SESSION 5 ABSTRACTS

Option 5 A: Discretion and reasoning in professional judgement

Living on the edge: social worker’s reasoning about 'cusp' decisions in child protection
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Context: Decision-making processes in relation to children in the context of child protection include multiple social actors, and occurs along a decision-making continuum from notifying to child protection services to removal of children. Understanding social workers’ reasoning about family situations that are on the ‘cusp’ of major decision points, and what ‘tips’ them to either increase statutory intervention or guide families out of the statutory child protection continuum provides insight into these complex processes.

Method: This talk draws on a mixed methods study in Aotearoa New Zealand that surveyed and interviewed child protection social workers.

Findings: Survey data showed that at notification, there was the most variability in risk perceptions - where information about the family was vague and concerns were mild. Interview data explored social worker perceptions in relation to two later decision points: initiating a family group conference, and applying for removal orders.

Conclusion: Drawing on themes relating to perceptions of harm, families and ‘change’, support availability, the case history and age of the child, views on family engagement, and operating within a managerial hierarchy, these cusp cases are explored to gain greater understanding of what shapes decisions at these specific legal intervention points. The roles of discretion and negotiation at these points, and their interaction with risk perceptions will be discussed.

Methodical doubt in child welfare and protection: the role of informal interaction
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Context: Social workers are routinely required to make intuitive judgements. Intuitive judgements need to be tested and checked to guard against error and build towards explicit and defensible reasoning. A process of formal and informal discussion with colleagues can support “peer-aided judgement” which is recognised as a key step in moving from intuitive to analytical modes of rationality. However, there is scant understanding of the processes which constitute the activity in social work and a dearth of data upon which to base practice and policy guidance.

Method: This paper considers data gathered in an ethnographic study of social work sense making in a local authority children and families team. Using non-participatory observation, the researcher followed duty social workers as they dealt with new enquiries alongside their existing allocated workload. Observations were carried out at set times across 12 weeks allowing for observation of a range of different individuals as they sought to make sense of information and decide what to do as a consequence. Data was captured in contemporaneous notes and analysed through iterative coding.

Findings: Analysis of the data identified instances of “methodical doubt” being exercised by workers. In these situations, workers appeared to be able to avoid rushing to judgement; they were more able to tolerate uncertainty and work through the available information with critical rigour. In doing so, they could use informal discussions with colleagues to take different theoretical perspectives and generate multiple hypotheses about case information, causation and implications.

Conclusion: “Methodical doubt” can be seen as a potential counterbalance to known biases in social work judgment such as myside bias and verificationism. While limited in generalisability and replicability, this study provides insight into the contexts and interactions that can support effective social work sense making. The findings will be of relevance to the development of practice and practice-near research.

Professional wisdom and discretion in social work practice: data from an exploratory study in United States and Portugal
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Context: This presentation reports on the first phase of an exploratory international research project that explores the processes of professional deliberation and judgment in different national and organizational contexts. This research sheds light on the “special nature” of social workers’ professional reasoning, independent of their geographical and organizational frameworks; it provides evidence for the assertion that social work practice is grounded in professional judgment, “practice wisdom” and ethical deliberation, and cannot be reduced to technical, rational, or the simple acritical devotion to procedure. Interviews focused on three key areas for analysis: the balance between official regulation, ethical principles, professional deliberation,
and case particulars: the importance of supervision, reflection, and shared judgment; and the relationship between personal traits, emotion and affect and evidence-based arguments.

**Methods**: Data were analyzed from 16 interviews with social workers from the USA (8) and Portugal (8). Participants were intentionally chosen from different practice areas and practice settings (public, non-profit, and private SW). 

**Findings**: Data show that s.workers from both nations and in all practice settings invoke professional wisdom over organizational policies when the well-being of clients is at stake, and report that their professional judgment combined with personal experience and scientific evidence informs their moral judgments.

**Conclusion**: Professional wisdom can be conceptualised as a prudential practice model that relies on experience, ethical concerns, rules, “informed intuition,” theory, and research data. S.workers perceive their subjective professional practice appraisals as critical to their professional responsibility and not contrary to their professional rationality. In this sample, s. workers asserted the importance of their professional discretion to ensure ethical professional practice, and they rejected the notion that formal agency requirements (including the law) could provide sufficient guidance for a robust and ethical social work practice. Individual reflection and supervision are also identified as valuable supports for ethical professional decision making.

**Option 5 B: Understanding risk with young people**

**Affect-related characteristics and adolescents’ risky behaviour**

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**Context**: Adolescents are often underestimate their chances for negative outcomes, and thus making risk behaviours, such as alcohol use, drug use, and cigarette smoking. Previous studies shows that smoking in early adolescence has been linked to long-term smoking in adulthood, marijuana use, low academic achievement, and behavioural problems. This is also similar to other types of negative behaviour. Given this, it is important to examine risk behaviour among adolescents in Malaysia. The objectives of this study were specified as follows:-To identify the most frequent risk behaviour among adolescent. To identify the most dominant type of parenting style.

**Methods**: This cross-sectional study has employed a questionnaire to collected data on demographic information, adolescent risk behaviour and parenting styles. A total of 300 respondents from 5 schools in Johor, Malaysia were involved in this study.

**Results**: Smoking behaviour is the most frequent risk behaviour among adolescents compared to other risk behaviour such as fighting, sexual activities, and drug usage. Whilst, the most dominant parenting style reported by the respondents is the permissive style.

**Implications**: The national Ministry of Education (MoE) should take several preventive steps such as organising a workshop, seminar, or course on adolescents’ behaviour. Each and every courses organised by the Ministry of Education should be collaborated with the school for details in selecting the type of courses in order to minimize the most frequent risk behaviour in schools.

**At-risk and responsible: expectation of self-protection in child protection practice with sexually abused teenage girls**

- **Rosemary R. Carlton** [rosemary.carlton@umontreal.ca]

**Context**: She’s a petite thing – just turned 15, barely in the city for a month. She’s definitely been exploited, taken advantage of and murdered. We know she was in care and was rebelling. She was running away and had a history of that. I’m sure she didn’t realise the danger she was putting herself in. The body of Tina Fontaine, an Aboriginal teenager who had been under the care of child protection services (CPS), was found in Winnipeg’s Red River on August 17th, 2014. Sgt. O’Donovan, speaking with reporters following the tragic discovery, painted a touching portrait of her vulnerability. Underlying his words, however, was a contradictory message of individual responsibility that cast Tina as having failed to protect herself from danger. Such coinciding yet conflicting views of girls’ vulnerability and responsibilisation around risk are the focus of my presentation.

**Method**: This presentation draws from a qualitative study on sexually abused teenage girls’ involvement with CPS – Canada’s state apparatus mandated to protect children from abuse or neglect. Professional practice in this area centres on identifying and managing risk.

**Findings**: I will suggest that practice with sexually abused teenage girls is shaped by neoliberal, post-feminist attitudes wherein girls are understood as at-risk while simultaneously made responsible for self-protection. They are encouraged and expected to act as rational, autonomous beings capable of recognizing and avoiding potential perils in the aftermath of sexual abuse so as to ensure their safe passage to becoming an independent
woman. Notably, further experiences of risk are wont to be attributed to individual failures irrespective of girls’ often complex and disadvantaged circumstances.

**Multi-agency professionals’ perspectives of complex youth, risk and need in the republic of Ireland – informing social work multi-agency practice**

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**Context:** The term ‘complex youth’ (Huan, Ryan and Herz, 2011; Haight, Bidwell, Marshall, Khatiwoda, 2014) is used to describe a specific cohort of young people engaged in youth justice and child protection and welfare services. They are also more likely to be involved with other services relating to mental health, educational support and other support services (Biehal, Sinclair and Wade, 2014; Haight et al., 2014). As a consequence of involvement in diverse assessments and decision making processes, these young people experience more complex needs (Biehal, Sinclair and Wade, 2014; Haight et al., 2014).

**Methods:** The presentation will present a brief overview of doctoral research carried out in the Republic of Ireland with 27 professionals from across child protection and welfare, youth justice, addiction, mental health, education and voluntary and community services that provide responses to complex youth. The study sought to explore their perceptions of youth, the concepts of risk and need and the discourses that influenced assessment, decision making and service responses towards this group. The study took a social constructionist standpoint and was qualitative in nature. It utilised semi structured interviews and vignettes and analysis used a grounded theory approach.

**Findings:** The findings indicated that professionals struggled to negotiate structural neo liberal risk agendas, with individual responses for complex youth, leading to a prioritisation of risk over need. Complex youth as individual agents, with specific needs were absent from responses.

**Conclusion:** The findings of the study will contribute to informing practice for social workers in understanding how the discourse of risk, shapes and defines assessment and decision making in their work with this group. The findings are timely in light of Ireland’s move towards commissioning of services within Tusla, Child and Family Agency, and the implications that this new managerialism agenda poses for social workers in multi-agency practices.

**Option 5 C: Decision processes in mental health work**

A process evaluation of an implementation effort of shared decision making in mental health care including a digital decision tool with service users

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**Context:** Shared decision making, SDM, in mental health care, supports service users to experience a greater sense of involvement in treatment, self-efficacy and autonomy. Decision tools adapted to the needs of service users have the potential to support SDM and restructure how users and staff work together to arrive at shared decisions. The aim of this study was to describe and analyze the implementation process of an SDM intervention for users of community mental health services in Sweden.

**Methods:** The implementation process was studied through a process evaluation comprised of an explorative design utilizing both quantitative and qualitative methods. In designing the process evaluation for the intervention, three evaluation components were emphasized: contextual factors, implementation issues and mechanisms of impact.

**Findings:** The results illustrates both facilitating factors and barriers in implementing SDM. A facilitating factor was the use of the decision tool enabling an interactive communication between staff and service user supporting the user to be informed and prepared in decisions. A contextual barrier was a lack of a common agenda for increased service user participation in the units. SDM was a voluntary activity shaped by each staff member in accordance with his or her judgment, experience and attitude. Another barrier concerned decision making capacity in both staff and in users. In some care units staff felt that they did not have formal power regarding formulating and deciding upon interventions. Confidence in service users’ decision-making capacity and ability to integrate information was low.

**Discussion:** The results indicate that staff perceived the decision support tool as user-friendly and useful in supporting participation in decision-making, and suggest that such concrete supports to participation can be a factor in implementation if adequate attention is paid to organizational contexts and structures.

Decision-making strategies in mental health reform: the Czech experience
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Context: A long-term and continuing trend in mental health has been the deinstitutionalization of inpatient psychiatric care. This has typically involved the development of community mental health services which has often led to a dramatic expansion in providers and stakeholders. This has in turn stimulated a variety of efforts to implement less centralized and more participatory decision-making and planning processes in many nations. Yet, implementing such decision structures has faced considerable challenges given the scant attention paid to the various tradeoffs involved in such systems, including the need to minimize politicization, and base decisions on empirical evidence whenever possible. In addition, nations with a history involving the suppression of civic life, such as the former soviet block nations of Eastern Europe, face additional challenges in developing participatory decision structures.

Methods: This study explores these issues through an examination initial impact of a broadly participatory planning process in the Czech Republic during 2016-2017, aimed at both reducing inpatient care and expanding community mental health systems. Given the uniqueness of the Czech experience, an exploratory case study methodology is used, one involving ten interviews with key informants and examination of a wide variety of documents and statistical sources.

Findings: Initial results include the development of broad new decision and oversight structures and the initial implementation of community mental health services. The nation faces some of the same trade-offs found elsewhere, namely, between an inclusive participatory process, and one that systematically incorporates empirical evidence and best practices.

Conclusion: Implications for new directions are identified including the development of a national mental health authority, new funding strategies, multi-level service coordination, mechanisms to assure transparency, and manpower development, among others.

Supported decision making: experiences, approaches and preferences

David Falls & Paul Webb, Praxis Care
Barbara Norris & Aine Owens, Mencap
Gavin Davidson, Queen's University Belfast

Context: Making decisions about one's own life is a key aspect of independence, freedom and human rights. Mental health law has previously allowed compulsory intervention by external authorities even where a person has the decision-making ability to decline intervention. This unfairly discriminates against those with mental health problems and intellectual disabilities but who nonetheless have the relevant decision-making abilities. In May 2016 the Mental Capacity Act (Northern Ireland) became statute law. In contrast to other countries this capacity legislation will replace rather than operate in parallel with mental health law. A core principle of the new Act is that people are "not to be treated as unable to make a decision...unless all practicable help and support to enable the person to make a decision about the matter have been given without success" (Article 1(4)). There is very limited research evidence available about people's experiences of the range of approaches provided to support decision-making. This evidence is needed to inform the Code of Practice for the new Act and the implementation process.

Method: This presentation summarises a research project which explored how people have, or have not, been supported to make their own decisions. It was funded by Disability Research on Independent Living and Learning (DRILL) and used a co-production approach between disabled people, Praxis Care, Mencap and Queen's. 41 participants were purposively recruited through Praxis Care (21) and Mencap (20), participants were 18 years or over, had a mental health problem and/or learning disability and could provide consent. Individual semi-structured interviews were conducted by a peer researcher and an academic researcher working together. Interviews were audio-recorded, transcribed and thematically analysed.

Findings: The findings identify participants’ experiences of making both everyday decisions and major life decisions, indicating what has or has not worked for participants and providing an overview of the approaches to support that are possible.

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Option 5 D: Supervising decision making and risks

Blind decision making: does seeing a child or family impact our judgement and decisions?
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Context: In economics, business and social science there is a growing discourse about the process and complexity of decision making, with a greater appreciation of the multitude of factors that can impact decisions and outcomes. Social work literature has focused on the evidence of flawed assessments and decisions, focusing practice improvement on guidance to attempt to minimise errors that impact on the lives of people we work with. Supervision is repeatedly noted as central to assessment, with critical thinking and objective questioning being viewed as means to reduce bias and flawed decisions. Despite the prevalence of discussion surrounding supervision and consequently a supervisors’ role in decision making, there is little specific discussion considering this unique position in decision making. This paper will share the progress of my current research exploring how supervisors often make ‘blind decisions’. Discussing how supervisors become second line decision makers, often making ‘blind decisions’ about people they have not met, based on information presented to them, which has already been interpreted and manipulated.

Method: Through questionnaires and semi structured interviews of supervisors in child welfare and protection roles across Scotland, I seek to explore the factors impacting blind decisions and how these may differ from decisions that are made following direct interaction with a child and/or family. I will share the developing understanding of if, when and/or why supervisors are comfortable making blind decisions. And if there are links with trust, relationships, perceived objectivity, responsibility, disconnection or the emotional impact of our work.

Discussion: I seek to explore the views of supervisors and how directly experiencing a child and/or family may impact on both judgements and decisions. My hope is through my research we will develop a greater understanding about this currently unexplored aspect of decision making to inform future research and improve decision making in daily practice.

Intuition and managerial decision-making in social work
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Context: The paper focuses on the new possibilities in exploration and understanding of intuitive decision-making of managers in social work, a topic that is more and more often discussed in management theory. Managers make their decisions in an organisation that, in relation to changes in society, has also significantly changed during the last years. There are many power means available to them, among others also decision-making power that makes them able to decide about key issues in firm direction. Decision-making of managers in institution is still understood as a mostly purely rational activity. We suppose that manager is able to deliberately calculate inputs and outputs, or the outcomes of their actions, and always does so in order to reach set goals. However, managers in social work are currently expected to decide quickly, which implies a risk of more errors. Intuition stemming from knowledge, experience as well as emotions thus leaves rationality behind. Manager in social work is related to decision making about people. Emotions and their own values are a significant factor in decision making. Though, how should one examine this phenomenon?

Method: This is the central concern of this study and research of which the results are described here. I was firstly interested in the transformation of the perspective on rationality in relation to decision-making of managers in an organisation. I looked for a tool suitable for the examination of the current character of decision-making of managers in social work.

Findings: From the perspective of cognitive linguistics, language appears to be a suitable means for exploring human thinking, and it is namely a metaphorical system used by managers when rationalising their decisions that is a source of data for expanding the base of knowledge about decision-making of managers in social work.

Exploring the use of the Cognitive and Affective Supervisory Approach (CASA) with children’s social work managers to support social work decision-making
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Context: This paper reports on the findings of an ESRC-funded Knowledge Exchange project exploring the contribution of an innovative supervisory approach to social workers’ assessment and decision-making practices. The Cognitive and Affective Supervisory Approach (CASA) is informed by Cognitive Interviewing
techniques originally designed to elicit best evidence from witnesses and victims of crime. Adapted here for use in childcare social work supervision contexts, CASA is designed to enhance the quantity and quality of information available for decision-making. Facilitating the reporting of both ‘event information’ and ‘emotion information’, it allows a more detailed picture to emerge of events, as recalled by the individual involved, and the meaning they give to them. It assumes that recognition of the emotional content of practice is key to safe and effective decision making but that supervision has not always provided the necessary space for this kind of reflection and analysis.

Methods: A group of practice supervisors from Children’s Services in two local authorities were introduced to the CASA and undertook to use it in selected supervision sessions; they were supported in this through the provision of regular reflective group discussions. 14 supervisors originally joined the project with 9 continuing their involvement.

Findings: Feedback from participants demonstrated that CASA has practical utility and can support supervision discussion of a range of practice situations and encounters. Although it highlighted the challenges for supervisors of ‘active listening’, practitioners and supervisors reported that the CASA moved them away from ‘business as usual’ discussion more focused on case management/direction and problem solving - and in many cases this allowed new insights to emerge, affecting future case planning.

Conclusion: The tension supervisors experienced between listening and problem solving shed light on the pressures of the everyday practice environment and the difficulty in preserving reflective space for decision-making for both practitioners and supervisor.