Child Protection in Ontario and Israel: A Comparative Analysis

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Abstract

This paper presents a comparative analysis of child protection services in Ontario, Canada and Israel. The summary of these findings and their implications led to insights that can raise awareness of unchecked discourses, enable the reframing of issues and concerns, and open up new alternatives for policy and program development. We set the framework for this comparison by presenting demographic characteristics of children, families, and subgroups, and highlighting issues of poverty, cultural diversity and inequality which are prevalent in families involved with child protection. A review of the perception of child protection in both societies contrasts their culture and ideology, historical developments and legal context, as well as their policy positions and child protection interventions. Focusing on the implications of this comparison, the strengths and weaknesses of each society were highlighted, pointing out lessons to be learned.

Key words: Child Protection, Ontario, Canada and Israel

Introduction

Countries design their child protection policy and services in light of their ideology and history, and within their economic, social and political contexts. This paper presents a comparison of child protection services in Ontario, Canada and Israel. Such a comparison will hopefully enable us to learn about new ways of responding to common problems (Hetherington, 2002).

Politicians, economists, the public, and especially the clients and the workers in both countries are highly critical of the child protection system, each for their own reasons. Since the late 1990s, when attention was focused on the death of a number of children known to child protection services, we have witnessed a growing trend towards criticizing decisions made by social workers, demanding that top priority be given to protecting the child, thereby implying that the family comes second. This focus entailed a move towards doing risk assessment, ensuring safety and providing insurance against liability, instead of focusing on prevention and supporting families. This trend has adversely affected social workers' relationship with their clients, the mainstay of our profession.

Previous comparisons between Canada and Israel in the field of social welfare have been informative, due to social, political and cultural similarities and differences between the two countries. In the area of child welfare several important differences between the two societies have been identified (Benbenishty et al., 2003).

My decision to limit this discussion to child protection, rather than child welfare in general, was based on the shared responsibility that all developed nations acknowledge for protecting their children. The comparison is limited to Ontario, rather than Canada as a whole, since child protection to a large extent falls within provincial jurisdiction. Each province has its own legislation and regulations governing the operation of child welfare authorities. Ontario was chosen for being the most populous and richest province (Cross, 2001).

'Child protection' refers to services designed to protect children whose parents are unable or unwilling to care for them according to the prevailing norms of society (Samantrai, 2004). In this paper, my objective is to compare the policy and practice of child protection in Ontario and Israel, in order to highlight useful interventions and propose viable guidelines for the future.

Demographic and cultural context

To set the framework for our comparison, the demographic characteristics of children in Israel and Ontario are presented in table 1.

Table 1
Demographic Characteristics of Children in Israel and Ontario (2003)

	Israel		Ontario	
	Number	%	Number	%
Total population	6.955.000		12.541.410	
children 0-17	2.253.700	33.4	3.002.165	26.3
Family Structure				
Total families with children	896.800		2.080.890	
married couples	750.600	83.7	1.469.910	70.6
common law	48.200	5.4	124.875	6
Lone parents	98.000	10.9	486.105	23.4
female headed	95.060	97	401.245	82.5
male headed	2.940	3	84.865	17.5
Average # of children				
per woman	2.9		1.5	

Data for Ontario are estimates based on the 2001 census adjusted for net under-coverage.

Source: Statistics Canada, *Census of Canada 2001*, 5th Nov. 2005.
Israeli Central Bureau of Statistics, *Annual statistics: Children in Israel-2004*, 10th of Sept. 2005.

With a population of some seven million people, Israel has 55% of Ontario's 12.5 million. Israel is not only a small country but also a very young one, with 2.25 million children (33.4% of the population) under the age of 18, in contrast to Ontario, whose three million children make up 26.3% of the population. Israel's child population is thus 75% of Ontario's. The proportion of children in Israel is among the highest in Western societies.

Families

The average number of children per woman in Israel is almost double that in Ontario: 2.9 versus 1.5, respectively. While the average number of children in Ontario's families has remained constant, in Israel the average number of children per family has gradually decreased. Between 1990 and 2003 the proportion of families with four or more children decreased from 18.6% to 16.8%, while the number of families with only one child has doubled.

A significant difference was noted in family composition between Israel and Ontario. In Ontario, lone parents account for 23.4% of families, in contrast to 10.9% of families in Israel. In 2002, 32% of lone parent families in Israel were immigrants, over twice their proportion in the general Israeli population (Israeli Bureau of Statistics, 2005). Another difference is the percentage of male-headed families, which in Ontario make up 17.5% of lone parent families, while in Israel they constitute only 3%. This is an indication of a fundamental difference in family values, between a modern-liberal society (Ontario) and a more traditional one (Israel).

Diversity within each society

Israel and Ontario are both heterogeneous societies. The relationship between child protection and the different cultural and religious subgroups is complex. In Ontario, demographic changes have necessitated the development of new and different social services, as various groups express concern about over-representation of their children in care and the lack of culturally sensitive services provided (Swift and Callahan, 2002). For many years the children of First Nations People were placed in foster care more often, and returned to their own parents much less frequently than Canadian children in general (Rosenbluth, 1995). Following acknowledgement that the system was not operating in the best interests of Aboriginal children and families (Johnson, 1983), the Child and Family Services Act passed in 1984 provided official recognition of the rights of Aboriginal people, including the right to develop child protection services of their own. There are currently five Aboriginal agencies designated as Children's Aid Society in Ontario, serving 55 of Ontario's 136 First Nations (Koster et al., 2000).

In Israel, immigrants constitute an over-represented group in child protection services. 13% of Israeli children are immigrants or were born in Israel to immigrant parents who arrived in the country after 1990. In 2004-5, most immigrants came from the former USSR (46%), Ethiopia (19%) and France (11%) (Israeli Bureau of Statistics, 2005). Along with the entitlement to immediate citizenship for every Jewish immigrant (Laqueur, 1972), came a social demand to comply with dominant notions of care for children. This requirement has brought a disproportionate number of immigrant children from the former USSR and Ethiopia to the attention of child protection officers, resulting in the removal of a disproportionate number of them from their homes.

A significant division of Israel's population is related to their religious affiliation. 69.7% are Jewish; 23.3% Muslims; 2% Druze and 1.7% Christians. Within the Jewish population, a distinct group comprises the ultra-orthodox Jews, who have large families and make up 10% of the children. The Arab and the Jewish Orthodox sectors that live in homogenous communities have welfare agencies which handle child protection issues in line with their cultural discretions, and rarely utilize measures of child protection.

Poverty and inequality

The relationship between poverty and child protection has been substantiated, and it has been noted that the child welfare system disproportionately impacts low-income families (Campaign 2000, 2003; Dolev et al., 2001). Both Israel and Canada have made unsuccessful attempts to combat child poverty (Leschied et al, 2003, National Council for the Child, 2004).

Various measures of poverty are officially used by different countries, and we thus have to rely on available international comparisons. Comparative data relating to differential child poverty rates in Israel and Ontario are presented in Table 2:

Table 2
Varied Measures of Child Poverty Rates in Israel and Canada

Country	Year	50% of Overall Median Income		50% of Child Median Income		US Official Poverty Line	
		%	Rank	%	Rank	%	Rank
Israel	1992	14.7	8	10.3	8	45.3	8
Canada	1994	16	6	11.2	4	9	16

Countries are ranked by their child poverty rate according to data from the Luxembourg Income Study (LIS).
Children are poor if their households have a disposable income that is less than 50% of the overall median disposable income, or child median disposable income, or that is less than the official United States poverty line.

Source: Bradbury, B. and Janitti, M. (1999). Child poverty across Industrial nations, Innocenti occasional papers, Economic and social policy Series, 71.

While Israel is consistently ranked at number eight in child poverty on all measures, Canada ranges from fourth place when measuring child poverty rates according to 50% of child median income, to sixteenth place when using the United States official poverty line. In Canada, child poverty is one third lower when the child's rather than the adult's median income serves as the measure. This data shows that although children in Canada are twice as likely as children in Israel to be defined as 'poor', Canada, with its higher income level, is able to ensure that fewer of its children live in families with very low absolute income. In 1995, the mean disposable income for the poorest fifth of children in Canada was US$5,504, and only US$2,897 in Israel (Bradbury and Janitti, 1999).

Children and the elderly have traditionally been thought to be at high risk of poverty. Table 3 compares poverty rates for children, the elderly and the overall population, and assesses relative risk in Israel and Canada.

Table 3
Comparing Poverty among Children, the Elderly and the Overall Population in Israel and Canada

Country	Year	Poverty Rate			Relative Risk	
		Children	Elderly	All	Children	Elderly
Israel	1992	14.7	11.2	12	1.2	0.9
Canada	1994	16	3.1	11.4	1.4	0.3

Countries are ranked by the child poverty rate from Luxembourg Income Study (LIS) available data.
People are poor when the income of their household is less than 50% of the overall median income.

Source: Bradbury, B. and Janitti, M. (1999). Child poverty across Industrial nations, Innocenti occasional papers, Economic and social policy Series, 71.

The data shows a significant difference between Israel and Canada with respect to poverty among children and the elderly. While child poverty in Israel is somewhat higher than poverty among the elderly, the poverty rate among the elderly in Canadian is less than one third the rate among the overall population, and one fifth the rate of child poverty. In Canada, a child is five times more at risk of being poor than is a senior citizen. This finding supports the contention that Israel is more child-oriented than Canada.

Poverty is a function of single parent households, which typically comprise women earning low wages who are unable to work full-time throughout their lives (Krishnan and Morrison, 1995). To what extent is single parenthood responsible for the cross national variation in child poverty? Table 4 presents comparative data on the relationship between type of household and poverty rates in Israel and Canada:

Table 4
Relationship between type of household and poverty rates in Israel and Canada

Country	Year	Population Share			Poverty Rate (%)		
		Lone Mother	Two Parent	Other	Lone Mother	Two Parent	Other
Israel	1992	0.03	0.71	0.25	26.6	14	14.8
Canada	1994	0.11	0.69	0.20	45.3	12.3	13.4

The proportion of children and the poverty rate in each type of household are calculated using the base case definition of the poverty line (i.e. 50% of overall median disposable income) and the quasi-OECD equivalence scale.
A lone mother household is defined as a household which is female headed with at least one child, but no other adults present (adults are persons aged 18 and over).
Two parent households are restricted to two adult families.
Other- includes some households where lone mothers are living with other adults, lone father families and larger households of two parent families and/or other adults.

Source: Bradbury, B. and Janitti, M. (1999) Child poverty across Industrial nations, Innocenti occasional papers, Economic and social policy Series, 71.

In both Canada and Israel there is a relationship between living in a lone-mother household and poverty. Children living in families in which there are two parents in both countries have similar poverty rates (14% in Israel and 12.3% in Canada), while children living in lone parent families have high poverty rates in both countries, but a considerably higher poverty rate in Canada (45.3%) than in Israel (26.6%). While in Israel the proportion of children living in lone mother households is negligible, Canada has the second highest proportion of children living in lone mother households (the United States is first with 59.6%). These children are around three and a half times more likely to live below the poverty line than children in two parent families. Canadian studies show that families headed by lone females fare badly regarding income level, even when the parent is employed full time (Swift and Birmingham, 2000). Of all the children in care in Ontario, just under half were from poor families in 1995, but by 2001 children from poor families constituted eight out of ten children in care (Leschied et al, 2003). This statistic, along with the fact that 46% of child protection investigations involved children from lone parent households, indicates that poor children are the largest population of child protected cases.
Israel and Canada are taking similar and insufficient measures to reduce child poverty. Disposable income among the poorest one fifth of children in Israel is made up of 0.56 market income and 0.44 net social transfers, and in Canada of 0.43 market income and 0.57 net social transfers (Bradbury and Janitti, 1999). In Israel, the percentage of children living in families with less than 50% of the median income is 41% before and 33.3% after tax and transfers, while in Canada 22.8% of children live in such poor families before and 14.9% after tax and welfare transfers. The effect of the child benefit package, which includes tax allowances, cash benefits, and exemptions from charges, subsidies and services-in-kind, is similar in Israel and Ontario, reducing poverty by only 7.8% in Israel and 8.1% in Canada (Israeli Central Bureau of Statistics, 2005). These packages determine the reduction in the level of market-generated child poverty, with those countries that make the most effort to transfer resources horizon-

tally having the most generous child benefit packages. Both Israel and Canada are ranked in the third of four levels of horizontal resource transfer (Bradshaw and Finch, 2002).

After portraying the landscape for our comparison, I shall now look more closely at the child protection systems.

The target population for child protection

In both Ontario and Israel ideas about child welfare are related to perceptions of risk and harm. In Ontario, a residual approach dominates, whereby state aid is available primarily in situations where parents have failed to adequately provide for the needs of their children (Cameron et. al., 2001). In Israel, with its institutional outlook, a national program for dealing with children at risk was launched in 1998. This program designated three target populations: (1) children in danger who are victims of abuse and neglect, (2) children who live in dangerous environments and (3) children living in circumstances that may cause risk – children in families who are experiencing crisis due to divorce, unemployment, immigration, illness or death of siblings and parents. It has been estimated that 300,000 children in Israel (25% of its child population) may be classified as children at risk, and are therefore the target population for child welfare and child protection interventions (Ministry of Labor and Welfare, 1998).

Ontario widened its mandate for intervention by changing its definition from "substantial risk for a child to be in need of protection" to "risk that a child is likely to be in danger of maltreatment". The target population for the CAS was defined by the Child and Family Services Act passed in 1985 as: "A child is a person who is under 16 years of age, and found to be in need of protection after an investigation by a CAS that has verified that harm or risk of harm have occurred. This harm must be caused by, or resulting from, something done or not done by the child's caregiver." (CFSA, Section 72(1)).

Collecting statistics was easier in Ontario than in Israel. The Ontario Association of Children's Aid Societies has a convenient and accessible website, with a wide range of information, as well as up-to-date statistics of children served (Ontario Association of Children's Aid Societies, 2005). This is not the case for Israel, where the work of child protection officers has never been studied in depth. There is no database containing the types or extent of referrals, the size of the population in their care, or the variety of their tasks (Dolev et al, 2003). The available data does not differentiate between child welfare in general and child protection cases. We must bear this limitation in mind in our analysis and discussion.

A comparison of child protection cases in Israel and Ontario is presented in table 5:

Table 5
Comparison of Child Protection Cases in Israel and Ontario (2005)

	Ontario Rate per 1000 Children	Israel Rate per 1000 Children	Ratio of Cases Ontario/Israel
Reported with no further investigations	25	17	1.47
Completed investigations	27	3.5	7.7
Open protection cases	9	2	4.5

Sources: Ontario Association of Children's Aid Societies (2005). The voice of child welfare in Ontario, CAS Facts – April 1, 2004 – March 31, 2005, www.oacas.org, 4th Jan. 2006.
Israeli Central Bureau of Statistics (2005) Annual statistics: Children in Israel 2005, www1.cbs.gov.il/shnaton55, 13th of Jan. 2006.

Data in table 5 shows that 50 percent more reports with no further investigations are received in Ontario than in Israel, but Ontario completes more than seven times as many investigations and has four and a half times more open child protection cases than Israel. In the last five years in Ontario, there was an increase of 28% in non-investigated reports, a 15% increase in completed investigations and a 36% increase in open protection cases (Ontario Association of Children's Aid Societies, 2005). A parallel increase was noted in Israel, although statistics are unavailable. Both countries are overwhelmed by the number of children in need of protective services and are seeking alternatives to authoritative interventions.

The characteristics of parents and children involved in the child welfare system in Ontario and Israel are similar. They are mostly "working poor" or "low income families", with a history of abuse in childhood or in adult relations. They tend to have physical and mental health problems, live in poor neighborhoods, and suffer from isolation, unemployment, disability, addiction and depression. In Ontario, children tend to live in single parent families with little or no contact with their biological fathers. In Israel, a third of the children witness physical violence between their parents. In both societies fathers remain mostly uninvolved with the child protection system (Freymond, 2003; Mosek, 2005a, Dolev et al., 2001).

Culture and policy

People's cultural views are an amalgam of the beliefs, values, and norms of their race, ethnicity, religion, geographic location, socio-economic status, and any other characteristics they share with others that gives them a sense of peoplehood. These definitions influence the roles and relationships within a family, and the distribution of responsibility between children, family, community and the state. The allocation of resources and delivery of services can be seen as a facet of culture, expressing both the means by which it is culturally acceptable for services to be delivered and the value that society places on different kinds of support (Hetherington, 2002)

At the heart of all child welfare services is the doctrine of *parens patriae*, literally meaning "the state as parent". Other concepts and values that have shaped the image of child protection in Israel as well as Ontario are: the rights of the child, the best interest of the child, and the child's need for continuity of relationship and permanence (Swift and Callahan, 2002). Several powerful and often problematic contradictions are embedded in the child welfare system, which rests on tensions between helping and punishing parents and between its focus on parents and on children.

A universal tradition, pertinent to Israel and Ontario, views children as the property of their parents, thereby limiting both state intervention and investment in prevention. There is a basic moral tradition of individual responsibility, care by the nuclear family, and at least the appearance of "proper" morality as well as behavioral standards of care enforced by the state (Swift and Callahan, 2002). It is also believed that it is wiser and less expensive to save children than to punish their criminal parents (Chen, 2001). On the other hand, the doctrine of "parens patriae" allows intervention in the private family for the sake of protecting children. These tensions lead to constantly changing thresholds of intervention, guided as much by ideological and political interests as by any evidence of what actually works (Swift and Callahan, 2002). Most people in both countries, however misguidedly, see the role of the social services primarily as rescuing children by removal, rather than as offering support to families.

Despite these similarities, the cultural differences between Israel and Ontario are reflected in the difference between a child welfare system focused on family support (Israel) and a system that emphasizes child protection (Ontario). Gilbert (1997) suggested that culture may be the most powerful factor in determining the overall functioning of child welfare systems. According to Epsing-Anderson (1990) and Gilbert's (1997) typology, Israel would be described as a social democratic welfare regime, in which the state is heavily involved in the delivery of ser-

vices, and which favor holistic child welfare systems that treat prevention, support and the protective responses to child abuse as parts of a whole. Ontario would be classified as a liberal democratic welfare regime, in which there are very low requirements for state responsibility and high expectations that individuals should make their own provisions for care of their children. The child welfare system is characterized by a focus on child protection, distrust of state intervention, and a legalistic approach. This system is crisis–oriented, with an emphasis on rights and individual responsibility, and has a dualistic child welfare system that differentiates between services for family support and services for child protection (Hetherington, 2002). The separation between agencies working with identified abused and neglected children and community-based service providers working with families who embrace a strength-based, family focused service philosophy, reinforces the image of child welfare services in Ontario as being more intrusive than supportive (Daro et al., 2005).

In contrast to Ontario, in Israel the voluntary sector has never been perceived as the preferred mode of dealing with social problems; nor was governmental aid perceived as controlling, contaminating or co-opting. It was believed that the non-profit status of the state-run systems guaranteed that its actions would always be in "the best interest of the child." This has created the myth that public services are synonymous with good service. In reality, there is very little empirical support for these assumptions. Too many children have been abused in government-controlled institutions, while a multiplicity of organizational and political interests continues to shape and dominate the operation and maintenance of the system. However, this attitude has recently begun to change, along with growing skepticism about the effectiveness of government. Voluntary organizations are playing an increasing role in both policy-making and service provision, and interest in the privatization of services is growing. One of the first services to be privatized was foster care. A major current issue is to whom to entrust this privatization: the voluntary sector or profit-making organizations (Dolev et al, 1996).

Historical context

In Israel as in Ontario, recognition of child protection as a social need requiring intensive state intervention was stimulated by the death of children known to social services but who had not been taken into appropriate care. The response was multi-directional, arousing public interest, the legislature and policy makers, but primarily blaming the inefficiency and lack of sensible decision making on child protection workers. It was easier to perceive the situation as human error rather than a systemic social problem (Munro, 2004).

For Israel, a turning point in the development of protective services was the tragic death in 1989 of Moran, a three-year old girl who died due to brutal abuse by her uncle. This tragedy led to the passage of legislation for mandatory reporting, thereby recognizing child maltreatment as a separate criminal offence. Following the new legislation and intensive activity by two voluntary organizations, there was a surge of public interest and a dramatic increase in detection and awareness on the part of policy makers that protection of children is in fact a social problem.

In Ontario, a number of developments converged in 1997 to highlight the need for the Ministry of Community and Social Services (MCSS) to clarify minimum service expectations for all child protection cases. These included the Child Mortality Task Force, which looked into the series of inquests into the death of children receiving CAS services; the MCSS File Review; and the MCSS Accountability Review. The message clearly communicated by these reports was that the community expects greater vigilance in protecting children (Cunningham and Van Leeuwen, 2005). The first response was the introduction of the Risk Assessment Model for Child Protection in October 1997, a key component of Ontario's Child Welfare Reform Agenda (Risk Assessment Model for Child Protection in Ontario, 2000).

Legal context

The existence of mandatory reporting laws does not appear to be linked to child protective or family service orientations (Gilbert, 1997). Israel and Ontario have similar laws that reinforce mandatory reporting. The responsibility to report falls on any person who has reasonable ground to suspect that a child is being abused, or is likely to be physically, sexually, or mentally abused, or has been abandoned or has caused serious injury to others. Special responsibility is placed on persons who perform professional or official duties with respect to children. The professional's duty to report overrides any privileged or confidential communication, thereby seriously compromising the creation of trust with the client – the necessary basis for all therapeutic relationships.

In both Israel and Ontario child protection has a statuary legal foundation that sets out the official mandate and parameters of service delivery. In Ontario this is the Child and Family Services Act (Child Welfare Reform) of 1999, which lowered the "threshold" for identifying a child in need of protection by shifting the criterion from "substantial risk" to "risk" and replacing "severe" with "serious", along with a move away from the stipulation "that the least disruptive course should be 'followed' to the more discretionary principle of it being simply considered. In Israel the civil Youth Law (Treatment and Supervision) 1960, the criminal Penal Law 1977 section 368D, and the Penal Law 1989 (Correction 26) regulate mandatory reporting, backed up by the Law for Prevention of Family Violence, 1991 (Zolphan and Levi, 2004). Since the mid-1990s there has been a dramatic increase in both referrals and admissions to care by CAS in Ontario. Whitehead et al. (2004), looking closely at the nature of this increase, found that all sources of referrals are now more likely to report abuse due to the lowering of barriers to reporting, and that serious cases are more likely to be reported and thus to end up in care. This may reflect a combination of explicit mandatory reporting laws, the result of increasing public awareness following the media's reporting of high profile cases of child maltreatment, and specific training provided to professional groups of teachers and physicians to underscore the obligation to report suspected child neglect. These trends are also evident in Israel, where the need to train professionals and para-professionals in recognizing and referring incidents of abuse and neglect has also been recognized, with a special kit and training course having recently been implemented (Lavi-Kochic, 2000).

A major difference was shown in table 5, regarding Ontario's higher pursuit of child protection cases through investigation and the number of open cases. These attest to the different implications of an abuse report for Ontario and Israel. While a report filed in Ontario, with its protective orientation, is more likely to lead to an investigation vested with the coercive powers of the state, a report filed in Israel, with its service orientation, would more likely emphasize therapeutic or voluntary involvement (Gilbert, 1997). In Israel there is a clear preference for gaining parental agreement for intervention by means of what is considered as intervention within the "shadow of the law". This preference is criticized by professionals, who feel that legal authority is often needed in order to lay down clear boundaries for abusive parents, and allow for therapeutic interventions. The authoritative approach is implemented in Israel at children's emergency shelters, which accept only children under court supervision – a condition considered by sexual abuse specialists in Ontario to constitute an obstacle to child therapy.

In Ontario the use of mediation is encouraged in order to limit the number of court contested cases, which are lengthy procedures, involve precious time for a developing child, and are costly (Cunningham, 2005). The tendency to settle child protection cases out of court with parental agreement certainly has its advantages.

The practice of child welfare

Most public child welfare agencies are organized as bureaucracies. In Ontario, services for children in need of protection are legislated by the Ontario government and administered by a single organization that runs 53 Children's Aid Societies (CAS) located throughout the province, each governed by a board of directors elected from the local community (Ontario Association of Children's Aid Societies, 2005). Child protection officers in Israel are an integral part of the general system of welfare services, as reflected both in their training and their organizational status as members of the staffs of local social welfare departments (Dolev et al, 2003). In large municipalities this may be their only role definition, while in smaller departments they may be required to take on additional social work roles.

In Ontario, the CAS net expenditure was CA$1.174 billion in 2004-5, an increase of 56% since 2000-2001 (Ontario Association of Children's Aid Societies, 2005). In Israel the budget allocated to children and youth services (750 million Israeli Shekels in 2004, roughly CA$ 187 million), is not being increased to meet growing demands. The preference for out-of-home services In Israel is demonstrated by allocating 74% of the total expenditure to out-of-home care, with only 26% targeted for services provided within the community (Zolphan and Levi, 2004), in contrast to Ontario, where only 44% of the total expenditure is allocated to out-of-home care (OACAS, 2005).

In Ontario there is a relationship between workload, level of risk and funding. Child protection workers in Ontario are more closely supervised and monitored than their Israeli counterparts, due to the emphasis on correlation between funding and performance. A recent trend in Ontario's child welfare funding is workload measurement, a complex method of identifying core tasks of child protection work, assigning benchmark times for carrying out these tasks, and developing funding formulas in relation to these data (OACAS, 2001). Ontario has developed a funding formula whereby cases rated as low risk are unlikely to qualify for funding. Thus, less serious cases, which might be amenable to preventive measures, are less often opened, since the organization must bear the costs of doing work considered as preventive.

The operational definition of children at risk in Ontario and Israel is different. In Ontario, the standardized use of the Ontario Risk Assessment Model was revised in 2000. All child protection workers assess and re-assess risks in family situations within specific time-frames and implement measures to reduce risks to children. The purpose of this model is "to assist CAS staff in making consistent and accurate decisions about the eligibility for service at the time of referral. It assists in interpreting the legal requirements for initial and ongoing child welfare intervention. Supervisory consultation and review of complex situations by CAS staff members using the tool will support a consistent and therefore dependable response pattern by the organization and the province" (Risk Assessment Model for Child Protection in Ontario, 2000). This initiative is designed to minimize fallible individual actions by means of the introduction of increasingly detailed protocols, procedural manuals, and assessment frameworks. Workers complain that the time spent filling out the Eligibility Spectrum keeps them from providing direct services to children. Furthermore, the creation of a "risk language" tends to distance them from their clients, leading them to focus on deficiencies rather than strengths. In case conferences most time is spent discussing potential harm and the decision whether or not to register (Farmer and Owen, 1995). Little attention is paid to assessment of the strengths of the family or to its broader need for help and support.

In Israel no systematic use is made of risk assessment instruments or structured interviews to assess children and families. Child protection workers make assessments regarding the child and the family, and in cases in which they feel the need for protective intervention they bring the case to a decision committee at the municipal social service department. This committee is an inter-organizational and multi-disciplinary team that serves as a forum for discussion, assessment and decision-making concerning care plans for children in need of intensive intervention by the child welfare services. Approximately 11,000 children are discussed in some 200 committees each year. 60% of the children are brought to the committees in order to dis-

cuss out-of-home placement, while only a relatively small proportion is invited for consultation or re-evaluation of their situation. A statistical analysis indicated a positive relationship between risk variables and assessment of the child's level of risk, but did not find a statistically significant relationship between risk level and the committees' decisions to remove a child from home. The age of the children had a greater effect on the decision, as children aged 12-17 were six times more likely to be removed from home than were younger children. Furthermore, children whose siblings were already placed outside the home were three times as likely as other children in similar situations to be removed from home. The vast majority of the committees focus on discussions at the individual level. In most cases the committees fail to act as planning teams that consolidate information about the overall needs of children at risk and their families, or about the gaps between the available and required services at the local level (Dolev et al., 2001).

Benbenishty, et al. (2003) investigated the structure and content of the rationales used by child protection workers in Ontario and Israel regarding a simulated case of a child at risk. Child protection workers from Ontario did not use any warrant or backing for their recommended intervention. However, they did employ theory and experience to back their decisions, in contrast to Israeli workers who relied merely on general knowledge. It is also possible that in Israel the lack of clear directives and the emphasis on a family-oriented approach arouses workers' interest and motivation to delve deeper into the unique dynamics of each case, rather than limiting them to the gathering of evidence in order to determine possible harm to the child (Benbenishty at el, 2003).

In order to weigh the advantages and disadvantages of using a standardized tool as opposed to using a decision committee to assess risk to children and families, further research needs to be done on how these tools are actually used and whether they are contributing to a better service. The studies that have been done provide evidence that the various tools are not being used as the designers intended. English and Pecora (1994) found workers completing a decision-making instrument after they had already made their decision, in order to justify and document it rather than guide them in making the decision. Lyle and Graham (2002) found workers deliberately inflating their rating of risk items on a risk assessment instrument to ensure that families were classified as sufficiently high risk to be given the services the worker wanted them to have. Since the threshold of risk determines eligibility for services, this may be a real challenge for CAS workers in Ontario. When asked about this, they said they are often tempted, but that there are too many checks and balances within the system to enable them to provide services for children who do not meet the eligibility criteria. Decisions by committees meeting in Israel were limited to available alternative services rather than focused on providing the level of care commensurate with the level of need of children and families (Dolev et al., 2001).

Intervention

Bureaucratic structures have proven to be dysfunctional for the delivery of professionally and culturally suitable public child welfare services (Samantrai, 2004). Clients experience bureaucracy as inhuman, unresponsive, and inaccessible when really needed. To them, bureaucracy usually means filling out forms, coping with red tape, and being made to feel powerless. Given the mandate of child protection services, it is unlikely that many families welcome intervention. However, interviews carried out with parents involved in the system in Ontario and in Israel show that those parents' experiences are influenced by the attitude and the use of power by the child protection worker. Parents in both countries felt depersonalized when they perceived themselves to be treated impersonally or with disdain, objectified and distanced. They felt humanized when treated with respect, as individuals with a point of view worthy of being heard and taken into account. Parents who felt that the worker took a humanistic approach

did not feel criminalized and labeled as bad parents. They appreciated having someone who listened to them and who believed they were doing their best. Traits of "good" service providers were being informal, down-to-earth, friendly, genuine, respectful, empathic, supportive, encouraging, and hopeful. Obstacles identified by parents were infrequent contact with their service provider, worker turnover, and being made to feel guilty until they proved themselves innocent (Fine and Mandell, 2003; Mosek, 2005a).

The most frequently implemented mode of child protection intervention in both Ontario and in Israel is out-of-home placement. Table 6 presents comparative data regarding this type of intervention:

Table 6
Out-of-home Placements in Ontario and Israel (2004)

	Ontario	Israel
Number of children in care	18.830	8.361
Percentage of child population	0.006	0.004
Foster care	14.895 (79%)	1.661 (20%)
Group or residential care	3.935 (21%)	6.700 (80%)

Sources: Ontario Association of Children's Aid Societies (2005). The voice of child welfare in Ontario, CAS Facts – April 1, 2004 – March 31, 2005, www.oacas.org, 4th Jan. 2006.
Israeli Central Bureau of Statistics (2005). Annual statistics: Children in Israel 2005, www1.cbs.gov.il/shnaton55, 13th of January, 2006.

Table 6 shows that in 2004 the child placement rate in Ontario was one and a half times that of Israel. (An incident rate of 6 out of 1000 children in Ontario, and 4 out of 1000 children in Israel). In Ontario, the number of children in care has risen by 19% during the past five years. A striking difference is seen with regard to type of placement. While in Ontario 79% of children in out-of-home care were placed in foster care, in Israel 80% of children were placed in residential settings. This preference is a consequence of the residential infrastructure created in Israel following the holocaust, as a response to the need to process and care for masses of orphans and refugee children for whom the state was the sole provider. The loftiness of the mission may account for the fact that institutional residents were seldom stigmatized, and that this mechanism is regarded as an acceptable solution for children in need (Dolev at al, 2001). This preference for residential care in Israel contradicts the professional principle of permanency by means of the "least detrimental alternative", which considers foster care as the closest alternative to living in a family within a community (Goldstein et al., 1996). The preference for residential care is maintained in Israel due to a culture which trusts government services and refrains from competition with the biological family, and is also a consequence of historical events and economic interests.

Drafting of service plans and their periodic reviews are mandatory in both Ontario and in Israel. However, in contrast to Ontario, in Israel this procedure is not regularly followed, since responsibility is delegated to "decision committees", which are neither monitored nor penalized for inconsistent follow-up on their decisions and implementation (Dolev et al., 2001). In both societies we find that traditional child protection plans offer a relatively narrow range of services that are not congruent with the reality of these families' lives. Most interventions focus on parents and mothers in particular, with an emphasis on a standard package of legally mandated programming. The lack of direct assistance for children was identified as an important concern (Frensch et al., 2005). In Israel only 15% of the municipalities provide services

for children at risk within their community (Zolphan and Levi, 2004). The shortage of community-based services was noted as an explanation for the decision to favor out-of-home placement in cases where this was not indicated by the severity of risk (Dolev et al., 2001).

Families served by child protection services need a range of services and supports, which must be well coordinated in order to work smoothly. The fragmented service delivery system constitutes a major weakness in both countries. In Ontario certain services are provided by other agencies. In Israel the same family is frequently served by several agencies and different workers (sometimes from the same agency). Each worker attends to the client's specific need that falls within their narrowly defined area of service, while disregarding all the other aspects of the client's life and making no attempt to integrate the various services. This mode of operation has been found to be neither helpful for the client nor cost-efficient for the service delivery system (Dolev et al., 1996).

Both Israel and Ontario have been experimenting with community-based models of intervention. Three models developed in Ontario were: (1) a multi-centre as a partnership among 16 social, health and other agencies, community organizations, and neighborhood residents committed to the well-being of children, youth and their families; (2) a community-based child protection team that delivered services in places where families live; and (3) a school-based program that engaged partly in child protection and partly in performing school social services. The benefits derived from these approaches were: less use of intrusive and coercive measures; more instances of self referral; enabling parents to share at least one good relationship with a community-based service provider; enhancing service providers' knowledge of families, and augmenting their capacity to respond in meaningful ways. The community participated in sharing the responsibility for child protection by providing helpful information about families experiencing difficulties and by offering less formal supportive services (Frensch et al., 2005). Similar benefits were found in community-based programs initiated in Israel, such as a community steering committee for children at risk, community-based residential care (Katz and Shulman, 1997), a parent socialization program for multi-problem young families (Aram, 1999), and a community-based foster care program (Mosek, 2005b). However, in both countries the establishment of supportive communities is still in its infancy, with services often working against one another rather than cooperatively, and with minimal participation by stakeholders and clients. In order to succeed, community-based services in general, and those directed towards child protection in particular, require an "empowered" community whose members work together to promote the safety of children and families.

In Ontario, in contrast to Israel, there are substantial difficulties in recruiting and retaining child protection workers. Many of those working directly with vulnerable children within public authorities are moving away from child protection into less risky services such as consultancy or to the much "safer" environment of adult services. They are often replaced by newly qualified staff. A 20% turnover in protection staff and a 30% turnover in residential staff was noted (Child and Family, Canada, 1991). In Israel, appointment as a child protection officer is considered a valued career advancement within the local welfare departments, usually offered to veteran and well-qualified social workers.

The demands of this job are highly taxing. A survey of 400 child welfare service providers in Ontario indicated that 43.5% of front-line providers reported being highly emotionally exhausted. 39% of them reported high levels of "depersonalization" (an unfeeling and impersonal response) towards the families with whom they worked. At the same time, 42% of front-line workers reported overall job satisfaction, believing their work was important and meaningful. Dissatisfaction was linked to increased documentation and less time for direct contact with families. In Israel, a prolonged professional strike of child protection workers demanding financial recognition for the demands of their work (in the form of payment for emergency alerts and for use of cell phones) yielded only minor benefits.

A possible mechanism for providing professional support is supervision. In Israel as well as in Ontario supervisors and workers share the responsibility for risk assessment and intervention. However, in Ontario the major emphasis of supervision has been placed on managerial moni-

toring of whether procedures have been properly followed, rather than on a professional review of the casework process and the judgments and decisions made (Rushton and Nathan, 1996). In Israel as well, the focus is on the task rather than the well-being of workers and their legitimate need for support. This undervaluing of the emotional dimension may have significant adverse effects on both the families and the workers themselves.

Summary and implications

This study presents a comparison between Israel, a traditional society, and Ontario, a modern-liberal society. Differences relevant to child protection are found in the proportion of children in the population (33.4% in Israel versus 26.3% in Ontario), the number of children per women (2.9 in Israel versus 1.5 in Ontario), and the percentage of lone parent families (10.9% in Israel versus 23.4% in Ontario). The close relationship between child protection, poverty and diversity is highlighted.
Both Israel and Ontario have taken responsibility for child protection, and at the same time support the notion that children are the property of their parents. However, in Israel's social democratic welfare regime the state is heavily involved in the delivery of services, and a holistic child welfare system treats prevention, support and the protective responses to child abuse as parts of a whole. Ontario may be classified as a liberal democratic welfare regime, which limits state responsibility and expects individuals to make their own provisions for the care of their children. The child welfare system is characterized by a focus on child protection, distrust of state intervention, and a legalistic approach. This is a dualistic child welfare system, with a division between services for family support and for child protection.

Focusing on the implications of this comparison, I seek to highlight the strengths and weaknesses of each society, and the lessons to be learned.
The relationship demonstrated between ethnic minority group affiliation, immigration, and poverty and over-representation in child protection cases in both countries is an indication of a systemic problem. This should alert us to the need to correct such inequalities through economic and social policies, and to develop culturally sensitive supports for families and communities. Public policy must play a stronger and more deliberate role in ensuring that all families share in the nation's prosperity. A comprehensive social investment strategy is needed to ensure that no child lives in conditions of disadvantage and poverty (Report on Child Poverty in Ontario, 2003, National Council for the Child, 2004).
The different risk assessment methods used in Ontario and Israel have their advantages and disadvantages. Risk assessment tools enable accountability and monitoring, and promote improved communication between workers. On the other hand, use of such tools leads to a focus on deficiencies rather than strengths, tilts the pendulum towards intervention rather than prevention, and limits the workers' availability for direct contact with children and their families. The committee model used in Israel can provide a holistic picture of the child's situation and encourage workers to share responsibility across agencies and professions, weigh alternative solutions and involve parents and children in the decision. However, great variance was found in committees' operation, indicating the need for a more rigorous framework for clarifying and monitoring their practices in order to ensure that they meet their goals (Dolev et. al, 2001).
The increase in rigor accomplished by risk assessment tools developed in Ontario may afford some children better protection and provide prosecutors with firmer evidence, but also makes it more difficult for parents and communities to view child welfare services as offering a therapeutic or supportive intervention (Daro et. al, 2005). The utility of risk assessment tools is related to the possibility of arriving at a uniform decision-making process based on empirical findings. Prior research and practice, however, suggest that these decision-making processes are quite complex, and only rarely rely on clear empirical findings (Kaplan et al., 1999). This

issue may be another example of the discrepancy between two classical models of human reasoning: the analytic and the intuitive. Analytic reasoning is formal, explicit and logical. Intuitive reasoning is seen as inarticulate, swiftly reaching a conclusion on the basis of largely unconscious processes. The designers of tools tend to take analytic reasoning as their model and develop instruments based on probability theory and formal decision theory, while front-line workers have historically shown a preference for intuitive reasoning. In making risk assessments, social work professionals need to integrate scientific and artistic perspectives, or to see analysis and intuition as a continuum as proposed by Hammond's (1996) cognitive continuum theory. When, for example, speed and background knowledge of culture and psychology are crucial (as in interviewing a family), intuitive reasoning is more functional. On the other hand, when there is time, or a need for public accountability, or if the consequences of the cognitive task are serious (as in deciding on removing a child), then a more deliberate approach should be preferred (Munro, 2004). We can learn from Ontario how to develop guidelines that clarify risk situations, and from Israel how to retain the flexibility needed for evaluating individual and contextual factors.

Child welfare has traditionally been the domain of the social work profession. However, if this profession is to continue to be relevant to the tasks at hand, basic modifications are called for. The vast majority of social work, particularly in the area of child protection, is far better characterized in terms of uncertainty than of risk. We are dealing with a situation in which intuitive, situation-dependent judgment should be valued, and where organizations should concentrate on developing notions of mutual trust and should be respectful of different points of view. Traditionally, social workers have been seen as 'experts' in working with uncertainty and ambiguity. We should try and devise strategies and practices that not only rediscover this perspective but which continue to develop it (Parton, 2002). One valuable suggestion is moving from child protection to child welfare, and shifting resources and attention from protection to prevention (Hetherington, 2002). The community-based services developed in Ontario and Israeli are welcome beginnings.

Child protection in both countries is delegated to social work as a profession known to integrate a humanistic attitude with social control. This has always been a challenging task. Professionals in both countries believe that child protection is an essential and worthwhile mission that can be best achieved by building trusting relationships and creating networks of support for vulnerable families. The authoritative managerial approach prevalent in Ontario offers greater protection by encouraging the reporting of abuse and neglect, making more investigations and opening more child protection cases than in Israel. The price of such an approach may be the creation of a depersonalized stance which distances workers from families. Social workers both in Ontario and Israel see building relations of trust with their clients as the cornerstone for any achievement in child welfare.

> "Families are willing to cooperate and use the services if you are genuine, open, and honest and deliver what you say you will. The most important aspect of community work is building relationships through an individualized process over time" (A community social worker at CAS).

A striking difference is the preference for residential care in Israel and for foster care in Ontario. This is a testimony to the interplay of historical, economic, social and value-related preferences, as well as to the effect of workers' biases on the experiences of children and families in care. While many of these factors are uncontrollable, policy makers as well as front-line workers need to be aware of their influence, in addition to reflecting on their own attitudes and motivations. The best safeguard against these subtle influences is to share the decision making process with children, families and the community. The Family Group Conference, a model borrowed from New Zealand and used in Israel, shares decision making among the family, formal service workers, other community resources and informal supports. This is an innovative care practice reform which is proving successful in altering the way in which child protection workers and community service providers interact with families (Campbell, 1997).

Israel and Ontario have scarce community-based services and are exploring new community-based solutions. Making child protection a community affair requires understanding that "child protection is not about how any one agency operates, but about how a community operates both formally and informally to protect children. Achieving child protection becomes a shared moral responsibility not merely to prevent wrong doing, but to achieve positive obligations as well." (Melton and Thompson, 2002: 11). A first step in this direction could be reframing child protection as a community responsibility. This necessitates a change in the fabric of community life in order to instill in residents a specific responsibility for reaching out and helping families, and establishing a collective sense of decision making around the issue of child protection (Doro et al., 2005). Participation by a wide range of segments within the community and building on strengths and resources within the community was shown in Ontario and Israel to support families. Projects for parenting education, supports, and enjoyment should be targeted at the community as a whole. It has been shown (Frensch et al., 2005) that participation of heterogeneous socio-economical groups in programs significantly increases the benefits gained by all participants.

This paper has sought to cover a complicated and complex service arena – child protection in two different societies. It was difficult to decide what to include and even more so, what to leave out. Many of the areas explored are productive subjects for independent study. The criteria for inclusion centered on topics which can further advance our understanding of these difficult issues and offer lessons for implementation. It is therefore important to consider this paper as a spur to further exploration into the strengths and weaknesses of these two child protection systems.

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