions and characteristics which are essential to adequate family organization and which appear most often as family problems when there is failure in child care. While they are not specific as the psychological types, indeed much broader, they allow assessment of a degree of failure below acceptable standards in a variety of areas of family responsibility. They are also consistent with Hill's schema of factors (9) showing the interplay of stress and events upon the adjustment of the family to crisis. His hypothesis is that adequacy of adjustment to a crisis that threatens the family depends upon the adequacy of role performance of family members.

In summary, the research in neglect and abuse of children which focuses upon classification of psychological types of parents is inconsistent. Nor is there an increase in validity when families are classified in similar types, such as Violand's.

The concept that adequate child care is dependent upon the system of interdependent roles and functions in a family is more useful. Viewing the problem of child care this way

enables evaluation of a degree of failure from the accepted standards in a number of ways. It also makes specific treatment goals possible.

STUDY FOCUS AND METHODOLOGY

In view of the alternative ways of viewing child mistreatment, a preview of case records was made and agency procedures were studied to see which of the relevant variables could be included and how detailed data collection might be.

The Genessee County Protective Services Unit staff is composed of a director, three caseworkers, two homemakers and a secretary. The director, who holds a graduate degree in social work also serves as supervisor. The present caseworkers hold bachelor's degrees. Turnover in the staff is high, and the director, who has been in the unit since its inception, conducts extensive, on-going training.

Two homemakers are trained in home economics. They are used in helping and educational capacity. Groupwork with families has become a part of the program, and it involves caseworkers and homemakers.

It was decided that the services, homemaker, groupwork and casework, though varied, were well coordinated and for research purposes could be lumped together under one item, casework contacts.

When the agency opened it was almost immediately inundated with referrals. It was found, therefore, that immediate service to referred families could not always be given.

This variable, delay in services, was included as part of the relevant data.

The case records are oriented to a behavioral description of the family rather than to psychodynamics of personality of family members. The characteristics selected for data collection, therefore, are based on Geismar's system of family functions. They are characteristics which are assessable to evaluation within the limits of protective services in time and worker skills. More important, they point to treatment goals on the part of the staff and community, e.g., health care, economic assistance, training in child care, as well as individual psychological treatment.

Data were collected from case records closed during the period from September 1, 1966, through March 31, 1967. A total of 134 cases were reviewed. Cases in which there was no contact because the family could not be located, or casework service had not been given because another agency was involved were eliminated from the sample. If a family had previously been seen and had been reported again to the protective services unit, the second period of activity was studied. The records were brief and specific, and it was generally possible to secure the necessary data.

Variables in the family situation were: family structure, interpersonal factors in the family, behavior patterns of parents, and major family problems.

Family structure included the number of children, whether there was only one parent present, and whether there was a stepparent in the home.

In the area of interpersonal relationships, we were not able to determine parent-child interaction from the records. A marital disturbance was noted if there was extreme conflict or extra-marital relations which were damaging to children were present.

Both parents were almost always interviewed and the caseworker recorded her impressions of their behavior. From these records we completed Wineberger and Smith's (15) three classifications of parents' behavior. "Inadequate" refers to the immature or mentally dull parent. "Disturbed" denotes marked emotional disturbance or mental illness. Some of the parents had a clinical diagnosis of mental illness while others exhibited such deviant behavior that disturbance was evident to the caseworker. "Alcoholic" denotes a severe drinking problem. Only one of these three types were to be indicated, so if a drinking problem accompanied one of the other states, it had to be of great severity to take precedence over the other classification.

Three problem areas in the familys' lives were so prominent in discussion in the records that they were tallied

separately. Economic problems principally concerned inadequate income or poor management. Housing problems included overcrowding, unsanitary and generally inadequate accommodations. Health problems might be those of either parents or children.

The problems reported to the agency in regard to the care and training of children were classified in four categories. "Abuse" denotes acting out on the part of the parent against the child. This might be excessive punishment, "battering" or sexual molestation. "Poor training methods and emotional neglect" covers deficiency in child rearing and emotional cruelty or rejection. "Inadequate physical care" is often a matter reported by the community when a child is seen to be poorly fed, clothed or lacking in medical care. This term does not imply intent. "Lack of supervision" is such a frequent complaint that it was listed separately. Leaving children unsupervised in the home is the usual complaint. Another matter of complaint about supervision is when children are destructive of property.

The variables identified could then be compared to families showing progress and families showing no progress. The rating of progress or no progress was determined by accepting the caseworker's evaluation which was included on the closing sheet of the case. Two other classifications were also made if present, court action, and family mobility.

The two variables involved in the casework intervention are immediate or delayed service, and intensity of service. Seven days or less was called immediate service. Number of casework and homemaker contacts were counted together to arrive at a gauge of intensity of service.

ANALYSIS OF DATA

The data analysis was from fifty-three case records of families which had received casework and homemaker services by the Genessee County Protective Service unit after referral on complaint of child neglect or abuse. These cases could be divided into two groups, those showing progress and those showing no progress, according to the evaluation of the worker who prepared the record. Thirty-seven, about 70 per cent of the sample showed progress and sixteen or 30 per cent showed no progress.

Problems existed and investigations were conducted in an additional sixty-one cases, but the records contained insufficient data for study. Court action was already underway in twelve cases; twenty-three cases were currently involved with other agencies and were referred back to them; eleven cases were deemed inappropriate referrals; sixteen families had moved before contact was made and in nine other cases, neglect existed but the families were making an effort to solve the problems themselves.

Ten other families in the sample had been given casework service, but were eventually referred for court action by protective services. The reasons for referral to court vary; abandonment of child, death of parent or guardian, hospitalization of parent or physical abuse (N3). These ten, in which a change of guardianship was made, were eliminated from the analysis because the "progress" on behalf of the

child was not an improvement within the family because of casework. However, the same amount of casework effort was given these as cases showing progress, but not going to court (13.1 mean number of contacts). Among the fifty-three cases that remained in the protective services system, the effect of timing of service upon the outcome of the treatment was tested. A Chi-square test was made for differences in the proportions showing no progress among those who received service within seven days after referral, compared with those given service a week or more after referral.

The results of this comparison are shown on Table 1.

TABLE 1.--Comparison of outcomes for cases with immediate and delayed service.

Timing of Service	Outcomes		
	Progress	No Progress	Total
Immediate	15	9	24
Delayed	22	7	29
TOTAL	37	16	53

$$\chi^2 = 1.1, df = 1, p. = .30.$$

The result of the test is there is no significant difference in outcome from those who were given immediate treatment compared with those receiving delayed service,

although there was a tendency to give those who show no progress the more immediate treatment.

The effect of the number of casework contacts given on differences in outcome was tested using a t test. The null hypothesis is that progress is not related to casework contacts.

The mean number of casework contacts given to families showing progress is 13.50; the mean number of casework contacts given to those not showing progress is 5.75. The difference of 7.75 casework contacts yielded a t of 2.2253, significant at the .05 level.

The question is raised whether there is more effort made when certain characteristics are present or whether progress depends on effort alone, independent of characteristics. The average amount of casework effort given when a characteristic was recorded and compared with the average casework effort made when the characteristic was not recorded. The numbers and average contacts are contained in Table 2.

Due to the large variation in number of casework contacts (range between one and fifty-five) there were no significant differences in the means at the .05 level. However, there were strong tendencies toward more casework services when there were marital conflict, economic, health, housing and alcoholism problems. There were tendencies toward fewer contacts when the problems were abuse, psychosis

TABLE 2.--Comparison of case work contacts: absence and presence of family characteristics or problems.*

Comparison	Present		Absent	
	N	Mean Contacts	N	Mean Contacts
Family Structure:				
Single Parent	12	7.142	41	12.71
Step Parent	**	**	**	**
Family Size: 5 or more children	20	9.9	33	11.0
Behavior of Parents:				
Inadequate	29	10.3	26	12.0
Disturbed	21	9.4	32	12.34
Alcoholic	15	16.6	38	8.5
Family Problem:				
Economic	31	15.68	22	7.96
Health	16	14.5	37	9.76
Housing	21	12.7	32	10.0
Interpersonal Relations				
Marital conflict	20	14.1	33	9.4
Parent child abuse	12	6.75	41	12.40
Multiple problems#	21	11.2	30	9.3

*None of the differences in means are significant at the .05 according to a t test.

**Insufficient numbers

#Combination of lack of supervision, poor training methods and emotional care, inadequate physical care, in contrast to a single problem in child care.

in one or both parents, single parent families. Some characteristics may vary together to account for overall greater efforts in some cases, but there were not enough cases for this type of analysis.

Because of the strong tendency for more service for some characteristics, even though not significantly different at the .05 level, it was impossible to test conclusively whether the characteristics or the amount of casework effort was more conducive to successful outcome. However, the effect of family characteristic on outcome was tested. The presence of the characteristic in the diagnostic data was counted and compared with the number not present in each of the categories, progress or no progress. There was no significant effect on progress at the .05 level if the characteristic was family size, health problem, multiple problem in child care, or housing (although housing showed an effect on successful outcome at the .12 level of significance).

There was significant effect on successful outcome if the characteristics were single parent family, economic problems, alcoholism in one or both parents, or marital conflict.

The results of these tests are shown in Tables 3 through 6.

TABLE 3.--Relationship of single parent family to progress.

Characteristic	Outcome*		Total
	Progress	No Progress	
Single parent family	11	1	12
Not a single parent family	26	15	41
TOTAL	37	16	53

* Fisher exact probability test used $p=.0002$

TABLE 4.--Relationship of economic problem to progress.

Characteristic	Outcome		Total
	Progress	No Progress	
Economic problem	19	3	22
No Economic problem	18	13	31
TOTAL	37	16	53

$\chi^2 = 4.821$, $df = 1$, $p.05$

TABLE 5.--Relationship of alcoholism to progress.

Characteristic	Outcome*		Total
	Progress	No Progress	
Alcoholic Parent	12	3	15
Parent not alcoholic	25	18	38
TOTAL	37	16	53

*Fisher exact probability test p.005.

TABLE 6.--Relationship of marital conflict to progress.

Characteristic	Outcome		Total
	Progress	No Progress	
Marital conflict	17	3	20
No conflict	20	13	33
TOTAL	37	16	53

$$\chi^2 = 3.961, df = 1, p = .05$$

There was a negative effect on progress if there was psychosis in one or more parent. The negative effect on progress if there was child abuse was significant at the .12 level.

The results are shown in Tables 7 and 8.

TABLE 7.--Relationship of psychosis to progress.

Characteristic	Outcome		Total
	Progress	No Progress	
Psychosis	10	11	21
No psychosis	27	5	32
TOTAL	37	36	53

$$x^2 = 6.477, df = 1, p. = .01$$

TABLE 8.--Relationship of child abuse to progress.

Characteristic	Outcome*		Total
	Progress	No Progress	
Abuse	6	6	12
No abuse	31	10	41
TOTAL	37	16	53

*Fisher exact probability test p. .123.

Mobility, the disappearance of the family from the scene, was in evidence in a number of records. Sixteen, noted before, were never found, seven more left town before the cases were closed. Six of these seven were classified as no progress.

CONCLUSIONS

An attempt was made in this study to isolate some characteristics of families receiving protective services which are related to improvement. The family characteristics chosen were representative of functional elements in the system of interacting forces which maintain a family. It is recognized that the characteristics in the study are much too global to assist in individual family diagnosis and treatment, but they indicate the direction of services being provided and the likelihood of response given these characteristics.

It was necessary to assess the effect of two agency introduced variables, delay in treatment and difference in intensity of casework treatment, to see how these variables by themselves affect the outcome of protective services.

Delay in investigation of referred families does not affect the outcome of the case, providing the family is then given casework service. In fact, those families which showed more serious problems were investigated more promptly but subsequently showed less progress.

Nearly one-fifth of the cases closed in the study period were lost to protective services because of mobility. Sixteen of these families were never located, probably because they were sought after a delay of more than one week

after reporting. Only one out of seven of the mobile families which were located and were given casework services for a short time were classified as showing progress. It is possible that mobile families are less responsive to community standards, but it is also clear that mobile families are not being affected to a great extent by protective services.

The amount of casework given is related to the outcome of the service. It was found there is a significant difference in casework effort given to families who show a "progress" diagnosis; an average 7.5 more casework contacts were given them.

More than half of the 134 cases in the study group were not given direct service, and there is insufficient data about these families to describe them. It is therefore, impossible to arrive at a fair estimate of the characteristics of the whole population of maltreating families.

However, information from the records of the remaining fifty-three point to family characteristics or problems which get more casework effort.

There was a tendency to give more service when marital conflict was identified, when economic, health and housing problems were identified, and when one or more parents was alcoholic. These characteristics also have a positive effect on successful outcome of protective services.

There were fewer contacts made when there was abuse of a child and when there is psychosis in one or more parents.

These characteristics had a negative effect on outcome; progress or no progress as a result of protective services.

Only the single parent family got fewer contacts and yet had a better likelihood of success.

One might tentatively conclude there is a tendency to give more services when defined problems, such as housing, health, economic difficulties, exist and where there is leverage for help, e.g., interacting parties in the case of marital conflict. The development of services like family groups and homemakers indicate there is belief that intact families are in need of these services and are responsive to them.

In contrast, families which show less interaction, one parent families, families which act out by abusing physically, where there is psychosis, the intense casework effort is not made and the family is less likely to show progress (except the one parent families).

It is especially noteworthy that where abuse of children occurs, less casework is given. It is suggested in research on abuse that it is minimally treatable, and that it is closely associated with psychosis. In the study group, however, out of twenty cases of abuse, only half of the families had psychotic parents and these were evenly divided among progressing and non-progressing groups (proportionately more among non-progressing but not missing among those progressing).

The data do not bear out the idea the abusing parents are less likely to respond to protective service, because

it is evident the casework effort has not been made to the same extent that it has for other characteristics. How to make and keep effective contact with abusing families is admittedly a large problem, especially in cases that do not constitute legal neglect.

The protective services unit is apparently not reaching many families which have severe disturbances or are mobile. In view of the time-limited service, the minimal referral resources, the concentration of the workers for treatment of more accessible families is the more productive use. But it still leaves to the domain of the courts many cases which may benefit from preventive service if the resources could be allocated for it.

The question of which of the family characteristics would be more treatable is not fully settled because of the differences in casework effort made.

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