

Responding to Ethnicity: a Cross-national Evaluation of Social Work Responses in Child Protection Cases

Mari Froslund, Ulla Jergeby, Haluk Soydan & Charlotte Williams

Mari Froslund, Ulla Jergeby & Haluk Soydan are respectively research assistant, senior researcher and research director at the Centre for Evaluation of Social Services, Stockholm. Charlotte Williams is a Lecturer in Social Work at the University of Wales, Bangor.

Background

This article is based on empirical data collected in the ‘Cross-National Vignette Project’, and reports only a small part of the data available. The empirical material was collected by national researchers using the same instrument in Denmark, Germany, Sweden, Texas in the USA and the United Kingdom. The main purposes of the Cross-National Vignette Project were:

- to compare how social workers in different countries assess cases outlined in vignettes;
- to compare social workers’ processing of majority population families and ethnic minority families, respectively;
- to test the ability of the vignette design in cross-national studies.

The aim of this article is to present the findings on how social workers in the respective countries respond to the information in a vignette. More specifically, we follow respondents’ first reactions to the vignette information throughout the three-stage development of the case and go on to compare respondents’ assessment of families with ethnic-minority status and majority-population families, respectively.

Some pitfalls of cross national studies

A number of pitfalls beset cross-national studies. Firstly, the greater the differences between countries in terms of social structural factors and cultural constructs, the harder it is to standardise the data collection instrument. For instance, differences between welfare and legal systems necessitate careful and appropriate modelling of questions relevant to all the systems. One consequence of these dissimilarities is that, frequently, only open-ended questions can be used to give respondents a fair chance to respond adequately. Avoiding this pitfall while maximising cross-national comparability requires a good deal of agreement between the researchers on the meaning of statements. Close collaboration between the research team in this study enhanced inter-country reliability. Secondly, the organisation of child protection services varies within and between the countries of study. For example, investigation of a case might be dealt with separately from the therapeutic intervention stage, or both stages might be handled by the same unit or the same professionals of the agency.

A third problem is created by the diversity of the participating research units. Often, research groups or units operate under very different working conditions in respect of factors such as administration, finances and workload. In Sweden the study was conducted in the evaluation research unit of the National Board of Health and Welfare, while in the other countries, university-based researchers with very different resource bases participated. In addition differences in the working environment of the social work respondents might influence their motivation to participate. In some countries high workloads made it difficult to find respondents willing to spend an hour or two on the questionnaires.

A fourth problem in cross-national studies is that of language differences. Language is strongly related to the cultural context in such a way that words, phrases and expressions generate very specific connotations. Even when we believe we understand a foreign language there are always diverse interpretations of unfamiliar words and expressions.

These and other factors generate problems of comparability and require the full co-operation of the researchers. Overall this study established a high level of consensus in interpreting the material. The article documents those instances where any divergences occurred.
Data collection procedure

The data was collected in particular cities in Denmark, Germany, Sweden, Texas, USA and the United Kingdom, from late 1998 to 2000. The respondents were social workers in the child and adolescent care and protection services. In Sweden 201 social workers responded to the vignette, in the UK 178, in Denmark 133, in Germany 201 and in Texas 156.

The researchers gathered the social workers together in small groups. The aim of the study was explained and the questionnaires distributed. The social workers sat together when answering the questionnaire but were required not to communicate with each other during the session. One or two researchers were available to answer respondents’ questions. The time taken to fill in the questionnaire varied from 35 minutes to two hours, the majority taking one hour. Ideally, the questionnaires were completely anonymous. However, in some data collection sites they were distributed by the staff of an agency and the social workers returned them to the researchers when completed. Variation in data collection procedures might contribute to some methodological weakness\(^2\). However, it is our assessment that the results are not seriously compromised. The categorisation of answers to the open-ended questions is based on themes identified in the empirical material. It is not suggested that the material is entirely representative of each of the countries as a whole. In Sweden at least, child protection varies greatly between municipal authorities (Östberg et al., 1999).

The vignette

In a vignette study, the starting point is a short description of a person, a situation or course of events with reference to what are thought to be important factors in decision-making or assessing social phenomena. The story is followed by a number of questions/statements for the respondent to react to (Alexander & Becker, 1978: p. 94). The vignette describes circumstances related to a four-year old child who is assumed to be exposed to maltreatment. A split method was used: the same case was introduced in two versions - one carrying the name of a boy common to the country in question and the other the name Ali Habib. Half the respondents considered a majority-population family and the other half the ethnic-minority family.

A case (vignette) developing in three stages was introduced and then followed up with sets of pertinent questions, standardised as well as open-ended, with the purpose of exploring social workers’ understanding, judgement and action.

The questions that followed the vignette were about:
- assessment of the reliability of the vignette information;
- actual work strategies concerning methods appropriate to the case;
- decision-making processes;
- co-operation and consulting within and outside the agency;
- appropriate contributions to problem-solving;

The three-stages vignette was formulated as follows:

**Stage 1**
The nurse calls CPS about Eric Anderson/Ali Habib\(^3\). The nurse has been told by a patient that there is a boy in the area, about four years old, whose parents don’t seem to be looking after him properly. Eric/Ali is allowed to be out late in the evenings. Sometimes the parents seem to leave him alone at home when they go shopping. The parents are a young couple, just over 20.

**Stage 2**
Some months later the agency gets a call about the same family: A neighbour of Mr. and Mrs. Anderson/Habib has called the manager of the agency saying that she often hears a small boy screaming in one of the houses. The other day she saw the father hit the boy hard. The boy had broken a window when he was playing football with some older boys. The father got very upset, shouted and hit the boy. It was not the first time she was witness to the father getting rough with the boy.

**Stage 3**
Six months later: the nurse found several bruises on the boy’s back and some burn marks on his cheek and arm on his last visit. The parents say that Eric/Ali often falls over and bruises himself because he is a very active boy. He got the burn marks from running into a cigarette. At the visit to the nurse it turned out that Eric/Ali had lost weight over the previous six months. Eric’s/Ali’s mother said that recently
the boy had had poor appetite and often been ill.

Literature base

In 1993 the same vignette technique was used in a cross-national study comparing social workers’ assessments of the case of a child at risk in Sweden and the United Kingdom (Soydan, 1995). In that study, one leading feature of the data was that a considerable number of social workers in the United Kingdom immediately thought the information about the family might be false or malicious, especially the information about the immigrant family. Respondents hesitated and asked for more particulars. The Swedish social workers were more inclined to accept the information at face value.

As soon as a report about suspected child maltreatment reaches a social work agency, the social worker in charge has to make a judgement about risk factors that may contribute to harming the child. The social workers’ first reactions to the different stages of the vignette illustrate how far their intention aimed to prevent further maltreatment. Their own work experience and their knowledge about risk factors contribute to the decision-making. There are also legislative rules, guidance and procedures in handling cases that affect decisions and the steps taken. Hopefully research is a further source of knowledge for social workers in the countries under study. Experience, formal procedures and empirical knowledge thus constitute the primary ground for risk assessments about children’s well-being.

Furthermore, an extensive body of literature dealing with questions of child neglect, abuse and protection is available throughout the world. Journals specifically committed to different aspects of child welfare and protection show that children’s well-being is an important issue in social work practice as well as in other professional practice. Literature reviews detailing the results of empirical studies on child protection and interventions are regularly published (e.g. MacDonald, Maluccio et al., 2000; Howing et al., 1989; Corcoran, 2000; Poetner et al., 2000; Kendrick et al., 2000). Some of the literature is devoted to structural data such as the number of children reported to social services and the professional response to the reports (i.e. Parton et al., 1997; Wolock & Schlesinger, 2000; Welbourne, 2000). Other studies approach issues of definition and concepts of when to define a problem, for example neglect, significant harm or abuse as diagnoses and bases for intervention (e.g. English, 1998; McMahon, 1998; Ferguson & O’Reilly, 2000). There is also a comprehensive theoretical literature on the working processes of child protection, such as the assessment process (Horwath, 2001; Hagedon, 1995). The concept of child protection implies a concern with preventing children from experiencing harm and abuse, as emerges from studies on preventive measures and early intervention (Guterman, 2001; Gilligan, 2001; Tanner & Turney, 2000; Fraser et al., 2000; Brandon, 2000; McCarrt Hess et al., 2000; Warren, 1997). The intention of preventive and early interventions is to promote good and effective parenting practice in order to reduce damaging and abusive parenting (Naughton & Heath, 2001). The preventive philosophy includes examples of community development projects to promote child and family development (i.e.: Cannan & Warren, 1997; Soydan, Boruch & Lavenburg, 2002).

The examples of the literature on child welfare mentioned above all give a relevant framework to the empirical material in this study. In this article (focusing on the first reaction to three information inflows on a case of child maltreatment) - our theoretical assumptions relate specifically to the assessment process: do social workers assess the case in a professional way at first sight, and if they do, are they of a similar opinion? In some studies the empirical data indicates that social workers attribute different degrees of severity when faced with similar cases, and subsequently use a variety of working steps in their processing of a case (Rossi et al., 1999: Schuerman et al., 1999; Östberg et al., 1999; Little, 1999).

There are, therefore, a number of possible explanations as to why assessments and decision-making differ among social workers. Important elements for analysis are:

- structural conditions, dependent on the socio-cultural environment;
- social workers’ knowledge of efficient and effective interventions;
- different courses of action depending on available supportive interventions;
- social workers’ own experience of similar cases;
- the working culture within the agency (i.e.: cooperation with other agencies and experts);
- the role of the social worker (case worker, pure investigator or case manager).
A common aim of child protection in the countries under study is to facilitate family preservation as much as possible and to promote the welfare of the child. Hence the social worker is duty bound to provide any support available to protect a child from harm while remaining in her or his own family. If this proves impossible, coercive and other measures need to be taken. The assessment process is therefore fundamentally contradictory as it might be difficult for the social worker in practice to regard preservation and protection as complementary goals (Lindsey, 1994). In the absence of sound evidence of the effectiveness of family preservation programmes in either protecting children or keeping families together, the assessment process is bound to be uncertain and ad hoc.

Our data is not aimed at assessing outcomes for the child. We seek to point to similarities as well as differences within and between countries in terms of social workers’ first reactions to the information they face.

Results

How did social workers react to the vignette information in the initial stage?
In this section we track respondents’ first reactions to information as it was given through three stages of the vignette. We compare results from the countries under study. We begin with the initial vignette stage.

As mentioned above, in an earlier vignette study (Soydan, 1995) two types of reaction dominated the empirical material in the main, yielded by open-ended questions used to follow up respondents’ first reactions. One type was to accept the information as reliable and then take necessary steps to process the case. The other type was immediate hesitation about the reliability of the information and consideration of a search for supplementary information. Following the results of the previous study, these two types of reaction were included as structured alternatives in the follow-up question. In addition, two more response alternatives were included. Thus, in this section we presented three possible responses to the question: ‘What are you thinking in response to this information?’ as follows:
- There is no problem and accordingly no need to act.
- There may be a problem, but I need to confirm the reliability of the information.
- There is a problem and I would start working on the case.

As in the earlier study comparing Sweden and the UK, the British social workers in the present study showed a more cautious reaction to the information. This was also the case in the comparison with all the countries even though the majority of respondents in all the samples had a cautious attitude to the information. More social workers in Denmark than elsewhere responded with statements that they would tackle the case.
directly. As the reader will already have noted, the first stage of the vignette gives diffuse information, conveyed to the social worker at second hand; hence an overwhelming majority considered that there was reason to check the information, a result consonant with a more professional approach.

There were thus two main strands of reaction to the first information in the various countries: to get the information confirmed or to accept it. Even though the report to the social workers was not considered serious enough to represent a risk situation for the child, the social workers needed to make an assessment regarding the family’s situation, in this case to determine how reliable the information was. Assessing risk on the basis of a report is naturally a hard thing to do, as confirmed in previous studies (e.g. Parton et al., 1997; Berrick et al., 1998).

Did these two main lines of approach mean that the subsequent work, which in both cases involved gathering information, differed? Follow-up questions to the first reaction concerned what information should be sought (those inclined to wait), and how work on the case would proceed. Most answered this question by stating the source from which they would seek information.

The most important job both for those who wished to investigate the reliability and for those who intended to start working on the case was thus to collect information regarding the factual content. Some important sources were mentioned in all the countries: families, the informant and others who may have had knowledge of the family, when the respondents wished to test the credibility of the report. Different sources were foremost in different countries of study, however, for each reason the routes to information on the situation appeared to differ somewhat.

In Sweden it was chiefly particulars from and about the informant that were sought so as to gain information on the latter’s credibility. As a Swedish respondent expressed it: “Need more tangible information - who is the client? Is there a conflict between client and family? How reliable is the client?” (S99). In the German results the stress was on particulars from and about the informant and from the family: “A discussion with the parents (home visit if possible). Information via neighbour on verified observation. Try to see the boy to gain a general impression” (G43). In Denmark, too, the social workers were interested in the family’s own information but also particulars from others: “I need to talk to the parents and the boy and possibly talk to day care about the boy” (D23). In the UK sample it is particulars of and from the informant but, as in Denmark, also from other organisations: “Speak to the general practitioner and the nursery to establish their knowledge of the family” (UK108).

The result hints that it was by no means obvious that contact should be made with the family when gathering information. In many cases the social worker was content to contact the informant/reporter and/or some institution, e.g. child welfare.

Among those who decided to start work on the case directly, however, a considerably larger proportion contacted the family. Over and above those who mentioned family contact directly, the family was also contacted by social workers who stated that they were considering a formal investigation, and naturally also by those who were considering support to the family. Contacting the informant/reporter was not, however, as common among those who accepted the information. On this point a larger proportion of the German respondents than of the others considered some form of support intervention to be offered to the family when they were contacted (Jerseby & Soydan, 2002).

How did social workers’ reactions develop as the case got more serious?

As the vignette scenario develops over time and more information flows in, the character of the case becomes clearer and the reliability ascribed to the information increases. At Stages 2 and 3 of the vignette the social workers were asked to describe their reactions to the information. The second stage gave more adequate and tangible information. The social workers answered the open-ended question in their own words, and the categorisation emanates from their answers.

Stage Two

In Stage 2, several different reactions emerged, social workers in the different countries showing both similar and different types of reaction.

A fairly large proportion of the respondents in all the countries considered that they should seek more information through direct contact with the family or other informants; or that they should initiate a formal investigation, introduce a case conference or establish a safety plan for the child.
This procedure includes information gathering from the family and others in order to make an assessment of the family’s situation. All these alternatives are included in the category ‘seek more information’ in Figure 2. The diagram also shows that a proportion of social workers mentioned, in different words, that it was important to act in some way to help the family, without specifying how (‘urgency to act’). In this category they may also have directly suggested some form of intervention, which was most characteristic for the German material. This is a category that indicates that the social workers viewed some form of action/intervention as necessary. “I am considering family treatment/advice, since the parents seem to be short of tools” one social worker put it.

However the predominant pattern was for the reactions to the vignette information to show a need for more facts on the family’s and the boy’s situations, via the family itself or via others.

In Germany, a larger proportion than elsewhere mentioned the urgency of action and they also often mentioned a possible need for intervention. “I would seek a discussion with the parents as quickly as possible since here the person with parental authority is not reacting suitably to the child’s conduct, and to avoid greater injury to the child. Support from social-pedagogical family assistance should be initiated in consultation with the family in order to facilitate alternative ways for the father to react” (G55). In a special analysis of the social workers’ proposals for steps to be taken after the vignette stimulus, it emerged that the German social workers, to a considerably higher degree than the social workers in other countries, were inclined to propose specific interventions, particularly in the first two stages (Jergeby & Soydan, 2002).

In Texas as many as 29 percent of the respondents focused on the type of injury the boy had got, whether the marks were visible, how he had been beaten and whether objects had been used in the maltreatment. “How often is the little boy hit and with what objects (belt, shoe, whip)? Does the child have bruises as a result?” (T32) This reaction was expressed by only a few social workers in other countries. In the UK there was still a small proportion (6 percent) who expressed some scepticism regarding the report because misunderstanding or maliciousness might have been behind it.

In Sweden and Denmark a few social workers gave only an emotional reaction to the situation. They said nothing about whether they needed to act or what they would do. However this does not mean they did not intend to act; the category was rather an expression of a personal feeling which may be considered as departing form their professional reaction. “Oh no, it is difficult to understand how someone could hit a child!” (D34)

Between 10 and 20 percent of the respondents in the countries except Germany reacted only by defining the problem in the situation. However significantly more of the respondents in all the countries, while defining the problem, also gave an answer under one of the above categories.

Stage Three
When we reach Stage 3 where the information

![Figure 2. Respondents’ reaction at the second stage (in percentage of country totals)](image)
indicates that the boy has in fact been subjected to significant harm, the social workers’ reactions to the information lent increasingly towards some form of specific action. (See stage 3 stimulus)

It is important to note that we are dealing here with the social workers’ own formulation, which are both personally and bureaucratically/culturally shaped by their work situation. That someone mentions starting an investigation which itself means seeking facts may very well mean that the idea of deciding on a coercive measure exists in the background: all such measures require an investigation and a decision. Thus one social worker reacted by describing the route to a decision while another saw before them an immediate decision on coercive or supportive intervention as a reaction to the information in the vignette.

The third situation generally caused the social workers to make statements more clearly inclined to take action. Their reactions still focused partly on the search for information but the category was now dominated by statements relating to formal investigation and, in the UK, on case conferences. A few alternative actions also emerged particularly, to protect the child. Within countries there was a divergence of opinion with on the one hand proposals for more extensive intervention, placement and intensive therapeutic-pedagogical treatment and on the other continued collection of information (investigation) or some fairly minor intervention. Some respondents in each country mentioned consultation with the police and/or medical expertise, which was more common in Germany and the UK. The vignette mentions appreciable symptoms that may have to do with maltreatment and may need to be assessed by medical expertise.

In the third vignette situation it is thus, as earlier, possible to distinguish similarities as well as differences between the countries. One similarity is that the social workers show the same types of action on the information given in the vignettes. By same types is meant that the reactions can in general be categorised under the same overall headings.

However, there was no direct agreement within each country. It is interesting that there was a fair variation in how the social workers reacted to the same situation. The answers in all countries ranged from continuing to collect information/investigate with no other alternative mentioned to considering a separation of the boy from his home. “Initiate a child protection investigation. Seek legal advice.” (UK65). “Possible placement away from parents. Emergency Case Conference. The child’s safety is paramount. I now have strong concern over his welfare and he needs protection” (UK80).

In the UK sample the social workers concentrated primarily on investigation and consultation of/discussion with other experts (e.g. Case Conference), while mention of more controlling interventions was less common than in the other

![Figure 3: Respondents’ first reaction at the last stage (in percent of the country totals)](chart)

<table>
<thead>
<tr>
<th>Country</th>
<th>Percent Distribution</th>
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<tbody>
<tr>
<td>Sweden</td>
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<tr>
<td>UK</td>
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<tr>
<td>Denmark</td>
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<td>Texas</td>
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<td>Germany</td>
<td>123</td>
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Legend:
- Coercive measure, removal, Kontrolle
- Formal investigation, more information
- Medical and/or Police consultation
- Urgency to act, support, need of help

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countries. However there was also a spread in the reactions in the UK. Some reacted emotionally, some investigated and others mentioned that it was important to act, to offer some form of intervention. Eleven percent mentioned placement of the child, but this does not mean that the others considered the child’s situation could remain pending during the investigation. Here, too, the child could be placed under investigation.

In Denmark close to 40 percent mentioned some form of placement of the child, and Texas social workers (35 percent) also mentioned such protective measures, most often placement.

It appeared that the German social workers were most anxious to initiate coercive measures but in the German expression Kontrolle there is an element of intensive pedagogical contact in the home or in some form of institutional therapeutic activity. This was also manifest when we asked whether the social workers believed the child could remain in his family with support from the social services (Fig. 4).

Of the reactions not included in the diagram (Fig. 3), in Sweden about 14 percent of the respondents reacted with an emotional statement not linked with the action. This also occurred in the UK and Texas, where five percent of the respondents expressed personal feelings. A number of people in each country also defined the problem: in Texas a larger proportion than in the other countries gave only a problem definition (21 per cent compared with a maximum of ten percent in the others).

Both German and UK social workers were more positive towards the idea that the child could remain in the family, which concurs with the reaction in Stage 3. In these countries, 60 percent and 50 percent of the respondents, respectively, were optimistic regarding interventions other than separating the boy from his parents. In Sweden, Denmark and Texas there was more hesitation. No more than 25, 36 and 24 percent, respectively, chose the answer alternatives ‘yes’ or ‘yes, perhaps’.

To summarise, in this section we followed social workers’ first reactions to the vignette information through its three stages in the countries of study. The typical reaction to the first stage was either some degree of hesitation and efforts to collect more information to verify the report, or acceptance of the report at face value but with a willingness to seek more information to prepare further work on the case. As the case developed and more information flowed in, the social workers in general tended to go into action. However, interestingly enough, a considerable variation in how to proceed was also typical in one and the same country. The social workers’ expressions varied between emotional statements, rather unspecified gathering of information, assessing the child’s injuries, referrals to child protection procedures (case conferences, investigations), expert consultations, thoughts on or suggestions of support and finally more penetrating interventions to protect the child. All alternatives occurred at all stages in most of the countries, but with different main points.

The data allow a cautious conclusion regarding focus in the countries of study. In Germany more than elsewhere the focus is on support and intervention. In the UK and to some extent in Denmark the procedures of investigation and partnership with other agencies (in the UK the case conference) was characteristic. In Texas the concentration on proof of abuse in terms of visible

Figure 4. Positive answers to the question: Can the child remain at home with support from social services at Stage 3.
injuries was apparent, while in Sweden there was no directly dominating feature, there being some degree of all categories. The Swedish social workers reacted somewhat more often with a personal/emotional expression through Stages 2 and 3.

How did social workers process the case in relation to whether the family had an ethnic minority background?

In this section we explore findings in the empirical data that relate to the ethnic character of the child and the family. As indicated earlier a split method was used in collecting the data. At each data collection site approximately half of the respondents were given the vignette in which the child’s name indicated an ethnic minority background and the other half the one in which the child had a country-specific majority-population name. However, the method was not reliable in Texas because of the predominantly Hispanic character of the majority population in that part of the State. For this reason, Texas is excluded from the presentation of the ethnic variable.

The social workers’ reactions at the beginning of each stage regarding the ethnic status of the family in each country, as opposed to results of the earlier study, showed very small variations (see Appendix). In Stage 1 Denmark and Germany had a somewhat larger proportion who continued the search for information about the ethnic-minority family, while a somewhat larger proportion expressed a need for or proposals for action/intervention for the ‘native’ family. In Sweden the reverse was true, with a somewhat larger proportion continuing to seek information in the ‘native’ family and expressing a need for/to plan an intervention for the family with ethnic-minority names. In the UK there was no difference in reaction to the vignette variants. There was also the same type of small variation in the data on the respondents’ immediate reaction to the vignette presentation in Stages 2 and 3.

In Stage 3, for example, in the UK more (8% as against 0%) reacted only with an emotional expression regarding the family with the popular surname. Is it perhaps more upsetting when maltreatment occurs in a family of ‘majority’ origin? Was there an implication among the social workers that the events the mother said underlay the marks on the child’s body were not so upsetting in an ethnic-minority family? This we cannot answer, but more social workers (46% as against 33%) stated that they started a formal investigation for a family with a foreign sounding surname, i.e. prepared more for a procedure. In Denmark the social workers seemed more inclined to work by themselves with the Danish family. More (19% as against 8%) sought more information when dealing with a family with a Danish sounding surname. More (26% as against 7%) considered it urgent to do something, proposed intervening or said that the family needed help when dealing with a Danish-surname family. More (27% as against 9%) contacted a physician or reported to the police for the foreign-name family, which may indicate that they felt more unsure of themselves and wished to hand over the judgement to other professions. In Germany more (27% as against 14%) wished to act in the case of the boy with the German name, while there were more who only sought further information on the family with the foreign sounding name.

The most striking factor regarding immediate reactions to the message in the vignette at each stage was nevertheless that the respondents in the countries of study tended to react in similar ways regardless of the family’s ethnic background. In other words they judged their clients on similar grounds, probably with the professional attitude as the governing factor irrespective of the family’s ethnic affiliation. This main result differs from that in the earlier study (Soydan, 1995). The divergence applies particularly to the UK sample. In the earlier study, the British social workers paid great attention, at least in the first stage of the vignette, to the family’s ethnic background. A large proportion of the British respondents suspected that the report could have been malicious (because the family was from an ethnic minority), while most Swedish respondents accepted the information as reliable. A group of Swedish respondents, moreover, had reasons for their assessment, viz that the maltreatment situation was a part of the family’s culture.

At this juncture it is interesting to look closely at the problem formulation in Stage 2 of the vignette presentation. These data indicate differences in and among the countries of study.

As mentioned earlier a number of respondents defined the problem in their first reactions at Stage 2. The responses were clustered into three groups: focus on the child’s situation (Child abuse/overchastisement, boy in danger, need for
Here Sweden, the UK and Texas differed from Denmark and to some extent Germany. In the former, most social workers focused on the fact that the boy could be exposed to physical abuse or significant harm, or that he needed protection, while 56 per cent of the Danish social workers expressed the problem more in terms of poor parenting and the family’s need for help. In Germany the distribution between expressions of faulty parenting and need for help was about half each (48% and 43% respectively). A small proportion in all the countries expressed the problem in terms of cultural differences. The variations within each country found throughout the empirical material illustrate a lack of consensus regarding the approach to problem profiles in child protection cases. One result of this variation may be of significance for a future decision regarding an intervention.

An even more interesting pattern emerged when the ‘focus’ variable was cross-tabulated with the ethnicity variable. Both variables were dichotomised: focus on the child’s situation and focus on the parents’/family’s situation dichotomised the variable social worker’s focus. Minority-ethnic background and majority-population background dichotomised the ethnicity variable.

At Stage 2 the patterns formed in the fourfold tables generated interesting hypotheses. The two sets of hypotheses go in different directions; one set being represented by the UK and Sweden, and the other by Germany and Denmark. Figures

![Figure 5: Focus of problem formulation at Stage 2.](image)

Here Sweden, the UK and Texas differed from Denmark and to some extent Germany. For Germany and for Denmark, when social workers more often focused on the family, this involved majority-group families. When they focused on the child, this more often involved ethnic-minority children.

For Sweden and UK, social workers generally more often focused on the child’s situation and there was actually no outstanding relationship between their focus and the family’s ethnic background.

At Stage 3 the picture altered somewhat. Interestingly enough, the focus of German respondents changed in such a way that there was no outstanding relationship between the social workers’ focus and the family’s ethnic background. In Denmark, too, there was still no relation between the two variables. The UK continued the same tendency in both stages. The Swedish response pattern moved strongly in the same direction, becoming distinctly child-oriented.

Rather than speculating on possible sources of these differences between the countries, and on the similarities between Germany and Denmark, we prefer to formulate these findings as hypotheses that can be tested with larger empirical data sets.

**Conclusions**

This article has presented findings on how social workers in the countries of study assessed a child protection case as presented in a vignette. The
focus has been on first reactions to the vignette information throughout the three-stage development of the case, and on the possible role of family ethnic background when social workers assess the case.

In all the countries studied the typical reaction to the first-stage vignette information was either some degree of hesitation and efforts to collect more information to verify the report, or acceptance of the report at face value but with readiness to get more information to prepare the case further. As the case developed and more information flowed in, the social workers in general tended to go into action. The results show that the social workers’ responses in the countries could be clustered in the same main categories, but with different main points. Further, interestingly enough, considerable variation as to how to proceed within same country was also typical.

In addition, the first reactions to the vignette information in terms of the family’s ethnic background showed no significant differences between the countries. In other words, social workers in this empirical material made no difference between the families on the basis of ethnic background. This result deviated from the results of an earlier vignette study in which social workers’ reactions in the UK and Sweden were compared. Especially in the UK, a majority of the respondents were very hesitant about the first information and regarded the report as malicious because the family was from an ethnic minority background. In Sweden social workers accepted the information at face value.

However, for another aspect of the empirical data, namely what happens during problem formulation, which comes to the fore only during the second stage of the vignette, an interesting pattern emerges. First of all, the social workers throughout the countries could mainly be described as either family-focused or child-focused in problem formulation. These categories emerged from the empirical data, and they partly illustrate the social workers’ focus during child protection. When focusing on the maltreatment of the child and his situation the social workers concentrated on the child’s position (child protection). On the other hand, a family focus emerges from a more complex view of the situation considering the parents’ and others’ information with a risk that the child’s need is subordinated need of the adults, at least in the two first stages. Both standpoints are reasonable, and to some extent they illustrate the dilemma of protecting the child and at the same time endeavour to keep the family together.

Moreover, checking these data against the family’s ethnic background shows interesting aspects. This is particularly the case in Germany and Denmark when social workers gave more focus to the family, their focus largely involved majority-population families. Yet, when these social workers focused on the child, this more often involved ethnic-minority children. As for Sweden and the UK, social workers generally focused more on the child’s situation, and there was in fact no outstanding relationship between the social workers’ focus and the family’s ethnic background.

References

Appendix: tables

Table 1. Social workers’ first reaction, Stage 1. Percent.

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<tr>
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<th>Sweden</th>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>EM</td>
<td>I</td>
<td>Tot</td>
<td>EM</td>
<td>I</td>
</tr>
<tr>
<td>There is no problem and no need to act</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
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<tr>
<td>There may be a problem but I need to control the reliability</td>
<td>64</td>
<td>60</td>
<td>62</td>
<td>91</td>
<td>91</td>
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<tr>
<td>There is a problem and I would start working on the case</td>
<td>26</td>
<td>28</td>
<td>27</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>At the moment I see no problem but in spite of that I would take some steps</td>
<td>8</td>
<td>12</td>
<td>10</td>
<td>2</td>
<td>2</td>
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<tr>
<td>N</td>
<td>104</td>
<td>95</td>
<td>199</td>
<td>68</td>
<td>88</td>
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</table>

Table 2. Social Workers’ first reaction, Stage 3. Percent.
(The German material is coded in somewhat different variables)

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</thead>
<tbody>
<tr>
<td></td>
<td>EM</td>
<td>I</td>
<td>Tot</td>
<td>EM</td>
<td>I</td>
<td>Tot</td>
</tr>
<tr>
<td>Coercive measure, removal of child. Germany: Kontrolle</td>
<td>28</td>
<td>29</td>
<td>29</td>
<td>10</td>
<td>12</td>
<td>11</td>
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<tr>
<td>Urgency to act, family support, family in need of help</td>
<td>7</td>
<td>11</td>
<td>9</td>
<td>6</td>
<td>12</td>
<td>9</td>
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<tr>
<td>Formal investigation mentioned</td>
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<td>22</td>
<td>24</td>
<td>46</td>
<td>33</td>
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<tr>
<td>Collect more information (contact family and/or others, clarify situation)</td>
<td>7</td>
<td>3</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Medical and/or Police consultation / investigation</td>
<td>6</td>
<td>13</td>
<td>9</td>
<td>21</td>
<td>26</td>
<td>24</td>
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<tr>
<td>Only definition of problem</td>
<td>7</td>
<td>6</td>
<td>7</td>
<td>14</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Only emotional reaction</td>
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<td>13</td>
<td>14</td>
<td>0</td>
<td>8</td>
<td>5</td>
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<tr>
<td>Other answer</td>
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<td>0</td>
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<td>1</td>
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<td>104</td>
<td>96</td>
<td>200</td>
<td>79</td>
<td>95</td>
<td>174</td>
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</tbody>
</table>
Politics of Child Abuse in America, Oxford University Press.


Notes:

1. The data was collected by Marianne Skytte in Denmark, by Piotr Salustowicz and Gabi Woellfl in Germany, by Marie Forslund, Ulla Jergeby and Haluk Soydan in Sweden, by Lina Fong in Texas, and by Charlotte Williams in the United Kingdom. The project was planned and monitored by the Centre for Evaluation of Social Services in Stockholm. The principal researcher is Haluk Soydan.

2. A detailed assessment of this issue will be presented in a separate report on the methodology of the research project.

3. This name changed to suit the country under study.