**CHILD PROTECTION DECISION-MAKING: SOCIAL WORKERS’ PERCEPTIONS**

**Nhlanganiso Nyathi**

Department of Health, Social Care and Education, Anglia Ruskin University, Peterborough, United Kingdom

Guild House, Oundle Road, Peterborough, PE2 9PW, Tel: 08451965549

Nhlanganiso.nyathi@anglia.ac.uk

Nhlanganiso Nyathi is a Senior Lecturer and Course Leader at Anglia Ruskin University, UK, where he has taught various social work courses for the last 9 years. He has more than 20 years of social work practice experience, which includes being, an Independent Reviewing Officer and a child protection Review Manager with the Safeguarding and Standards Unit of Cambridgeshire County Council. Nhlanganiso, also has considerable international social work experience in both, statutory and non-statutory settings.

CHILD PROTECTION DECISION-MAKING: SOCIAL WORKERS’ PERCEPTIONS

# Abstract

*Decision-making is located at the heart of social work as a core professional activity, because much of what social workers do concerns decisions about future courses of action. Drawing on elements of the learning together systems model and Falkov’s Systemic Family Model, this study investigated social workers’ perceptions regarding how child protection decisions are made. Evidence was drawn from a constructivist-interpretivist qualitative research design, involving sixteen semi-structured interviews with qualified and experienced social workers and twenty direct, non-participant observations of child protection meetings.*

*Evidence from the study suggests that professionals and family members do not rely entirely on the guidance on the threshold criterion of the likelihood and significance of risk of harm when making decisions. Instead, they use discretionary intuition and analytical judgement, involving multi-dimensional criteria which includes consensus between professionals and with family members; individual professional’s state of mind; other agencies and professionals’ priorities as well as external factors such as the availability of resources. Conclusion can be drawn that existing guidance on decision-making is inadequate, hence the discretionary use of a combination of intuitive heuristics and analytical thinking in a complementary manner. This study, therefore, contributes to considerable conceptual clarity regarding the complex child protection decision-making process.*

**Keywords**: child protection; decision-making; intuitive heuristics; risk; professional judgement; analytical thinking

# Introduction

Decision-making in social work is a core professional activity, underpinning much of what social workers do throughout assessment, planning, intervention and evaluation, with regard to future courses of action (Banks, 2001). Considerable attention has been directed at the failings by professionals who make child protection decisions collaboratively and in partnership with families, focussing on the discourse between the use of tools intended to analyse and predict risk and with the need for a more systematic, reflexive and analytical professional judgement and decision-making (Denney, 2005; Goddard, Saunders, Stanley & Tucci, 1999; Parton, 1998; 2000; Stalker, 2015; Titterton, 2005). Questions have also been asked about how the risk-averse society is shaping our views on risk (Beck 1992; Denney, 2005; Parton, 1998; Webb, 2006). A risk-averse society may be disinclined to take risks because of the potential negative media publicity and political costs at elections. Taylor (2017a) argues that it is important to embrace the uncertainty, ambiguity and unpredictability of risk (Goddard, Saunders, Stanley & Tucci, 1999; Taylor, 2017a; White, 2009).

Considerable interest into how knowledge from cognitive psychology can contribute to understanding child protection decision-making has also gained prominence; with researchers seeking to understand the difference between intuitive and analytic reasoning (Dreyfus & Dreyfus, 1986; Kahneman, 2011; O’Sullivan, 2011; Wallander, 2011; Whittaker, 2018). The quest to understand the potential regarding how heuristics and biases could aid child protection judgement and decision-making has also attracted interest (Kahneman & Klein, 2009; Taylor, 2017a; 2017b). Similarly, how the concept of groupthink - which involves making faulty decisions due to pressures to achieve group consensus - can contribute to understanding child protection decision-making has also received some attention (Golkar, 2013; Prince, Gear, Jones & Read, 2005). Likewise, professionals have shown interest in how discretion contributes to decision-making (Evans & Harris, 2004; Lipsky, 1980, Wallander & Molander, 2014). Crucially, it is important to explore how social workers, as lead professionals in child protection work, perceive how decisions are made.

Prevailing child protection decision-making thinking about risk is predominantly informed by two epistemological approaches; one predicated on the perceived predictive ability of ‘actuarial’ assessment tools and the other that uses qualitative analytical approaches (Titterton, 2005). The overall formulation of risk in both instances is supposed to be achieved through deciding whether a child or young person is suffering, or is likely to suffer significant harm or not (Children Act, 1989; HM Government, 2015). Yet, there is limited evidence to substantiate that professionals actually rely on this criterion when making decisions.

The actuarial approaches involve analysing statistical information in order to predict levels of risk. Criticism of actuarial approaches relates to their validity and crucially, that they deny the children and their families the critical voice (Broadhurst, Hall, Wastell, White, & Pithouse, 2010). Reflecting on many years of practice experience in England and Wales, as a social work practitioner, child protection chairperson and social work academic, their use has been isolated. For example, the Strengths and Difficulties Questionnaire (SDQ) (Department of Health, 2000), which was originally adopted to work within the Assessment Framework in order to assess children or young people’s emotional or behavioural difficulties or to predict the presence psychiatric disorders, is very rarely used. Yet, the resilience and vulnerability matrix developed by Calder (2008) is widely used in assessing need and risk in safeguarding children, alongside the Barnardo’s Domestic Violence Risk Identification Matrix (CAADA DASH) which is used extensively in assessing domestic abuse (Barnado’s, 2013; Bell & McGoren, 2003). Contemporaneously, the Signs of Safety (SoS) tool which requires the rating of the degree of safety on scale of one to ten is widely used (Turnell 2010; Turnell & Edwards, 1999). The potential value of these rating scales to child protection decision-making may be attributable to partly, in aiding professionals to analyse and process a large number of factors, which can be a challenge due to the varied statistical weightings. Taylor (2017b) argues that the knowledge from the design and use of factorial surveys could aid the development of theoretical approaches to professional judgement in social work such as heuristic models of professional judgement. The potential role of heuristics and other cognitive psychology concepts in aiding child protection decisions is explored further in the section below.

Unlike actuarial approaches to decision-making, analytical judgement approaches rely mainly on qualitative professional judgements based on the analysis of the presenting issues and concerns in order to arrive at defensible and justifiable conclusions (Taylor, 2017a; Titterton, 2005). Taylor (2017b) argues that adopting a heuristics approach to professional judgement can assist professionals to deal with the complex issues and processes involved. Heuristics involve mental shortcuts and biases (such as halo effect, confirmatory bias and the availability biases) which lead to systematic and predictable errors in reasoning (Kahneman & Klein, 2009; Taylor, 2017b). Reflecting on my practice experience, the halo effect means professionals are more likely to trust people of a certain standing, such as lawyers or paediatricians, but, express distrust for someone with a history of mental health illness, even in the absence of any information they may have to support their views. People with a history of mental health difficulties are also susceptible to confirmatory biases by professionals even where there may be contradictory information. High profile cases such as Victoria Climbié and Peter Connelly’s are recent examples of how availability heuristics can affect judgement. From practice experience, the immediate aftermath of these incidents led to a shift to the thresholds of risk, although part of it was due to heightened managerial, political and media scrutiny.

Wallander (2011) described intuition as the antonym (opposite) of analysis, while arguing that there are certain conditions of social work practice which encourage intuition more than analysis, such as low degree of structure in certain tasks. Earlier, in their seminal work, Dreyfus and Dreyfus (1986) argued that the transition from novice to expert is characterised by mastery in the use of intuition, where experts use intuitive judgements more than novices, who tend to be more rational. Kahnemann (2011) described intuitive thinking (which he called System 1) as fast and automatic while, analytic thinking (which he called System 2) is slow, rational and deliberate. Whittaker (2018) clarifies that because the intuitive System 1 uses recognition of patterns to build narratives quickly, it is therefore susceptible to systematic heuristic errors and biases. Yet, although the analytic System 2 is slow and evaluative because it draws on the conscious, explicit beliefs and reasoned choices, it can endorse judgements based on heuristics and biases if unchecked. For example, not all injuries in children who live in a family environment of domestic violence are due to it, yet, intuitively, that violence can be a critical factor during the investigation, even though on analysis it could be established that injuries are either accidental or non-accidental. There are divergent views regarding whether intuition and analytical reasoning operate independently of each other or as complementary dual processes. Whittaker (2014; 2018) suggests practitioners' reasoning processes are a dynamic interplay of intuitive and analytic processes with emotionally-informed intuitive processes, progressively using more sophisticated pattern recognition and story building processes to analyse and evaluate complex information to make sense as they become experienced.

Understanding how professionals apply their discretion when making decisions is also crucial. Discretion is at the heart of professional work (Wallander & Molander, 2014) and inversely, as Lipsky (1980) put it, professionalism is simply the discretion to make decisions. According to Wallander and Molander (2014) professional discretion is two-dimensional. At a structural level there is discretionary space for professional judgement, while the cognitive activity of discretionary reasoning takes place in the epistemic dimension within the discretionary space. Evans and Harris (2004) argued that the degree of freedom to make discretionary decisions is essential, while dispelling the claims that discretionary decision-making is declining as an exaggeration. Paradoxically, as Evans and Harris (2004), further argued, the proliferation of rules and regulations does not necessarily mean the loss of discretion, but rather these can enhance discretion. Similarly, Wallander and Molander (2014) described discretion as characterised by decision situations or premises with rules of identification which impose either strong or weak warranties or restrictions with stronger or weaker force, respectively. The force of a strong warranty follows the deductive logic that if the premises are true then the conclusion must also be true. For example, if the premise is that all care leavers are bad parents, and the young parents before a child protection parents are care leavers, then these parents would be deemed as bad parents. However a weak warrant or rule only exposes the issues that have to be considered but is not prescriptive, hence allows discretion to flourish (Wallander & Molander, 2014). Recently, in the triennial analysis of serious case reviews, Sidebotham et al (2016) recommended that professionals should be allowed some degree of discretion and curiosity in their professional judgement.

Indeed, it is also argued that decision-making can also be influenced structurally. For example, it can be influenced by political, economic and social factors, such as society’s aversion to risk due to media scrutiny or potential electoral costs which was referred to earlier (Beck, 1992; Parton; 1991; 1998; Stalker; 2015; Webb, 2006). In other words, society’s demands and the needs of the organisations and not that of family members, can sway professionals’ decisions on risk. However, Denney (2005) suggests that risk is socially constructed and is based on interpretation of events using previous risk situations or experiences to compare with decision frames. Likewise, Nyathi (2016) argued that a social worker’s experience and perception of dealing with risk in various situations can likely influence future perceptions of risk, given the social worker’s lead role in child protection work.

Broadhurst et al (2010) argued that child protection decision-making is an inherently complex, contingent and negotiated activity, where informal processes continue to play a critical role in shaping decisions and actions in this relationship-based profession. Expressing their discontent with current overemphasis on bureaucratic, instrument based approaches to assessment and management of risk, they argued that such approaches leaves informal and relational aspects of practice under-emphasised and under theorised. Furthermore, they argued for more critical thinking, reflection and reflexive awareness of the influence of informal relationship processes instead of uniform risk assessments without the informality and relationships between family members and professionals.

Goddard et al (1999) argued that by ignoring the perspective of the child, the risk predictive tools and more procedures could actually increase the risk of harm and endanger more children. They questioned the risk predictive ability and validity of the instruments; arguing that their use in most organisations may be something to do with the organisations attempting to protect themselves rather than the children.

Barlow, Fisher and Jones (2012, p.21), also argued that actuarial tools tend to ignore crucial case-specific idiosyncratic factors by focussing on relatively static immutable factors. Likewise, Gillingham and Humphreys (2010) established that such tools were used less frequently, which undermined the development of professional expertise. Additionally, the study by Gillingham and Humphreys (2010) also identified some tools that always gave high risk rating on the basis of mainly historical and not current concerns. Other tools, they found, oversimplify risk and are ill-equipped to deal with the complexities involved in decision-making because they only tell what needs to be addressed, but not how.

Høybye-Mortensen (2013), explored how decision-making tools affect caseworkers’ discretion in Denmark and found disparities between tools, which raises issues of predictive validity which they claim to have, in line with Goddard et al, (1999). The Danish study also established that decision-making tools which are based on a clear theoretical foundation (such as a particular intervention) tend to have greater impact on social workers’ room for discretion than those based on an understanding of information as neutral and objective, since the latter requires intensive interpretation on the part of the social workers (Høybye-Mortensen, 2013; Taylor, 2017a). Taylor (2017b) argued for the potential for adopting the use of heuristic models of decision-making despite their limitations and without claiming generalizability. Kirkman and Melrose (2014) in their research report for the Department for Education found evidence that the existing set of actuarial tools are not operating effectively, largely because they are highly complex and are under-utilised, leading to their suggestion that actuarial tools need to be simpler and more intuitive, but complementary to analytical professional judgement. Furthermore, they found that professionals resort to intuitive judgements because they are rapid, automatic and generally unconscious responses to events based on a wide range of prior knowledge and experience.

Since child protection decision-making occurs within an environment involving collaboration between professionals and partnership with family members, the role of group dynamics needs to be considered. One particular influence of group dynamics on decision-making during child protection work is associated with the concept of groupthink (Kelly & Milner, 1996; 1999; Prince et al, 2005). Groupthink occurs when a group makes faulty decisions because of group pressures or dominant personalities (Janis, 1982; Golkar, 2013). Groups affected by groupthink often ignore or try to minimize conflict and reach a consensus decision without critical evaluation of alternative ideas or viewpoints, and by isolating themselves from outside influences. In child protection work, this may lead to uncritical consensus during case conferences which is expressed through unanimity regarding whether a child protection plan is required or not. Prince et al (2005) saw evidence that during initial child protection conferences unanimity seemed to override the need to seek alternatives.

In summary, evidence from published literature suggests that prevailing perceptions about risk are influenced by the neo-liberal political views which characterise today’s risk society. The child protection discourse is dominated by the comparison between the effectiveness of actuarial and the analytical professional judgement. The positivist predictive tools, it seems, have considerable weaknesses and their value, however seems to be in aiding analytical judgement, rather than supplanting it. It is also argued that since the construct of risk is based on people’s perceptions, therefore professional judgement and decision-making should embrace uncertainty, ambiguity and unpredictability of risk. Considerable interest continues regarding the distinction between intuitive or analytical reasoning and how professionals employ these approaches during child protection decision-making. There is potential presented by knowledge from cognitive psychology, in concepts such as heuristics and biases, group think use of professional discretion, in aiding understanding of child protection decision-making.

The study reported on in this paper was inspired by personal reflections on my years of practice experience together with recurrent concerns about failings of child protection practice and by the scale and magnitude of the problem of child neglect and abuse in the UK. Despite the large body of published literature reviewed above, there is still a dearth of studies that have explored the lead social workers’ knowledge and their understanding of how decisions are made, hence the focus of this study.

## Method and Sample

The aim of the study was to investigate social workers’ perceptions with regard to how child protection decisions are made. Two sources of data: child protection meetings (observations) and individual social workers (interviews), were inductively analysed and interpreted within a systems conceptual framework. This involved a combination of elements of two systems models namely: Social Care Institute for Excellence (SCIE) learning together systems model (SCIE, 2012) and Falkov’s Systemic Family Model (Falkov, 2013), in a constructivist-interpretivist qualitative research study design. The purposively selected sample of sixteen (16) research participants interviewed were qualified and experienced social workers within one Local Authority in England, whose research Ethics Governance Committee gave ethical approval for the study. Similarly, the direct, non-participant observations were also undertaken with a purposively selected sample of 20 child protection meetings that consisted of ten child protection conferences and ten core group meetings, involving five different child protection cases. Interview participants were recruited through gatekeepers and were all qualified and experienced social workers. Similarly, child protection meetings that were observed were identified through research participants with service managers acting as gatekeepers. The principle of saturation was used to achieve the sample size at the points at which either, additional interviews or observations did not yield any changes to the emerging themes. Findings from both data strands were compared through triangulation.

# Findings

This section presents interview participants’ perceptions of how decisions are made. This is followed by a presentation of findings from the direct, non-participant observations of child protection meetings and the comparison of the two sets of findings.

## Semi- structured interview findings

Interviews gave an in-depth insight into social workers’ perceptions of how child protection decisions are actually made and prioritised. Participants identified multiple dimensions for child protection decision-making as follows:

* Likelihood and significance of risk of harm;
* Combination of intuition and analytical professional judgement;
* Consensus between professionals and with family members;
* Individual professional and agency or organisation’s priorities;
* Individual professional’s state of mind;
* Availability of resources.

### **Likelihood and significance of risk of harm**

Participant social workers described their decisions as being based on analytical judgement based on the criterion of the likelihood and significance of risk of harm, which is used in the Working Together policy guidance (HM Government, 2015). Evidence of this dimension was illustrated through research participants’ use of terms such as the ‘urgency of risk’, ‘likelihood of occurrence’ or ‘immediate risk’ as well as referring to risk in terms of ‘impact’, ‘severity’ or ‘highest’, Participants included descriptions of decisions based on the needs that bring about the change and the risks that could be reduced most quickly. According to Participant SW04 for example some decisions were based on:

*“the one that I think is going to reduce the risk first is actioned first”.*

Participants were in agreement that their decisions are based on where there is the highest risk and the most impact on the child is likely to be achieved. Participant SW12 was more forthright saying that:

*“risk is the biggest thing that influences what you need to do”.*

Clearly, participants seemed to be well aware of the criterion of the threshold criterion of the likelihood and significance of risk of harm has on how decisions are made, although other dimensions were also proffered.

### **Combination of intuition and analytical professional judgement**

Some participants said they were influenced by that which they felt would be the most beneficial change, while others said what was decided on depended on what is urgent regardless of whether that was important or not. Participant SW09 articulated this intuitive decision-making as:

*“prioritising what’s the most urgent.., so my to do list will be which one’s the most urgent is the priority”.*

Participant SW12 offered further insight into how experience contributes to decision-making through discretional use of intuition and analytical judgement

*“as you go further down your career and your professional development you get better at assessing levels of risk.., what’s a real risk, what can wait, what’s longer term and what we need to do immediately”.*

Participants said the discretion to use either intuition or analytical judgement was linked to experience and was needed for negotiations and achieving consensus with other professionals and family members. In such situations, one may start with what attracts least resistance or is a little bit easier to deal with. Being discretional with professional judgement offered flexibility without rigidly basing all decisions on the threshold criterion of the likelihood and significance of risk of harm. For example, participants could make decisions based on what is achievable within a specified review period or quick to implement regardless of the likelihood or significance of risk of harm.

**Individual professional’s state of mind**

There was an unexpected finding that on occasions individual professionals can discretionally avoid high stake decisions in preference for easier and straight-forward ones, depending on their state of mind, rather than the established criterion. For example, participant SW12 admitted that:

*“Some days when I’m feeling a bit overwhelmed I will do the other stuff that kind of gets forgotten because I don’t have to think about, you know, the easier stuff on my list”.*

By using discretion it seems professionals are able to deal with different aspects of the case, depending on their anxiety levels or how mentally comfortable they feel handling the issues at hand. There may be some more complex issues that a professional feels ill-equipped to deal with on one occasion, which they would defer to another time when they feel better prepared.

### **Consensus between professionals and with family members**

Consensus between professionals, including the lead social worker, and with family members was perceived as another influence on how decisions are made. The experience in working with families was considered to be key to how decisions are made. According to the participants, good partnership working with family members can facilitate consensus decision-making. A more candid description of the consensus decision-making was given by participant SW06 who observed:

*“I don’t think that’s a decision I make on my own, I think I use the core group and the family because I think the family knows best what needs to improve first.., it’s about coming to a consensus”.*

Clearly, participants perceived consensus between professionals, including the lead social worker, and with family members as critical to how decisions are made.

### **Individual professional and agency or organisation’s priorities**

Where consensus between professionals cannot be reached, some participants felt it could be the influence of individual professional or another agency’s priorities. For example, different thresholds were found to account for some of these disagreements. Such agency or organisation and individual professionals’ influences were sometimes linked to the external influences such as resource implications.

### **Availability of resources**

For some participants, external resources may not necessarily be limited to financial resources but may also relate to who is the most appropriate person to do that which has to be done. Owing to resource constraints therefore, sometimes decision-making can be resource led rather based on the likelihood and significance of risk of harm and other dimensions identified.

To conclude, social workers’ perceptions regarding how decisions are made involves discretionary use of multi-dimensional criteria. These range from analytical judgement using existing guidance on the likelihood and significance of risk of harm; a combination of intuition and analytical judgement; the individual professional’s state of mind; consensus between professionals, including the lead social worker, and with family members; individual professional or agency or organisation’s priorities and availability of resources. There is also evidence of systemic interplay between these multiple criteria.

## Direct non-participant observation findings

Findings from observing child protection meetings were consistent with the perceptions expressed by research participants during interviews. Professionals were observed using multi-dimensional criteria during meetings in addition to the policy guidance on the threshold criterion of the likelihood and significance of risk of harm. During one child protection conference, for example, the threshold for likelihood and significance of risk of harm was considered without any clear exploration of what constituted risk of harm. At the same meeting the chairperson pre-empted the decision to discontinue with the child protection plan in her summary before asking professionals to express their views by saying she supported the social worker’s recommendation; which was followed by a chorus of *“I agree”*, from all professionals. Professionals were not given the opportunity to challenge each other’s judgement, perhaps because of reluctance to differ with the opinion of the chairperson. Yet, at another conference, following a similar chorus of *“I agree”* the chairperson remarked, “*quick decision*” as if to express a sigh of relief that consensus had been reached. As with interviews, such agreement was consistent with evidence from interviews regarding consensus between professionals and groupthink referred to earlier. Reflecting on practice experience, consensus may appear attractive when rapport is needed and there is need to reach a less contested quick decision, yet it can be flawed.

Overall, there were predominantly striking similarities between what was observed and what was described during interviews with regard to how decisions are made. There was evidence of analytical professional judgement using the threshold criterion of the likelihood and significance of risk of harm in both data sets. In both data sets there was evidence of use of other dimensions, which include a combination of intuition and analytical judgement; individual professional’s state of mind; consensus between professionals, including the lead social worker, and with family members; individual professionals and other agency or organisation priorities; and availability of resources.

Conceptually, as with interviews, these various dimensions had a systemic interplay with each other in line with the conceptual framework for the study. For example, the rapport between professionals and with family members could determine what decisions were taken regardless of whether this was in line with the threshold criterion of the likelihood and significance of risk of harm or not. During both interviews and direct non-participant observations, there was no evidence of any use of actuarial tools. That lack of evidence, however, may not necessarily mean such tools are not used at all, but may have been due to failure to inquire into their use in a more in-depth manner. In short, the findings that have been presented here suggest that despite the existing awareness of guidance based on the threshold of the likelihood and the significance of harm they do not use it exclusively. What follows below is a discussion of the triangulated findings from both interviews and observations that have been presented above.

# Discussion

Evidence from this study suggests that child protection decision-making is multi-dimensional; involving the discretionary use of analytical judgement, based on the Working Together policy guidance on the threshold criterion of the likelihood and significance of risk of harm (HM Government, 2015); a combination of intuition and analytical professional judgement; individual professional’s state of mind; consensus between professionals, including the lead social worker, and with family members; individual professionals and other agency or organisation priorities; and availability of resources. Although professionals have an understanding of the importance of establishing the threshold of likelihood and significance of risk of harm, their tendency to use to discretionary intuition and analytical judgement seems to be due mainly, to the demands and pressures from this wide range of dimensions. For example, there are pressures for consensus relationships between professionals and partnership with family members, from other agencies and professionals’ priorities and external influences. Such variance between the evidence from this study and with what policy guidance on the threshold criterion of likelihood and significance of harm prescribes suggests that the existing guidance is therefore inadequate.

Conceptually, on the basis of evidence from this study a visual model which illustrates how decisions are made can be developed (see Figure 1 below). The model illustrates how decision-making is at the centre of the systemic interaction of multi-level relationships between professionals (including the lead social worker) and with family members, other various agencies and individual professionals’ priorities as well as external factors such as availability of resources. Crucially, the model illustrates how decision-making is at the centre of the assessment, planning, intervention, and review processes (Taylor, 2017a). Each of the factors that interact with decision-making as indicated in the model are influenced by barriers and enablers which determine what and how decisions are made. The systemic interaction between these multi-dimensional levels of influences reflects the complexity of the child protection decision-making process.

**FIGURE 1: A SYSTEMIC CONCEPTUAL MODEL FOR CHILD PROTECTION DECISION-MAKING**

(created in MS Publisher, Calibri font)

The evidence of the inadequacy of the existing threshold criterion of the likelihood and significance of risk of harm from the Working Together policy guidance (HM Government, 2015) suggests that professionals are pragmatic and discretionary rather than being ignorant of existing guidance. For, example they interchangeably used variants such as ‘urgency of risk’, or ‘immediate risk’ in lieu of ‘likelihood’ of risk of harm. On the other hand they also used terms such as ‘severity’, ‘biggest’, ‘impact’ or ‘highest’; terms which were perceived as denoting dimension of ‘significance’ of risk. However, caution should be taken because the use terms can change over time. For example, the term ‘urgency’ was a common expression in middle 2000s (Taylor & Donnelly, 2006), while the term ‘likelihood’ can also be conceptualised in terms of the likelihood of the event happening and its consequences (Stevenson & Taylor, 2017). Because the term ‘significance’ is associated with quantitative thinking it may also be helpful to rethink its use in preference for day-to-day terms such as ‘seriousness’ or ‘severity’ of a likely event or consequence. However, this discretionary use of intuition and analytical involving multi-dimensional criteria may also confirm that decision-making is indeed susceptible to a range of heuristics and biases as discussed earlier (Kahneman & Klein, 2009; Taylor, 2017a; 2017b; Whittaker, 2014; 2018). While this also suggests a lack of consistency in how decisions are made, it also confirms the complexity involved in child protection decision-making in line with Sidebotham et al (2016) who argued that professionals should be allowed some degree of discretion and curiosity in their professional judgement. The fact that all the participants interviewed were experienced in their roles confirms the link and the dynamic interplay between experience and discretionary intuitive and analytic sense making about risk by experienced professionals (Denney, 2005; Nyathi, 2016; Whittaker, 2014). Exploratory evidence from this study also suggests that intuitive judgements can be automatic and generally unconscious in response to events, based on a wide range of prior knowledge, experience, time and workload pressure in line with the findings by Kirkman and Melrose, (2014). In the same vein, therefore the professional’s emotional state as the study suggests is linked to the extent to which intuitive heuristics and biases would affect decision-making. Indeed, as child protection decision-making occurs in situations of high risk, intense emotions and uncertainty (Goddard et al, 1999; Taylor, 2017a; White, 2009), it should be appreciated that the use of emotions when appraised and regulated properly can facilitate self-awareness and thinking (Howe, 2008). For example the ability to choose between addressing a complex high stake issue and straight-forward one depending on one’s level of anxiety or and how mentally comfortable they feel suggests that the use of discretion can be beneficial to professionals regarding self-awareness and self-regulating. Given the complexity of child protection decisions it would appear that social workers understand the need to be of a sound mind when dealing with difficult situations. Drawing on the complexity theory, Sidebotham et al (2016) argued that child protection is far too complex, which could explain why child protection decision-making is multi-dimensional. Exercising professional autonomy and discretion as street level bureaucrats can be empowering and anti-oppressive because it addresses professionals’ sense of powerlessness (Evans, 2010; Evans & Harris, 2004; Lipsky, 1980), particularly where there is lack of management and supervisory support (Nyathi, 2016). Also, given the complexity and uncertainty about risk, evidence from this study suggests that family members may not always understand how decisions are made. Therefore, the desire to achieve consensus between professionals and with family members could be an attempt at effective partnership, yet without clarity, this could be superficial.

The failure to find evidence of use of actuarial tools during both, interviews and direct non-participant observations does not necessarily mean that they are not in use. Evidence from this study suggests professionals may have misgivings about these tools, which is consistent with findings from literature, that such tools are there but are used less frequently or not as intended and therefore are underutilised (Barlow, et al., 2012; Gillingham & Humphreys, 2010; Goddard et al, 1999). This is particularly true for a number of different versions of actuarial tools referred earlier in this paper (Barnado’s, 2013; Calder, 2008; Department of Health, 2000). Other plausible arguments could be that, because child protection professionals often resort to fast and discretionary intuitive decision-making, some of the available tools are not convenient when such decision-making is needed.

Because of the evidence on the inadequacy of existing guidance on child protection decision-making, the underutilisation of actuarial tools and the preference for multi-dimensional criteria, there seems to be a need to rethink a child protection decision-making model that would benefit victims of child abuse and neglect, their family members and professionals. Despite the underutilisation of actuarial tools, there are arguments that they could be used to aid analytical thinking need to investigated (Barlow, Fisher and Jones). For example, the popularity of the SOS model referred to earlier, which requires the rating of the degree of safety on a scale of one to ten (Turnell 2010; Turnell & Edwards) is evidence that some tools can be used in conjunction with discretionary intuition and analytical reasoning to enhance decision-making. Similar rating scales have been used in factorial surveys to study discretionary reasoning and it is argued that these tools could offer potential to investigate a number of variables or factors that professionals often deal with, as well as facilitate statistical analysis (Wallander & Molander, 2014; Taylor, 2017b). According to Wallander and Molander (2014) factorial analysis allows consideration for a large number of dimensions to be sampled and the use of quota sampling can lead to correlations between the dimensions in the sample, high internal validity in the results, and relatively high levels of external validity. Regression analysis could be adopted as it is regarded as method of choice or standard in factorial analysis (Wallander & Molander, 2014). Crucially, for such actuarial tools to be effective, they would need to be grounded on sound theoretical foundations (Høybye-Mortensen, 2013; Taylor, 2017b). Since evidence shows that intuitive decision-making is already embedded in practice, therefore it should be embraced in order to tap into the potential for adopting the use of heuristic models and enhance fast decision-making despite their limitations (Taylor, 2017b; Kirkman & Melrose, (2014).

# Conclusion

The conclusion that can be drawn from the evidence in this study is that despite professionals’ awareness, the guidance on the threshold criterion of likelihood and significance of risk of harm on its own is inadequate. As a result, social workers perceive child protection decision-making as involving discretionary use of intuition and analytical judgement across a multi-dimensional interplay of relationships between various professionals, lead social worker and family members at one level. The relations involving professionals and family members also interact with the individual and organisations’ priorities, professionals’ state of mind and the external factors. The complexity, uncertainty and the need for quick decisions involved in child protection decision-making may account for the discretionary intuition and analytical professional judgement. The evidence of underutilisation of actuarial tools points to the need to rethink the role of these tools through exploring the potential presented by intuitive heuristics in aiding analytical judgement, which as evidence from this study shows, are already embedded into practice. In conclusion, the role of professional discretion and the potential for child protection decision-making to embrace intuitive heuristics as an aid analytical reasoning requires further investigation. Furthermore, given the underutilisation of actuarial tools, research into the development and adoption of decision models which are grounded in clear theoretical foundations is needed. Adopting models which are steeped in theoretical foundations also requires social workers to develop an understanding statistical information to aid decision-making.

# References:

Banks, S (2001). *Ethics and Values in Social Work*. 2nd ed. Hampshire: Palgrave

Barnado’s. (2013). *Barnardo’s Domestic Violence Risk Identification Matrix.* Retrieved from http://www.barnardos.org.uk/Barnardos\_Domestic\_Violence\_Risk\_Identification\_Matrix.pdf

Barlow, J., Fisher, J. and Jones, D. (2012). *Systematic review of models of analysing significant harm.* Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/183949/DFE-RR199.pdf

Beck, U. (1992). *Risk society: Towards a new modernity.* London: Sage.

Bell, M. & McGoren, J. (2003). *Domestic violence risk assessment model.* Ulster, UK: Barnardo’s.

Broadhurst, K, Hall, C, Wastell, D, White, S & Pithouse, A. (2010). Risk, instrumentalism and the humane project in social work: identifying the informal logics of risk management in children’s statutory services. *British Journal of Social Work,* 40(4) 1046–1064

Calder, M. C. (2008). *Contemporary risk assessment in safeguarding children*. Dorset: Russell House Publishing Ltd.

*Children Act, 1989.* London: HMSO.

Department of Health. (2000). *The family pack of questionnaires and scales.* London: The Stationery Office

Denney, D. (2005). *Risk and society,* London: Sage.

Dreyfus, H.L. & Dreyfus, S.E. (1986) *Mind over machine: The power of human*

*intuition and expertise in the era of the computer*. New York: Free Press.

Evans, T. (2010). *Professional discretion in welfare services beyond street-level bureaucracy.* Farnham: Ashgate Publishing.

Evans, T. & Harris, J. (2004). Street-level bureaucracy, social work and the (exaggerated) death of discretion. *British Journal of Social Work, 34* (6), 871-895.

Falkov A (2013) *The Family Model Handbook: An integrated approach to supporting mentally ill parents and their children*. Brighton: Pavilion Publishing.

Gillingham, P. & Humphreys, C. (2010). Child protection practitioners and decision-making tools: observations and reflections from the front line. *British Journal of Social Work, 40* (8), 2598-2616.

Goddard, C, R., Saunders, B, J, Stanley, J, R, & Tucci, J. (1999). Structured risk assessment procedures: instruments of abuse? *Child Abuse Review*, *8*(4), 251-263.

Golkar, H. (2013). Groupthink principles and fundamentals in organizations. *Interdisciplinary Journal of Contemporary Research in Business*, *5*(8), 225-240.

Høybye-Mortensen, M. (2013). Decision-making tools and their influence on caseworkers' room for discretion. *British Journal of Social Work*. *45*(2), 600-615.

HM Government. (2015). *Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children* Retrieved from <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf>

Howe, D. (2008). *The emotionally intelligent social worker*. Basingstoke: Palgrave Macmillan

Janis, I.L. (1982). *Groupthink: Psychological studies of policy decisions and fiascoes*. Boston: Houghton Mifflin

Kahneman, D. (2011) *Thinking, fast and slow*. London: Penguin

Kahneman, D. & Klein, G. (2009).Conditions for intuitive expertise: a failure to disagree. *The American Psychologist*, 64(6), 515-26.

Kelly, N. & Milner, J. (1996). Child protection decision making. *Child Abuse Review 5*(2), 91-102

Kelly, N. & Milner, J. (1999). Decision making in case conferences. In The Violence Against Children Study Group (eds). *Children, child abuse and child protection: Placing children centrally.* Chichester: England, pp.99-113.

Kirkman, E. & Melrose, K. (2014). *Clinical judgement and decision-making in children’s social work: an analysis of the ‘front door’ system*. London: Department for Education. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/305516/RR337\_-\_Clinical\_Judgement\_and\_Decision-Making\_in\_Childrens\_Social\_Work.pdf

Lipsky, M. (1980). *Street Level Bureaucracy: the dilemmas of individuals in social services.* Cambridge: MIT Press.

Nyathi, N. (2016). *Factors that are key influences to effective interprofessional collaborative child protection decision making and practice: social workers' perceptions.*  Unpublished Ph.D. thesis, Anglia Ruskin University.

O'Sullivan, T. (2011). *Decision-making in social work.* 2nd ed. Basingstoke: Palgrave Macmillan.

Parton, N. (1991). *Governing the family: child care, child protection and the state.* London: Macmillan Education.

Parton, N. (1998). Risk, advanced liberalism and child welfare: the need to rediscover uncertainty and ambiguity. *British Journal of Social Work,* 28, 5-27

Parton, N., 2000. Some thoughts on the relationship between theory and practice in and for social work. *British Journal of Social Work*, 30, 4, pp. 449-463.

Prince, J, Gear, A, Jones, C & Read, M. (2005). The child protection conference: a study of process and an evaluation of the potential for on-line group support. *Child Abuse Review,* *14*(2), 113–131

Social Care Institute for Excellence (2012). *Learning together to safeguard children: a ‘systems’ model for case reviews.* London: SCIE.Retrieved from http://www.scie.org.uk/publications/ataglance/ataglance01.pdf

Sidebotham, P, Brandon, M, Bailey, S, Belderson, P, Dodsworth, J, Garstang, J, Harrison, E, Retzer, A & Sorensen, P. (2016). *Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014: Final report* Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/533826/Triennial\_Analysis\_of\_SCRs\_2011-2014\_-\_\_Pathways\_to\_harm\_and\_protection.pdf

Stalker, K. (2015). Managing risk and uncertainty in social work: A literature review. *Journal of Social Work*, *3*(2), 211-233.

Stevenson, M. & Taylor, B. J. (2017) Risk communication in dementia care: Professional perspectives on consequences, likelihoods, words and numbers. *British Journal of Social Work.* doi: 10.1093/bjsw/bcw161

Taylor, B.J. (2017a) *Decision making, assessment and risk in social work (3rd ed.).* London: Sage

Taylor, B.J. (2017b) Heuristics in professional judgement: a psycho-social rationality model. *British Journal of Social Work, 47(4),* 1043–1060

Taylor B.J & Donnelly M (2006). Professional perspectives on decision making about the long-term care of older people. *British Journal of Social Work, 36(5),* 807-826

Titterton, M. (2005). *Risk and risk taking in health and social care*. London: Jessica Kingsley Publishers.

Turnell, A. (2010). The Signs of Safety: A comprehensive briefing paper. Resolutions

Consultancy Pty Ltd.

Turnell, A., & Edwards, S. (1999). *Signs of safety: A solution and safety oriented approach to child protection.* New York; London: W.W. Norton.

Wallander, L. (2012). Measuring social workers’ judgements: Why and how to use the factorial survey approach in the study of professional judgements. *Journal of Social Work,* *12*(4), 364-384.

Wallander, L, & Molander, A. (2014). Disentangling professional discretion: A conceptual and methodological approach. *Professions and Professionalism,* *4*(3), 1-19.

Webb, S.A. (2006). *Social work in a risk society: social and political perspectives*. Basingstoke: Palgrave Macmillan

White, S. (2009). Arguing the case in safeguarding. In: K. Broadhurst, C. Grover & J. Jamieson, eds., 2009. *Critical perspectives on safeguarding children.* Oxford: Wiley-Blackwell, pp. 93-110.

Whittaker, A. (2018). How do child protection practitioners make decisions in real life situations? Lessons from the psychology of decision making. *British Journal of Social Work.,* bcx145.doi: 10.1093/bjsw/bcx145

Whittaker, A. (2014). *Professional judgment, practitioner expertise and organisational culture in child protection: an ethnographic study.* Unpublished Ph.D. thesis, Tavistock Clinic/UEL