

Children and families in the care of child protection officers: characteristics, needs, services and policies

Summary

In 1989 legislation mandating the reporting legislation of suspected child abuse and neglect led to an extensive growth in the number of children in the care of Child Protection Officers in Israel. This survey of the needs and the services provided to these children in four cities indicates some directions for service development. Most children in the care of CPOs suffer from neglect (half are subjected to physical neglect) rather than from physical abuse. The children are from disadvantaged families and are characterized by problematic functioning. Many of the children exhibit types of behavior that indicate emotional distress and have problems in terms of school performance.

These findings point to the need for a type of intervention that extends beyond protection and includes measures aimed at alleviating the disadvantaging circumstances and providing support for the families. The article concludes by addressing the gaps between the children's and families' needs on the one hand and the nature of the services currently being provided on the other.

Introduction

During the past two decades, Israel has witnessed an increase in public awareness of issues related to child protection. This was stimulated both by extensive lobbying on the part of voluntary and advocacy organizations and by extensive publicity and exposure of several cases of severe abuse and neglect. Publicity reached its peak in 1989. At that time, a three-year-old girl called Moran died after having been brutally abused by her uncle. In a series of news reports it was established that although teachers, neighbors and friends had been aware of the girl's plight, they failed to intervene or to report to child protection or welfare authorities. This tragedy led to the passage of the Law for the Protection of the Helpless (Amendment 26 to the Penal Code) in November of that year. In this item of legislation, which is essentially a mandated reporting statute similar to those in the U.S., child maltreatment is recognized as a separate criminal offense for the first time.

During the years following the new legislation, publicity awarded to abused and neglected children remained extensive. The numbers of children reported to the child protection system increased dramatically. According to estimates provided by the head of the child protection services in the Ministry of Labor and Social Affairs, approximately 14,000 children were in the care of child protection officers in 1994 compared with 4,000 in 1989 (Wiesel, 1990).

The growth in the numbers of reported cases resulted in the need to invest increasing resources in investigation and assessment of risk. It also led to the need to provide immediate protection to a growing number of children. In light of these needs, the child protection services were expanded, new child protection officers were recruited and trained and new services, such as Emergency Centers for Children at Risk, targeted at the immediate needs of children in crisis situations, were developed.

Moreover, the growing number of reports also resulted in an increase in the identified number of children subjected to abuse and neglect who are in care of the Child Protection Services and require social service intervention. The services are therefore faced not only with the need to find these children, investigate, assess the risk and provide immediate protection, but also with the challenge of responding to the needs of the families on the longer term and provide rehabilitation and enhanced opportunities.

This paper aims to provide information that may serve as a basis for developing adequate services and interventions for children in the care of Israeli Child Protection Services. We shall begin with a brief description of the Child Protection System in Israel. This is followed by information relating to the children and the families in care of Child Protection Officers in four of Israel's largest cities and the interventions provided to them. On the basis of this information, some conclusions and directions for future development will be discussed.

Israel's child protection services

Child Protection in Israel is conceptualized and implemented as an integral part of the welfare system. This is reflected both in the legislation on which the Child Protection System is based and in the organizational structure of the actual services. Legally, Child Protection Officers are guided by two major laws: ⁽¹⁾ The Juvenile Law (Care and Supervision) enacted in 1960 and the Law for the Protection of the Helpless (26th Amendment to the Penal Code) enacted in 1989. The Juvenile Law lays down the principles and guidelines for defining and protecting children 'in need'. The Law for the Protection of the Helpless is part of the Penal Code and provides the legal framework for reporting, investigating and taking legal action against perpetrators in cases of abuse and neglect. Both these laws reflect awareness of the fact that child protection should be based on social intervention rather than on legal action alone. The Juvenile Law is based on the assumption that request for legal intervention in cases of children 'at risk' should be viewed as a last resort, after all possible measures to help the family provide adequate care for the child have been taken and had failed. The Law for the Protection of the Helpless mandates reporting and investigation of every reported case; however, despite the fact that it is part of the Penal Code, it does not mandate legal action against the alleged perpetrator. This is left at the discretion of the Child Protection Officer handling the case (Faber, 1996).

The organizational structure of the Child Protection System also reflects the conceptualization of child protection as part of the general welfare services. These services are provided under general welfare legislation (Welfare Services Law, 1958) that mandates the local authorities to provide welfare services to individuals and families in need, under the supervision and regulation of the Ministry of Labor and Social Affairs.⁽²⁾ The law does not indicate which particular services should be provided, the criteria for service provision nor the extent or sources of funding for these services. Thus, the criteria for their provision and the allocation of funding often change along with political and social interests (Katan, 1993). Children within the child protection system, just as other clients of the welfare system, are therefore dependent on the priorities and allocation policy of the ministry and to some extent that of the local authorities. Unlike elsewhere, in Israel these children and families are not entitled to specific services.

The Welfare Services Law places most of the responsibility for service provision on the local authorities, while policy is formulated on the national level. The local authorities are required to implement that policy with limited discretion as to the distribution of funds and the allocation of personnel among different social services. Child protection services are no exception to this rule. They are supervised by the Head Child Protection Officer in the Service for Children and Youth and by Regional Child Protection Officers.

Most personal social services are provided through an extensive system of social service offices that operate on a local neighborhood basis and are staffed with professional social workers, who are the major providers of direct counseling services. These workers are also responsible for the development and regulation of other programs and services, such as home help for families or after school frameworks. Child Protection Officers operate within the Local Welfare Offices. In most local authorities, Child Protection Officers are part of the neighborhood teams which also include family social workers, social workers for the elderly etc. Within these teams, Child Protection Officers act as experts on children and also serve as consultants to the staff in addition to their role in intervening with children and families according to their role and authority under the child protection legislation.

The fact that Child Protection Officers operate as part of the welfare system has implications not only with respect to the entitlement for services but also to their role in the intervention with children and families. A Child Protection Officer in a neighborhood team may become involved with a family in a consultation with a family social worker, on a temporary basis during a crisis or in the intervention as a partner of the family social worker. Of course, a Child Protection Officer may also take over the intervention in some cases. In these cases, she usually also assumes the role of the family social worker. Even when Child Protection Officers take on full responsibility for a family, the protective intervention does not always take place under a court order. In almost half of the cases in which the children were in care of child protection officers, we have found that the intervention was defined as 'in the shadow of the law'. In these cases the family is aware of the role of the Child Protection Officer and of her authority, although a court order has not been requested.

Similarly, children and families can leave the Child Protection System in several ways, including gradual shifting of responsibilities from a Child Protection Officer to a family social worker. Many of the cases reported to Child Protection Officers (around 25%) do not formally

enter the child protection system but are immediately referred to a family social worker. In other cases, a family social worker resumes care or takes responsibility for the case after the crisis situation has been handled. Thus, identifying and defining the population of children and families in care of the Israeli Child Protection System could be very difficult. In any point in time there will be children who are in the care of Child Protection Officers under a court order, others who are in care 'under the shadow of the law' and still others who maintain various relationships with child protection officers involved as consultants, in the process of investigation, or working in partnership with family social workers either at the onset of a crisis or after it. The children and families in the care of Child Protection Officers (CPOs) are generally not entitled to different services and the same services available and accessible to other children and families in the community are also available to them.

Despite the relatively loose definition of children within the Child Protection System, it is agreed that the children in the care of the CPOs, at any point in time, are the children subjected to the more extreme risk situations, and that these children require the most intensive intervention on the part of the social services. In the next chapters we will present data generated by a survey of children and families that were in the care of CPOs in four of Israel's largest cities. This information helps to map out services and policies for these children that go beyond identification and immediate protection.

The study population and design

The study included 849 children aged 0-14 in the care of Child Protection Officers and their families in Jerusalem, Beer-Sheva, Tel-Aviv and Haifa.⁽¹⁾ The study was conducted as part of an evaluation of Emergency Centers for Children 'At Risk'⁽⁴⁾ and aimed to provide background information on children in more extreme risk situations and their needs. Within the framework of the study, information was collected on all children in active care⁽⁵⁾ of CPOs in Jerusalem, Beer-Sheva and Haifa and on a sample of children in care of CPOs in Tel Aviv.⁽⁶⁾ Table 1 presents the distribution of the children on whom data was collected by city and age group. In all cities except Haifa, the age distribution represents the distribution in the general children's population. Half of the children on which data was collected are girls.

Table 1. *Children in the care of Child Protection Officers, by city and age (percentages)*

	Haifa	Tel-Aviv	Beer- Sheva	Jerusalem	Total
N. of children	128	304	131	286	849
<i>Age 0-3</i>	14	19	20	24	20
<i>Age 4-6</i>	17	28	22	25	24
<i>Age 7-11</i>	48	35	43	37	39
<i>Age 12-14</i>	21	18	15	14	17

Information on the children and their families was collected through a face to face interview with the CPO or family social worker who was directly responsible for and most familiar with the child. Information was collected via structured questionnaires which included items in the following domains.

- Socio-demographic characteristics of the children and the families.
- The parents' social functioning.
- Parental care and evidence or suspicion of maltreatment.
- The child's social, emotional and educational situation.
- Process of referral, intervention and services provided to the child and its family.
- Additional intervention and services required to provide adequate care.

Socio demographic characteristics and parental social functioning

Table 2 presents the percentage of children in each of the cities who come from families with socio-economic characteristics that have been associated with inadequate child care. As is reflected in the table, many of the children in the care of CPOs come from families that are more disadvantaged than the general population. Approximately one third of the children live in single-parent families, in which only one adult, usually the mother, is available to meet the children's needs. No more than 6% of Israel's children live in such families (Ben Arie, 1995). Poverty and disadvantage in Israel are associated with large families. Almost half of the children in the Child Protection system live in families with four or more children, compared with 17% in the general population (Ben Arie, 1995). The table also indicates that a large proportion of children come from families in which the head of the household is unemployed.

Table 2. *Socio-demographic characteristics of the children's families (percentages)*

Number of children	849
<i>single-parent family</i>	36
<i>six or more children</i>	42
<i>head of household unemployed</i>	37
<i>public housing</i>	34

Table 3 presents information on some aspects of the parents' social functioning that may affect their ability to adequately meet their children's needs. The table shows that almost half of the children have at least one parent who suffers from a severe problem that may impair his or her social functioning. The most common problems are substance abuse and diagnosed mental illness.

Table 3. *Children who have at least one parent with severe social problems (percentages)*

Number of children	849
<i>mental retardation</i>	9
<i>mental illness (diagnosed)</i>	20
<i>involved in crime or prostitution</i>	7
<i>substance abuse</i>	30
<i>at least one of these problems</i>	52

Neglect, abuse and inadequate care

The extent of the risk that children run is often assessed according to the care provided to them by their parents. Parental care provided to children was assessed by the CPO or family social worker using a series of items relating to various aspects of the parents' care for the child: meeting the child's daily physical needs (such as providing adequate food, clothing and hygiene), providing adequate supervision and a regular daily regime, monitoring and assisting the child in educational frameworks, adequate discipline (harsh punishment, embarrassing the child or belittling him or her) and adequate emotional response to the child's needs (Polansky et. al. 1981; Moses and Magura, 1986; Dolev, 1990). In addition, the CPO or social worker was asked whether proven or suspected physical or sexual abuse was taking place.

The information collected was subjected to factor analysis that yielded the categories of inadequate care presented in table 4. As is reflected in the table, and in contrast to the popular perception of children in the child protection system, most children are not subjected to proven or even suspected physical or sexual abuse. However, two thirds of the children are inadequately disciplined; in some cases this inadequate discipline may also include emotional abuse. It is interesting to note that the percentage of children subjected to proven physical abuse increases with the children's age, while the percentage subjected to suspected abuse decreases in the older age groups.

Most of the children are subjected to some form of neglect, or failure of the parents to adequately meet their needs. Almost 50% are physically neglected and at least one of their basic daily needs is not being met on a regular basis. An even larger proportion of children lack adequate supervision, are frequently left alone and do not live under a regular daily regime. According to the social workers' and child protection officers' assessments, the vast majority of these children are educationally and emotionally neglected.

Table 4. *Children receiving inadequate care from their parents, by age group (percentages)*

Number of children	Age 12-14 141	Age 7-11 330	Age 4-6 207	Age 0-3 849	Total 170
<i>physical abuse proven</i>	34	15	13	8	16
<i>suspected</i>	9	18	17	16	16
<i>sexual abuse proven</i>	2	1	2		1
<i>suspected</i>	17	16	9	2	12
<i>inappropriate discipline</i>	79	68	67	48	66
<i>physical neglect</i>	41	51	48	56	49
<i>inadequate supervision</i>	74	78	75	67	74
<i>educational neglect</i>	61	61	37	7	44
<i>inadequate emotional response</i>	79	83	84	67	79

The children's social and emotional well-being and educational Performance

The children's living conditions and the extent to which their needs in many areas remain unfulfilled may influence their social and emotional well-being and their ability to achieve age-appropriate goals. We asked the child protection officers to indicate the extent to which children, aged four through 14, exhibit each of 17 types of behavior that indicate emotional distress or well-being and each of 11 types of behavior that indicate social adjustment or maladjustment.

The items were extracted from conventional scales measuring emotional adjustment (such as CBCL, Achenbach and Edelbrock, 1983), from social workers' files describing children's behaviors and through discussions with child welfare professionals. The items were subjected to a factor analysis that yielded the categories of emotional and social distress presented in table 5.

As is indicated by the table, most children exhibit behaviors which indicate emotional distress. It is interesting to note that the majority exhibit types of behavior related to depression, low self-esteem, apathy or behavior inappropriate to age, while a smaller proportion of the children exhibit disruptive behaviors such as aggression. Children in the child protection system appear to be a sad introverted group.

A smaller proportion of the children exhibit behaviors relating to social maladjustment. Also in this area, most of the children seem to have problems in forming relationships with children and adults, while less than half exhibit some type of anti-social or aggressive behavior. The proportion of children who exhibit both social and emotional problems increases with age category.

Table 5. *children (ages 4-14) who exhibit behaviors indicating emotional and social problems, by age group (percentages)*

	Age 12-14	Age 7-11	Age 4-6	Total
Number of children	141	330	207	678
<i>emotional problems</i>				
depressed, low self esteem	86	75	61	73
apathetic, disinterested	61	55	44	53
aggressive, undisciplined	52	40	34	29
somatic symptoms	35	25	31	67
behavior inappropriate for age	70	56	34	54
<i>social problems</i>				
problems in forming relationships	69	58	43	56
anti-social behavior	49	41	32	40
scapegoat and clings to adults	45	36	31	36

Table 6 presents information on the percentages of children of school age (7-14) who, according to the CPOs' or social workers' assessments, have problems with behavior at school or related to school performance. As indicated, one third of the children were reported to have behavioral problems at school and half do not do what is required of them at school (such as doing homework, participating in the lessons etc.). A substantial proportion of the children, and one that increases with age category, do not achieve the results appropriate to their grade level. This is not accounted for by the proportion of children who suffer from a learning disability. Again, the percentage of children with problems related to school performance is higher among the older children.

Table 6. *Children (ages 7-14) who have problems related to school performance, by age group (percentages)*

	Age 12-14	Age 7-11	Total
Number of children	141	330	471
<i>behavior problems at school</i>	57	45	32
<i>does not fulfill obligations</i>	44	27	48
<i>achievement below grade level</i>	61	52	54
<i>less than two years</i>	40	42	41
<i>more than two years</i>	21	10	13
<i>diagnosed learning disability</i>	27	20	22

The data portrays a population of families characterized by disadvantaged circumstances, a relatively high incidence of problems that may impair social functioning and parenting. These situations are coupled with inadequate responses to the children's needs, which tend to fall under categories of neglect, including neglect of daily needs. However, physical abuse and inadequate discipline are present in a significant number of cases. The children themselves are also characterized by behaviors and performances related to disadvantage. Emotionally they tend to be a sad population; many show a lack of interest in their environment and some exhibit somatic symptoms that may reflect emotional distress. A smaller proportion of children exhibit disruptive types of behavior. Socially, many of the children have problems in forming relationships with peers and adults, while some exhibit forms of anti-social and aggressive behavior. The children's performance at school also reflects disadvantage and marginality. Almost half of the children do not fully participate in regular school activities and many perform below their grade levels. This may negatively influence their opportunities to participate more fully in society.

However, it is also important to note the strengths of this population, which are also evident in the data. Most children live in families that are intact, with two adults available to respond to their needs. Though many of the parents have severe social functioning problems, many others do not and have the potential of becoming more responsive to the children's needs. Though distressed, the children themselves are not generally disruptive and can probably be accommodated within the regular community frameworks.

The findings make it evident that the children and the families in the care of Child Protection Services require a type of intervention that extends beyond immediate protection. The wide range and the nature of the needs indicated in the data reflect the necessity to adopt a type of intervention that aims to provide support for the children, parents and families and responds to their immediate needs, to help them reach a higher level of inclusion and participation.

Services provided to the children and their families

We shall now present an outline of the services and interventions provided to the children and their families. As has already been observed, the services available to the children within the child protection system are the same as those available to other children in the community. The CPOs and social workers were asked to report on all the services provided to the children and their families, including those provided outside the welfare system - through schools, psychological services, mental health services etc.. However, it is noteworthy that in some cases the interviewees' knowledge about the services provided to the children and families outside the welfare system may have been limited. It is also important to note that services provided universally (such as kindergarten, school, preventative and curative health care) and those provided as part of the social insurance system (such as unemployment benefits, welfare benefits and children's allowances) were not reported by the CPOs and were not included in the analysis. Many of these services and benefits are widely available and may be utilized by this section of the population.

Table 7 shows that the services most commonly provided to children in all age groups is participation in group frameworks that to some extent substitute the care provided in the home. Half of the children in the youngest age group participate in day-care frameworks that usually operate eight hours a day. When the children grow older, they enroll in after-school care. Most of the day-care frameworks also serve the general population of working mothers in the community and generally do not include special support for the more disadvantaged children. On the other hand, after-school care is generally specialized and provided by the welfare department in the local authority. These frameworks are aimed at children 'at risk' and planned according to these children's needs (Weisel, 1990; Weiner, Ben-Rabbi, Barnea and Yoel, forthcoming). However, the children that participate in these frameworks are separated from the other children in the community.

Relative to the large proportion of children who were reported to have problems in school performance, only few receive educational support or enrichment services or other informal education outside the group frameworks. A significant proportion of children in the older age groups receive individual or group therapy.

Table 7. *Services provided to the children, by age group (percentages)*

	Age 7-14	Age 4-6	Age 0-3
Number of children	471	207	170
<i>day care (including family day care)</i>	-	-	52
<i>after school framework</i>	21	36	9
<i>enrichment, informal education</i>	8	7	2
<i>'big brother or sister'</i>	12	4	-
<i>private lessons</i>	5	-	-
<i>individual or group therapy</i>	19	16	-

The proportion of children whose families receive services targeted to the family as a whole is even smaller. The most common service, provided to 59% of the children's families, is counseling with the social worker or CPO. However, these counseling sessions tend to be few and far between (the average frequency of sessions per family is less than twice a month). Only a very small proportion of children in the study live in families who receive concrete services aimed to support the routine operation of the household. Some 15% of the children live in families that are assisted by a paraprofessional home-keeper. Services aimed to rehabilitate the parents are even less common.

Table 8. *Services provided to the children's families (percentages)*

Number of children	849
<i>home-keeper</i>	15
<i>counseling with SW or CPO</i>	59
<i>family counselling</i>	13
<i>psychotherapy</i>	7
<i>drug rehabilitation</i>	4
<i>group counselling</i>	4
<i>psychiatric care</i>	9
<i>legal counseling</i>	7
<i>occupational rehabilitation</i>	2

It is noteworthy that families with children in the child protection system were not generally enrolled in special programs that offer a more comprehensive approach to family intervention such as Video Home Training, despite the fact that these programs were available in some of the local authorities at the time of the study. However, it is possible that, due to the expansion of some of these programs, more families within the child protection system are currently enrolled in them.

The patterns of service provision to this population indicate a marked preference for services provided directly to the children, preferably in group frameworks outside the home. The investment in services for the families as a whole or for the parents themselves is limited. This may reflect the inclination of the families themselves, overburdened with problems, to place the child in a setting where he or she would benefit from more ample resources (this was a common response in interviews with parents whose children participated in after-school settings). However, the focus on child-oriented services may also reflect a tendency to view the children as separate from their families. The patterns of service provision and utilization may also reflect the gap between the available service and the extent of needs among service recipients.

Additional services required for the children and their families

The information on the services provided to the children and the families indicates obvious gaps between the available services and the range of needs. Thus, the CPOs and the social workers that were interviewed were asked to indicate which additional services are needed to ensure the well-being of the children and their families. The professionals' responses to this question, though not entirely unrelated to the system's constraints, may serve to further explicate the approaches to intervention among these children and families.

As out-of-home placement is a frequent practice in cases of child protection, we first inquired whether this alternative was being considered. As presented in table 9, placement was being considered for 30% of the children. Thus, in the majority of cases CPOs and family

social workers thought that the children could be maintained within the community. In cases in which placement was considered, we asked whether it could be prevented by providing additional community services. In only 4% of the cases (13% of the cases in which placement was considered) the interviewees claimed that placement could be prevented this way. It is clear that out-of-home placement is not perceived as the adequate solution for most children. Moreover, the fact that placement, once considered, is seldom prevented, may indicate that it is considered a 'last resort'. However, the failure to suggest solutions that could prevent placement in the vast majority of cases may indicate a lack of confidence in the services' potential to help families, or in the families' potential to rehabilitate.

Table 9. *children for whom out-of-home placement is considered (percentages)*

Number of children	849
<i>out-of-home placement being considered</i>	30
<i>placement can be prevented through services</i>	4
<i>placement cannot be prevented through services</i>	26
<i>placement is not being considered</i>	70

Table 10 presents the additional services that were recommended for the children that could stay within the community. Table 11 presents the services recommended for their families. The data indicate the same pattern of service provision that has been described earlier. CPOs and social workers recommended additional day care and after-school services for a large proportion of the children, while family or parent-oriented services were recommended only in a few cases. Special programs for families were generally not recommended.

Table 10. *Additional services recommended for children who can remain at home, by age group (percentages)*

	Age 7-14	Age 4-6	Age 0-3
Number of children	328	157	175
<i>day care (including family day care)</i>	-	-	12
<i>after school framework</i>	25	24	11
<i>enrichment, informal education</i>	18	11	7
<i>'big brother or sister'</i>	17	9	-
<i>private lessons</i>	4	-	0
<i>individual or group therapy</i>	20	15	-

Table 11. *Additional services recommended for families of children that can remain in the community (percentages)*

Number of children	621
<i>home-keeper</i>	12
<i>counseling with SW or CPO</i>	8
<i>counseling for parents</i>	13
<i>occupational rehabilitation</i>	6
<i>drug rehabilitation</i>	4
<i>financial support</i>	9

Conclusions

This paper has described some of the major characteristics and needs of children and families in care of Child Protection Officers and the way in which the service system responds to their needs. The children in care of CPOs are characterized by disadvantaged circumstances, problematic family functioning and inadequate response to their daily needs. In addition, many of these children exhibit types of behavior that may indicate emotional and social distress, and have severe problems in terms of school performance. However, most of the children live in intact families and have at least one adult who is in a position to care for them. Many of the children, though sad and distressed, are not disruptive and can be accommodated in regular frameworks in the community. The descriptions of the children's and families' needs indicate that protection may be required in some cases, or at times. However, the intervention required for these families extends beyond protection and should involve support, rehabilitation and enhancement of opportunities.

Though the service system responds to some of these needs, the response is generally focused on the children. Limited resources are invested in the families and the parents. Moreover, resources are focused on providing comprehensive substitution for parental care, while the child is living at home, rather than on enhancing the family environment. It is important to note that caring for children within group frameworks is deeply rooted in Israeli culture and tradition. It has contributed to the welfare of Israeli children and has potential for further contribution. In addition, the pattern of service provision may reflect not only the predominant policy and the available services but also the families' preferences and inclinations. However, there seems to be a need to strengthen alternative approaches, with increased focus on the families, and at the same time to accelerate the development of services and programs that are consistent with these approaches.

The study does not include information on the extent to which children and families in the care of Child Protection Officers participate and benefit from services provided universally, such as family health centers, preschool, schools and community recreational services. This issue merits further investigation. However, the available information does indicate that the

children do not fully participate within the school setting and have problems in establishing relationships with children and adults. It is also evident that many of the parents do not participate in mainstream activities, such as regular work. It is therefore probable that these children and families do not benefit enough from the services available in their communities. Thus, an additional instrument to expand the opportunities available for these children and families would be to find ways to encourage their participation in (and support them through) the services available to the general population. In Israel, the relatively widespread availability and utilization of family health centers, community centers and youth movements and the fact that the vast majority of children participate in the public school system increase the potential inherent in developing interventions for this population within general mainstream services and frameworks.

The wide range of needs that characterize these children and their families also warrants responses through a range of services and supports that surpass the mandate and scope of the welfare system. Planning and implementing adequate programs will require collaboration, mutual effort and commitment on the part of all organizations and agencies who have an interest in the well-being of children.

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Notes

1. There are several additional laws that guide and influence the practice of Child Protection Services (See Faber, 1996). A full discussion of the legal framework of child protection is beyond the scope of this paper.
2. For a comprehensive description of the services for children in Israel including personal social services. See Dolev.
3. This analysis does not include Arab children in care of child protection officers in Haifa and in the other cities. Information concerning the Arab children in Haifa is available from the author.
4. We extend our thanks to JDC-Israel, Children at Risk Area for the financial support of the study and to Chana Katz, Area Head for her professional support.
5. CPOs were asked to include in our lists children who have been in their care in their role of CPOs during the defined period, either under court order or 'in the shadow of the law'. Children who were placed out of home, children the CPOs only consulted on and children that were under investigation that was not yet concluded or was unsubstantiated were not included.
6. In Jerusalem and Beer-Sheva information was collected on children who were in active care of CPOs During the last quarter of 1992. In Tel Aviv and Haifa, information was collected on children in active care of CPOs during May-July 1993.

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