Social Work Decision-making
At The Threshold Of Children's Social Services

An Exploration of How Social Workers’ Decision-making Is Informed by Content Knowledge and Process Knowledge and by the Time Pressures and Uncertainties of Practice
Seminar Will Include Discussion Of:

- Context of the research
- How we make judgements and decisions
- Regularities and patterns of decision-making
- Social worker experiences
- Research-based construction of the findings
Professional Judgement

The Guidance States That:

‘It Is Important to Note That the Examples Given Are Not Exhaustive, and Decisions Will Always Rely on Staff Exercising Professional Judgement.

Professional Judgement Will Be Made by Considering Factors From All the Areas of Need and by Weighing Observations and Evidence Against Each Other. Factors Such As the Age of the Child, the History of the Matter in Hand, Relationships and Environmental Circumstances Will All Contribute to a Skilful Use of This Eligibility ‘Tool’.’
Methodological Approach

• Mixed method

• Pragmatic

• Iterative

• Constructivist/social constructionist
Research Questions

• HOW DO SOCIAL WORKERS MAKE DECISIONS ABOUT ACCESS TO CHILDREN’S SOCIAL SERVICES?

• What patterns of referral and decisions in response to initial contacts can be identified?

• How do social workers experience and understand initial contact decision-making?
Main methods used

- Analysis of monthly activity statistics relating to all routine contacts concerning children and young people received in two separate one-year periods in the county studied and the seven child assessment teams within it. (April 2001 – March 2002, September 2003 – August 2004)

- Literature review

- Semi-structured interviews with ten initial assessment social work staff in the period August 2006 to February 2007

- Detailed statistics ‘tracking’ all routine contacts received in a six-month period (over 8,700 from March – August 2004) from receipt to closure
Contacts made to child assessment teams

Chart 5.1 Childcare Contacts Made to each Locality
April 2001 to March 2002
Initial Decisions

Chart 5.4 Locality Response April 2001 to March 2002
(Shown on a % Basis)
Source Of Contacts

Source of childcare contacts across the county April 2001 to March 2002

[Bar chart showing the number of contacts from different sources, including:
- Primary Health (GP, DN, etc)
- Secondary Health (A&E, Hosp OT, Ward, Hospice)
- Self Referral
- Family/Friend/Neighbour
- Internal (WSCC SSD)
- Independent Provider Agency
- LA Housing Dept/Housing Association
- Other Depts of the Council (incl Education)/Other LA
- Central Govt Agency
- Legal Agency (e.g. Pol, Ct, Prob, Immigration)
- Other Agency (e.g. Voluntary Agency)
- Other Individual (e.g. Priest)
- Source of contacts not known]
Semi-structured Interviews

- Explicit and implicit aspects of decision-making
- Assisting the ‘telling’
- Discussion of cases
- Interviewees
- 90 – 120 minutes long
Literature Reviewed

• The Content knowledge base
• Judgement and decision-making (Hogarth, Hammond)
• Indicators/rules
• The Process knowledge base
Making Judgements & Decisions

• Making judgements is an intuitive process
  Bruner’s definition of the concept of intuitive cognition:
  – ‘The intellectual technique of arriving at plausible but tentative formulations
    without going through the analytical steps by which such formulations
    would be found to be valid or invalid conclusions’

• We have limited information processing and memory capacity

• The meaning of uncertainty within initial contact social work

• Our tendency to think causally
Handling and processing information to make judgements

- Hogarth presents the mind as a ‘selective, sequential information-processing system with limited processing and memory capacity

- Consequences of our limited abilities
  - Perceptions of Information: Selective not Comprehensive
  - Nature of Processing: Sequential not Simultaneous
  - Limited processing capacity - leading to rule use
  - Memory shortcomings
Uncertainty

• Defining uncertainty
  vague, ambiguous, cross-classified

• Hammond
  multiple, fallible sources of information
Decisions taken relating to contacts from different sources in the period March – August 2004

Summary of Decisions Made
- Not Stated/Not Clear
- Further Involvement
- Closed Other Reason
- Closed on Priority after IA
- Closed Prior to IA

Contact Source - Summary
Decisions taken relating to contacts from different sources in the period March – August 2004 (shown on a percentage basis)

Contact Source - Summary

Summary of Decisions Made
- Not Stated/Not Clear
- Further Involvement
- Closed Other Reason
- Closed on Priority after IA
- Closed Prior to IA
Decisions About Contacts in the Period March-August 2004

Comparison of Family Distress or Dysfunction With Contact Source

Summary of Decisions Made
- Not Stated/Not Clear
- Further Involvement
- Closed Other Reason
- Closed on Priority after IA
- Closed Prior to IA
Decisions About Contacts in the Period March-August 2004
Comparison of possible abuse contacts With Contact Source

Summary of Decisions Made
- Not Stated/Not Clear
- Further Involvement
- Closed Other Reason
- Closed on Priority after IA
- Closed Prior to IA
Causal And Statistical Reasoning

- Difficulty in assessing the relative contributions of skill and chance.

- Difficulty in assessing the reliability of data sources and their independence/dependence on each other.

- Strong tendency to seek information that is consistent with initial hypotheses (often only one hypothesis) rather than information that could cause them to be rejected.

- Ignoring information providing background to any judgement.

- Ignoring issues relating to statistical reasoning/the logic of probability.

- Difficulty in assessing judgement when feedback is not available.
Process Knowledge or the ‘Know How’ of decision-making

- acquiring information
- skilled behaviour
- giving information
- metaprocesses for directing and controlling one’s own behaviour
- deliberating processes – planning and decision-making
Gathering information

- **SW2**: I mean, basically good assessments starts off with good information, you know, the more the information you can get the better.

- **SW1**: What we’d normally do if we didn’t have enough information to make a decision, we’d call them back and get more information. ........ it’s always about more, relevant information – you can have loads of information but it might not be relevant to the concern.

- **SW7**: At the end of the day it is my responsibility if I’m involved in that young person’s life, to ensure that any information I get, I record ... as much information as I can get so I can then sit and I can read my case activity whilst undertaking, undertaking the assessment and I can pull it all together so that my assessment is the best I can do for that child.
Approach

• SW10: You’re going to get more information from somebody if you have some kind of a relationship going on than if you don’t have any, ...

• SW7: Openness, honesty, you know, being real, being real not being judgemental at all.

• SW2: (In discussing advice given by SW2 to students, when acting as a practice 
supervisor) Get as much information as you can, try not to sound judgemental to 
anyone, because obviously we get a lot of calls that are malicious, ... Well we have to 
take all information that’s said as accurate until we go out and find out otherwise.

• SW5: I think a lot of the skill of running a Help Desk is allowing people to ventilate their 
feelings, to actually make them feel as if somebody gives a damn.

• SW10: When you have a parent, they’re stressed, they’re under pressure, they want 
you to listen to what’s upsetting for them. You have to do that first and then you have 
to bring them back to the child and say yes I can see that but what, what about the 
child, what’s happening for the child. I wouldn’t expect them to have insight 
straightaway into where, where the child stood.
Tangible evidence

SW7: Ultimately you’re the one, you’ve seen that child, you’ve seen that family, you’ve seen the environment, you’ve spoken to the school, health, you know, and you make judgements based on evidence because it’s got to be tangible, you’ve got to have something you can hook your decisions onto ... you have to have evidence.
Assessing credibility and reliability and corroborating concerns

SW9: We’re like rottweilers in my team we’re better than the police.... I can think of an example of a recent case just the last two days, that, this young girl came in with a bruise on her leg but she’s been severely neglected, she’s got eczema not been treated, she, dentist, she hasn’t been treated, she’s scape-goated in the family, ... the dad told us that he took her to the doctor, ... that he took her to the dentist, he hadn’t done any of those things. We investigate. They think we will take that as gospel. We ring the GP, we’ll ring the dentist, we’ll do this.

SW5: I had a referral the other day where a neighbour was referring anonymously, a family, ... the details she gave me would have been picked up by health visitors, school, other people, police, you know, it wouldn’t have just been the family had gone on in this way. And when I went to see the family none of the concerns this lady had given me were actually found to be true, but because I wasn’t sure and because I wanted to check I actually contacted the health visitor and the school as well.
Mapping early decision-making

• Distinct dimensions of social work decision-making at initial contact
  – Initial consideration of contacts
  – Making sense of contact information
  – Wider influences on decision-making

• Key considerations at each stage

• Empirical maps as a useful mechanism for engaging with the findings
Initial Response to Contact

SPECIFIC INDICATORS IDENTIFYING CONTEXT/CHARACTERISTICS OF CHILD/FAMILY
(Observable, tangible indicators from the child’s uncertain world)

- Background issues that can make child/family vulnerable
- Past history with or prior knowledge of the family by social workers
- Concerns about parenting but no clear indication of harm
- Quality and depth of information provided by contact source
- Clear and tangible evidence of any child abuse allegation
- Age of Child
- Accumulation of stresses
- Willingness of potential service users to engage with social workers

BROAD PRIORITIES GUIDING THE INITIAL RESPONSE

- Statutory imperative requiring action be taken
- Departmental policy not to undertake responsibility for certain functions
- Situation can be resolved over the telephone
- Visit likely to be needed some distance away

COLLECTING CONTACT INFORMATION
(Designed to obtain as much information as possible prior to any critical analysis)

- Read documents or listen carefully to callers and take detailed notes
- Build rapport/engage quickly
- Do not judge
- Stay calm, help others to calm down
- Allow carers to talk through their own distress

ACTION BY OTHERS

- A situation where action has already been taken by others
- A situation where action could be taken/resources could be provided by others

Empirical Map 1: INITIAL RESPONSE TO CONTACT INFORMATION
Additional indicators influencing the broad priorities guiding the response

- SW4: I do encourage people (students and new staff) to say, largely, we don’t offer a service. This is our core business, its very few families that we work with, plus we can talk and advise people it’s about not raising hopes and expectations that we are actually going to be able to do anything, particularly longer term.

- SW10: I think if I’m talking to somebody I know there’s no one that can help I might stay longer on the telephone with them. I might offer a bit of verbal support. ... I will, I will tend, if I know that I’m going to have to say to them ‘no’, I tend to try and get them to look at different ways that they can deal with it, on the ‘phone. .... I just think if I know it’s going somewhere then I won’t waste their time or mine by giving, having a big, long conversation and then passing them on. I’ll, I’ll, sort of, be a bit more precise and do it but If I know I’m not going to be able to I’ll try to give them as much help as I can personally before finishing the call.
Past history

- SW8: the importance of looking at whether the family were known to us and what the history was because that will influence your decision-making, you know, in a big way

- SW9: Either this child, this is a one-off or this is a pattern, so it is about building up a jigsaw, building up a pattern

- SW4: It depends if they’re known to us, the family may well be known to us, and if we’ve had a contact through ... we always get out the papers and they would be added to that contact so the decision would be made in the context of what our agency knows about them. ... We are looking at previous referrals and the pattern of those referrals so,... you can have a very quick snapshot of what is this family’s history and the level of concerns
Action by other agencies

- **SW10:** (Example relating to domestic violence using a police report) History marker had been added to both the address and to (mum’s) personal mobile number. ... the child, ... was checked and seemed safe and well asleep in bed. So he hadn’t heard or seen it (the domestic violence).

- **SW2:** Well, it depends on the age of the child, I mean, under 5’s you’ve got a health visitor in there, you might tip them the wink and say look I’ve had this referral but we’re not going to do anything, can you keep an eye. You’ve got school for the older child so we would expect school to pass any concerns on, depends who’s made the referral, you see. Hopefully it would come back.

- **SW5:** We would explore, I think, where we thought it was a low eligibility matter whether or not the school had something to offer, ... and we’d also look at what was available in the town, ...I think we’d look and see what there was.
Action by others

- SW1: Children are very good at finding what they need, I think, not 5 years olds, but above that. You see a child who perhaps doesn’t have any warmth from its parents, but it may well get it from it’s grandparents, or the lady next door, somebody up the road. It isn’t, I don’t think it’s enough to say well the mother’s not able to give warmth therefore that child’s suffering; you need to look at what else that child has got.

- SW5: Does the child have relationships with other people to safeguard? Is there a protective network around the family?
Empirical Map 2: MAKING SENSE OF CONTACT INFORMATION

- Use memory/be aware of memory shortcomings
- Use visual representations of significant events, family relationships, support networks, ways of working/thinking
- Use chronologies/incident logs/case files

DEALING WITH COMPLEX INFORMATION

- Corroborate concerns with contact source, carers and others
- Assess credibility & reliability of contact source, carers and others
- Add vital pieces to the jigsaw, plug gaps in information
- Guard against confirmation bias – look at alternative explanations when developing hypotheses

CONSTRUCTION OF NEED

- Research evidence
- Focus on core business which is child protection and assessing risk
- Eligibility thresholds/access guidelines

Theoretical approaches underpinning practice.

EXAMINING CONTACT INFORMATION

- Interpret base rate/background data
- Add vital pieces to the jigsaw, plug gaps in information
- Corroborate concerns with contact source, carers and others
- Assess credibility & reliability of contact source, carers and others

Focus on core business which is child protection and assessing risk

Empirical Map 2: MAKING SENSE OF CONTACT INFORMATION
• SW2: I’m not very theoretically minded Pat no. There probably is (theory) and I’m probably using them all the time but I don’t recognise them. ... I mean attachment, every time you do an initial assessment you’re using attachment theory but you’re not, I don’t sit there thinking ‘Oh I’m using attachment theory’, but yes you are and crisis resolution and all sorts of things, loss.

• SW9: Well the theories are there but you don’t think of it, well you do: .. attachment, development, stimulation,.. looking at that all the time. They’ll (team members) come back and say there is a, a problem with attachment there, or with this child you can look round and see there’s no toys, television’s on, these children aren’t stimulated, you can tell by their speech they’re not stimulated.
Awareness of the use of theory to inform judgements

- SW8: You use your judgement and you use your initiative and you use what information you’ve got, but you also use, use the skills of observation in looking at interactions between parents and children, ... You get a sense of very, we’re all acutely tuned into, I think, to seeing a child’s response to an adult, if there’s any fear there or if they, or its felt that they’ve been, you know, I think we do this without thinking about it really, whether they’ve been primed to say something or not, you tend to get a very easy sense of that from children. If you sense that there’s a child, it’s, it’s very easy to see whether a child is kind of open and happy and within sort of normal reactive, child-like state or whether they’re kind of withdrawn, perhaps a bit over-friendly with you or, so you tend to pick up all those subtle clues. .. And then all the home environment because that’s where the child should be most, sort of, secure and relaxed and if they’re not you’re looking to why ... So all of those things I think you do intuitively in a way, ... you don’t think about it, they’re so important all those things but you wouldn’t think to say it, would you? ... Observation, attachment, all of those hugely significant and we all do that ...
Applying discretion

- SW2: Pat, if I want to intervene, I’ll intervene. I don’t care about eligibility criteria. ... It’s something that needs doing and I can see that I can do it, I’ll do it. ... Getting involved but at a very low level. If it didn’t meet the eligibility criteria we wouldn’t take it on for social work support but I might make several ‘phone calls for that person or meet them several times and then chuck it.
Empirical Map 3: WIDER INFLUENCES ON DECISIONS

Wider Influences on Decisions

- WIDER GOVERNMENT AGENDA/KEY STATUTORY AGENCIES
- ETHICAL ISSUES
- DESIRABLE OUTCOMES
- ENVIRONMENT
- ACCOUNTABILITY/CONCERNS ABOUT THE FUTURE
- REFLECTIVE PRACTICE
- TEAM CULTURE
- HEURISTICS/SIMPLIFYING RULES

- Explore what others have already done or could do
- Explore specific indicators identifying the context/circumstances of child/family
- Explore previous history/patterns of previous contact
- Rules to decide eligibility
- Rules for examining information
- Rules for collecting information
- Rules guiding initial response

Manager/Senior Team Member making decisions or acting as filter for preliminary decisions made by individual social workers

- Local rules
- Ethical rules

- Level of risk the individual social worker can tolerate
- Work pressures operating at the time a contact is received
- Team debate

Manager/Senior Team Member making decisions or acting as filter for preliminary decisions made by individual social workers
Team culture

- Supportive
- Team debate
- Central role of manager/senior team members
- rules
Supportive

- SW5: in this particular area where you’re well supported, that you share responsibility, you don’t feel you’re going alone.

- SW7: I think in terms of thresholds and in terms of keeping, you know, keeping children safe – I actually think we do a bloody good job, you know, we work really hard to ensure the child is safe. ..... I think we’re lucky we’ve got a good team, good manager, good service manager and we’re allowed to manage our cases.

- SW5: Certainly I’m not comfortable around alcohol misuse because that’s not an area that I know a huge amount about. But then, you know, our team manager has got great knowledge so it would go back to her.
Team debate

- SW10: As a team we probably would discuss ways of dealing with situations at team meetings, so if we’d had a problem or a series of problems, we might say, this is, this is proving to be a problem what does anyone think and then we would discuss it and as a team we could probably come up with a different way to deal with it.

- SW2: We will often, (colleague) and I are permanently on the Help Desk, we will often say, what do you think about this one? Because there are ones you’re not sure of, what to do on and we’ll get our heads together and say what do you think, do you think this....

- SW4: We’ve had three new staff start all at once and it’s been quite fascinating it’s made us look at what we do we’re not just being challenged by one minority group, half the team now say to us why do you do this and how is it you decide that and so that’s really been quite interesting, I think that’s made some differences in the team.

- SW5: I do a mentoring group for the young, new people in my team. ... We discuss and we debate in the team, one or two people particularly.
Central role of manager/senior team members

• SW10: So if you put something through for closure and (manager) wants more information or (manager) disagrees s/he will just put a little note on: have put this through for initial assessment because, or before we decide whether this has an initial assessment can you just check this. Sometimes they just go straight through and they’re closed, if you put it through for initial assessment (manager) might say, that’s fine. But if (manager) has any queries, (manager) is very good at just telling us why.

• SW5: The decision on what happens after a contact is made is always the manager’s but we do offer a filter service. I would say that we have four or five different types of contact.
Rules

• Allow day-to-day practice to be managed

• May improve consistency of response

• Informed by content and process knowledge

• Are dynamic and flexibly applied

• Developed in part by the team

• Some will be shared within teams whilst others remain implicit