Decision making and social work in Scotland: The role of evidence and practice wisdom

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1   Introduction

This report presents the results of a small qualitative study undertaken between February and March 2011. It considers the role of evidence in decision making around risk in social work and what affects this process. Through this research we hoped to shed light on the relationship between evidence and practice wisdom (as an evidence type or integrating vehicle) or professional judgement, and how this relationship shapes decision making. We allowed key themes to emerge from the data with a view to investigating the following issues:

* What constitutes evidence for social workers?
* How do social workers make sense of the multiple sources of evidence available to them?
* Does decision-making change in situations where the evidence available is not of ideal quality or the circumstances around the investigation are limiting?
* What, if anything, affects decision-making other than the available evidence?
* How aware are social workers of their own decision-making processes?
* What can the above issues tell us about practice wisdom?

1.1   Background

1.1.1   Risk and decision making

The quest to improve social work practice has become increasingly focused on the need to improve both the nature and transparency of social work decision-making. A growing literature has emerged that has sought to define what constitutes 'sound' decision-making in social work and what mechanisms are required to support it.

The concept of risk pervades much of the literature describing social work practice in general and the nature of social work decision-making in particular. As Beddoe (2010) notes, sociological understandings of risk have been applied to the social services for more than a decade with risk assessment and risk management deemed key professional activities. Sociologists Beck (1992) and Giddens (1999) argue that society's loss of confidence in science has largely precipitated this preoccupation with risk and its management. They also suggest that the decline in the status of the professions has compounded societal anxiety, whereby calls to professional expertise are no longer enough to explain or justify potentially life-altering decisions (Beddoe, 2010).

Social workers, in particular, are judged and judge themselves in terms of how well they assess and respond to risk. In turn, understanding and making explicit how social workers make judgments and decisions has been seen as critical not only to improving social work outcomes, but also to increasing the defensibility of practitioner actions. As Pollack (2008) argues, social work is not only about making the 'right decision,' but also a 'defensible position'.

1.1.2 Analysis versus intuition

A key issue debated in relation to decision-making in social work is the extent to which social workers use analytical versus intuitive reasoning styles. Van de Luitgaarden (2009) and Eraut (1994) suggest that social work decisions are predominantly influenced by intuitive rather than analytical processes. Faced with the requirement to make quick decisions in the absence of complete information, they argue that social workers are often unable to apply analysis in their decision-making and must instead rely heavily on intuition to make sense of patterns and fill gaps in knowledge. Despite this, the application analytical thinking is often seen as crucial to improving social work practice. This has led other researchers (O'Sullivan 2011; Helm 2011) to caution against the dangers of polarizing between intuitive and analytical decision-making and suggest that both approaches have a role to play in social work practice.

1.1.3 The role of practice wisdom

Intuition or 'gut feeling' may also have a key role in the use and development of practice wisdom. Calls for practitioners to heighten their reflective capacities in judgment processes have emerged within the literature on this topic. O'Sullivan (2005:227), for instance, states that practice wisdom 'requires a continuous questioning of the current hypothesis and its adjustment or abandonment in the light of the ongoing examination'. For him, practice wisdom is an intellectual capacity that enables practitioners to appropriately integrate different types of knowledge, modes of thinking, emotions and action in ways that facilitate sound judgment. In similar ways, Klein and Bloom (1995) describe practice wisdom as "an integrating vehicle" for combining the strengths and minimizing the limitations of both 'objective' and 'subjective' data in the development of knowledge in social work.

The above accounts of practice wisdom conflict sharply with those that present practice wisdom as a form of knowledge in and of itself. In the Social Work Dictionary, Barker (1999: 370) defines practice wisdom as ' the accumulation of information, assumptions, ideologies and judgment that have been particularly useful in fulfilling the expectations of the job.' The suggestion here is that practice wisdom is characterized by the application of practice knowledge and is acquired automatically through experience.

In the literature about social work judgment processes, authors have suggested that practice wisdom should not be framed as knowledge per se arguing that "not all experienced social workers have acquired practice wisdom and not all practitioners with practice wisdom use it all the time" (O'Sullivan, 2010:238). By characterising practice wisdom as a quality of judgment that can be used to support sound decisions they have emphasised its particular importance to deeply uncertain situations for which no pre-existing solution exists (Deroos, 1990; Kitchener and Brenner, 1990).

By presenting practice wisdom as a *quality* of judgment, scholars of decision-making have also questioned how and to what extent it can be nurtured within social work practice to improve decision-making. The difficulty in determining how this can be done is described by Munro (1998:70) who states: "current use of their (social worker) practice wisdom tends to be personal and private, so making it difficult to give an account of their practice." Chu and Tsui (2010: 52) argue that making practice wisdom public is essential to sharing and nurturing it as a quality of social work expertise and suggest that social work education should be redesigned to facilitate the development of this type of capacity: "It needs to mine the rich vein of personal stories grounded in practice experience which leads to practice competence." Others such as Beddoe (2010) and O'Sullivan (2011) argue that creating greater opportunities for reflexive practice and the articulation of reasoning are necessary to nurture and maintain the capacity for sound judgment. In this context, supervision is regarded as key to sound decision-making (Field, 2008; Lohrbach, 2008).

1.2 Methods

1.2.1 Participants and approach

In order to explore the issues above, two researchers from IRISS shadowed practitioners in a children and families (CF) team and older people and physical disability (OPPD) team, for five or six non-consecutive days per team. The original aim was to investigate teams involved in child protection (CP) and teams involved in adult support and protection (ASP). However, while ASP assessment was a duty of the OPPD team shadowed, its recent introduction meant that some confusion still existed around its application and the team had worked on few cases of this type. For this reason much of the data generated in the OPPD team concerned older adults who were at risk due to cognitive deterioration.

The researchers observed qualified social workers going about their daily practice such as assessment visits, team meetings and case conferences. In addition the researchers carried out nine in-depth interviews with individual social workers (four OPPD practitioners and five CF practitioners). In order to better understand group dynamics and group decision making, two dyad interviews with the practitioners and their supervisors were also conducted (one interview per team).

The research recognised that decision-making is a process that is difficult to describe and sought to use observational material gathered through shadowing to explore the issue further. However, ultimately, there were some issues with this approach. Primarily, the difficulty arose from the fact that the researchers could only observe the activities undertaken by the social workers they were shadowing on the days they happened to be present. While attempts were made to ensure that the shadowing took place on days that the social workers had arranged activities such as visits or group discussions, the nature of the social work profession is that, particularly in the case of high-risk assessments, events such as visits often take place or are cancelled with little notice. Additionally, while multi-disciplinary input to cases is common, formal group discussions are relatively infrequent.

The result of this was that very few explicit decision-making processes occurred during the shadowing. For example, although visits to people supported by services were undertaken, only one of these was specifically for the purpose of assessment rather than a quick review of the situation. In addition, these routine visits did not generate any new or unexpected data that would have caused the social worker to reassess. The key observational data therefore come from one case conference, one assessment visit and from notes made when discussing individual cases (though again, these are primarily based on the social worker's own descriptions of the cases and evidence involved).

In the report, therefore, while observational material is reported as much as possible, the data is primarily drawn from the interviews.

One finding from this project is therefore around methodological approach. Following our experience, we would recommend that if attempting to observe decision making amongst social workers either a lengthy observation period is considered, or alternatively (and perhaps more practically) hypothetical cases are created and decision making around these hypothetical cases observed. In addition to improving our understanding of social work decision making, simulated case discussion may also have the potential to directly improve decision making (Munro, 2011), and therefore there may be significant benefits to developing a future project around decision making using hypothetical cases.

1.2.2 Interview schedule

The in-depth interviews and dyad interviews covered a wide range of areas. Participants were asked about evidence in general, and using evidence to make decisions about risk, and awareness of the decision-making process. The interviews also covered problems encountered relating to evidence and how this affected decisions, the impact on decision-making of things other than evidence, the role of supervision and group decision-making.

Although the research aimed to look at practice wisdom, this was not explicitly covered with participants, due in part to a concern that the term would not be widely used or identified with and in part a desire to allow this to emerge organically.

1.2.3 Analysis

Each interview transcript was analysed by identifying and coding recurrent themes and trends that related to the research questions. For the most part, the themes were allowed to emerge naturally from the data, though this was influenced by the key aims identified above. Both anticipated and emergent themes are reported on below.

2 The role of evidence in social work decisions

2.1 What is evidence?

As discussed in the literature, several types of 'knowledge' are thought to contribute to the process of decision-making in social work. The evidence-informed practice agenda increasingly uses a three-fold definition where evidence consists of research, the views of people supported by services and practice wisdom.

In the current research, when questioned about what evidence meant in social work, participants overwhelmingly indicated that, to them, evidence was primarily the information, gathered from multiple sources, which pertained to a specific case. This included but was not limited to prior case histories and notes, the social worker's own observations, reports from other professionals (such as psychiatrists, doctors, police, home care, or education), the views of the service user and the previous knowledge and experience of the social worker. This echoes the findings of a previous survey of social workers commissioned by IRISS, which explored views and understanding of evidence-informed practice (Granville and Mulholland, 2010).

> ...it can be things like previous social work reports, it can be police reports, it can be background information, looking at historical information if there are patterns or behaviour that have gone before; evidence can be about what has happened on the day, somebody phoning you up and giving you some kind of referral; it might be an allegation but it is a bit of evidence really... (CFT)

> …reports from other agencies…health, education, housing…direct observation or direct contact or the conversations we've had with the service user. (CFT)

A few participants, particularly in the children and families team, mentioned research as evidence spontaneously but this was in the minority.

> … a lot of our child protection cases have got an element of domestic violence. And it's important to reiterate to everybody you know that we take domestic violence very, very seriously because we know from research the impact on children that have grown up in those situations. It's not just the fact that we're worried that they will get harmed, they'll get physically harmed during a confrontation it is the emotional impact on children and we know that from research. (CFT)

In the OPPD team, research as a specific term was only mentioned explicitly as a type of evidence by one participant, but there was evidence of implicit use of research and theory amongst others. Interestingly, however, this was framed as keeping knowledge up to date or simply as practice knowledge.

> It's from learning and it's from always learning. If I don't know something I'll go and look it up and get information about it. I couldn't do without it really, because there's not just one type of dementia - there are all sorts of dementias. And there's also new information coming out about mental health in general and also so many other illnesses and medications affect cognitive impairments. So it's a learning process all the time. (OPPD)

The concept of research as evidence was stronger for workers whose experience of formal education was more recent, such as newly qualified staff and practice teachers, compared to more experienced workers.

> …coming out of uni you think about evidence as being your research and your knowledge and things but now I think I would first look at evidence in terms of the case and what we already know and what we've already done with the family, so we are looking at our reports and evidence and notes of evidence from other agencies. (CFT)

> A longer serving member of staff, when asked whether research or theoretical issues underpinned guidance:
> I probably don't greatly think about it to be honest. (OPPD)

It is also important to note that when participants were later asked to describe how they made a decision some did refer to research, when they had not originally mentioned it as a type of evidence (see section 3.1). This would suggest that while this is not the first type of evidence that social workers consciously seek in their day-to-day work, it does play a part in decisions.

Previous experience of practice was seen as important and referred to by a number of participants as important evidence that would inform decisions, though it was also acknowledged that it was essential to recognise that every situation was different and involved individuals and was therefore important not to resort to set responses.

> …skills that you know work over the years, that worked with other people, again that's evidence of prior practice. (OPPD)

> You can get into a kind of mindset of thinking I know about this, it's a domestic abuse case, I know about domestic abuse … you get into then set responses, the set response to every situation

then becomes what might have worked for that situation doesn't work always work. (CFT)

Both the OPPD and CF teams mentioned the importance of the views of people supported by services and their carers as evidence that informed decision-making. However, several issues affected the weight given to this evidence. For the CF team, while the child's views are taken into account in line with Children (Scotland) Act (1995), this is inevitably mediated by the age of the child and can be superseded by the need to act in the child's best interest. For social workers in OPPD, the situation is somewhat different. Here, the views of the person for whom services are proposed are paramount because, while that person retains capacity, no intervention can take place without their consent. The waters become cloudier if the person is legally judged to lack capacity. In this situation, while the person's views remain important and must be respected, decisions can be taken in the person's best interests against their expressed wishes (eg when moving someone into a residential setting).

The person you are working with has to be very important, but if that person does lack capacity, you do need to look for the views … of another person, a guardian … but factors influence what recognition you would take of their views. (OPPD)

The way participants defined evidence in the interviews, was echoed by the observations of the researchers. In visits, social workers asked for views from the people supported by services and their carers, checked information from other agencies (for example a visit book left by Home Care) and asked about contact with other agencies and tried to gauge the success and adequacy of current interventions. When questioned about why certain information had been sought, the social workers talked about legislative requirements and department procedures and wanting to confirm whether there had been any change in the level of risk. In the assessment visit some of the social worker's questions were aimed at assessing the person's current situation based on their own and their families' accounts along with observations of the environment. Others were clearly motivated by their knowledge of the presenting condition (a cognitive impairment) and attempts to assess the person's capacity. This is likely to have been informed by research and accumulated knowledge, though the workers did not recognise without prompting that this was the case.

In terms of the evidence-informed practice agenda, the key implication from these findings is that care needs to be taken in promoting the use of 'evidence' in social work, and it is important for organisations like IRISS to be clear about what they mean by 'evidence' when they are promoting its use (for review of the context of evidence-informed practice see eg Nutley, Walter and Davies, 2007; Fook, 2004) The fact that social workers seem comfortable with (but did not always acknowledge) the need for research, contributes to

the case for specifically embedding this within the legislative guidance and assessment instruments used in every day practice.

2.2 The importance of evidence

Evidence, as defined by the practitioners, was seen as indispensible to their work and their ability to make decisions about risk and intervention. There was no question that every decision regarding service users was required to be backed up by evidence in the assessment process.

> Evidence? It is critical. I think that more you have, the more knowledge you have about a situation, whether that is theoretical, practical, the better prepared you are as a practitioner. (OPPD)

> …I mean is there ever any judgement made without evidence? Never! Never! (CFT)

> …right at the initial stages the gathering of information is vital and if you look at some of the significant case reviews when they've went wrong it's because people have not had all the information they've needed to make the judgements they've made. And for me that's where it comes from. It's like getting as much information good, bad, indifferent, about getting as much information as you can. (DYAD, CFT)

If evidence is always important, certain types of evidence rise in prominence in particular situations. In terms of research, this was often referred to as something used in the course of court proceedings or when it was necessary to justify decisions, rather than as a primary driver for making a judgement or decision in the first place. This need to justify decisions at a high level could explain the difference between CF and OPPD teams in respect of spontaneous mentions of research. Most major decisions regarding children will be taken in court or children's hearings and evidence must be presented to support a recommendation. While the OPPD team are required to present evidence in court, this is primarily where social services (either for themselves or on behalf of a family member) are seeking guardianship for a person who may lack capacity. In these cases the key evidence of capacity is provided by psychiatric services, and additional court proceedings are not then required to justify any particular further intervention.

> I like to use the evidence and research in my reports 'cause I feel that it helps justify why you are making a certain recommendation. (CFT)

> Manager's response to whether his team will look up research independently: In terms of using that as evidence, they don't

necessarily…unless they've been asked to provide a report for court. (CFT Manager)

That the use of certain types of evidence and ways of thinking about evidence is determined by the context of the decision-making is supported by Van de Luitgaarden (2009). She argues that practitioners, particularly those in high-risk subfields like child protection, are frequently required to draw on formal analysis to avoid legal consequences, even when clinical judgments may have provided a better solution.

Additionally, Hammond's (1996) cognitive continuum has been used by researchers to usefully reframe views on the role of intuition and analysis in social work. The idea of the continuum is that expert judgment should not be defined by the nature of the reasoning applied per se, but instead by the capacity of individuals to match the right reasoning style to the task at hand. Within this framework, analytical decision-making is seen to be appropriate in situations where judgment is complex and data is vast, whereas intuition is considered more appropriate when time is limited and information is scarce or conflicting (Helm, 2011). Importantly, these reasoning styles are not presented as opposing opposites, but rather as complementary styles that often come into play simultaneously in varying degrees. In this context, authors urge practitioners to develop both types of reasoning in order to move comfortably between the two as situations necessitate (Bostock et al, 2005; Helm, 2011; O'Sullivan, 2011).

2.3 Is all evidence equal?

As outlined above, social workers expect to gather evidence from many different sources and integrate them to make judgements and decisions about risk and intervention. We asked whether there were any types or sources of evidence that were seen as vital for arriving at a judgement or decision. While no individual evidence source was mentioned as being critical, participants agreed that they were most influenced by evidence of risk or harm, particularly in the short term.

> Well, the vital bits are: is someone placing themselves at risk; how do you alleviate that situation; how do you enhance that person's quality of life. That's the priority. There might be other issues you can look at later on once you've alleviated the crisis. (OPPD)

For social workers interviewed, this evidence of harm or risk takes precedence over all other types of evidence, including the views of the person supported by services and their carers. This was corroborated by the observations of the researchers in visits, where social workers were most concerned with assessing the level of risk and whether it had changed, and case conferences, where professionals and family members were explicitly asked about this issue.

This supports the view put forward in the literature that social work, as a profession, is increasingly preoccupied with the identification and avoidance of risk. This is despite common usage or strengths-based assessment frameworks. Some (Ballou et al, 2001; Fuller et al, 2001) have adopted a quasi-scientific approach to risk, using the mathematics of probability as the starting point to predicting outcomes. This effort to predict human behaviour has been seen as largely unhelpful by many authors. Munro (1999:121), for instance, points out that 'it is surprisingly hard to develop a high accuracy rate in predicting a relatively rare event'. Like Stanley and Manthorpe (2004), she argues that risk is too dependent on context and that risk factors are often cumulative. Others such as Parsloe (1999) argue that assessing risk of harm is 'not a technical matter' that can be reduced to mathematical modeling, but instead an activity deeply imbued with values and unrecognized assumptions.

Despite the recognized difficulties of assessing risk, social work as a profession has become focused on finding ways to unify understandings of risk. Assessment tools, procedures and related training have replaced forums for discussion and have precipitated a shift that Parton et al (2001) argue has made reflexivity less about carefully considered decision-making than about the 'reflexive tying of knowledge to action'. The inherent danger in this, he argues, is that individuals are forced to consider 'what works' rather than considering *why* it works. This concern with risk assessment tools and procedures as instruments for *action* rather than *understanding* are echoed by other authors, particularly those who seek to better understand the nature of social work judgment processes (Taylor and White, 2006; Titterton, 1999; Helm, 2011).

2.4 The role of other professionals

Multidisciplinary input to decision-making was mentioned in all interviews and this was seen as important. In the OPPD team, psychiatric reports are required in situations such as application for guardianship.

> I believe a lot of people can make a judgement on capacity [but we] always actually go to psychiatric services for an opinion … a psychiatric opinion is required for guardianship. (OPPD)

However, although the views of other professionals are important they are not accepted unquestioningly. For example, whilst observing the OPPD team, a social worker requested that their manager seek a specialist diagnosis for a young women who was suffering from a rare cognitive condition. This was because the current psychiatrist had given a negative diagnosis, with which the social worker disagreed and suspected it was due to the psychiatrist's lack of familiarity with the condition.

Managers in both the CFT and OPPD teams were concerned about ensuring the prominence of professional social work expertise and ensuring that this was not devalued compared with the input from other teams and professions.

> …basically one of the criticisms in terms of social work, we didn't challenge the other professionals, paediatricians … maybe I should have been a bit more forthright. (CFT)

Despite this management level concern, practitioners in the CF team appeared to see questioning and verifying the reports of other professionals as routine.

> And you start to think, where have these police got this information? The police report had kids sharing a bed and you went into the bedroom and it was a bunk bed and you start thinking, now that's a basic observation that's not been picked up. (CFT)

3 Making sense of the evidence - reaching a decision

The use of evidence to reach a judgement about risk and ultimately a recommendation for further action or otherwise is a key social work function. Indeed this was highlighted as critical by the Social Work Inspection Agency: 'Gathering together large amounts of information is not an assessment. Sharing it does not constitute a child protection plan' (SWIA 2005:7).

One of the key questions investigated in this research was how social workers made sense of multiple sources of evidence available to them in order to reach judgements and make decisions.

3.1 Articulating the process

The interview-based approach allowed us only to investigate those elements of decision-making that social workers could articulate (and as with interviews about all internal processes was constrained by how they wished to present them). As discussed above, while the intention was to supplement this with observation, that was less successful than hoped.

Most participants found it very difficult to articulate the decision-making process and seemed to have limited explicit awareness of how they arrived at a judgement or conclusion.

> It's quite hard to put into words. There are models you could follow when it comes to assessment … the pyramid models, change agent models, systems analysis and things that you learned when you were in university. (OPPD)

> When asked if aware of the models during assessment: You have to be but you're maybe not always aware that you are, but you are drawing upon it. (OPPD)

While both teams struggled to articulate their decision-making process, things like being a practice teacher or conceptualising themselves as a reflective person seemed to improve their ability to describe their decision-making. Some supervisors also encouraged this kind of thinking, particularly with newer staff, by asking them to talk through the detail of the reasoning behind their judgements. This suggests that awareness of and ability to be explicit about the decision-making process, which the literature suggests may have a significant role in improving practice (Pollack, 2008), is something that can be taught and improved upon.

> I am quite aware of it because I am doing a practice teaching course and the training to be a practice teacher, you talk about

reflection and analysis and reflecting what you do and when you are doing it, why you are doing it. (OPPD)

I'm a reflective learner … so I tend to do reflection a lot of the time in terms of if I came across something and then did that work, could I do that better the next time that comes across? (DYAD, OPPD)

Other participants tended to refer back to the different types of evidence themselves and how they worked together to inform a decision. If, as suggested in the literature, the critical use of different types of knowledge to make holistic judgements is a basis for sound social work decision-making this is encouraging.

I suppose you are basing a decision on what works for a person in a prior case experience, knowledge of previous working, knowledge of what works in particular situations and how, based on departmental guidance, law, what works in terms of theory and training ... and that would be evidence as well that would inform your practice. (OPPD)

Previous experience plus looking at the family and the history of substance misuse, the effects on the children … So if you gather all the information to know that's part of it plus what you know from research on substance misuse and parents and the effects on the children. (CFT)

It's part of your training and your observation skills, your knowledge base, your value base, it all comes from training to be a social worker … It's a bit about your skills, beliefs … It's about analysing, being able to analyse information and work it out and come to an informed conclusion. (DYAD, OPPD)

Perhaps less encouragingly, other participants, however, referred to evidence coming after action. Though even in these cases, when prompted further, it could be seen that the initial decision was based on a variety of evidence sources.

Interviewer: So you're just trying things out and seeing if they work?
Respondent: Yes, it's just a human thing.
Interviewer: How do you know which things to try?
Respondent: From experience and knowing things about the illness and from knowing who to contact about it and about what you've been taught in your learning throughout the years. So it's partly experience, partly academic stuff, and also part of what you've been told by the family. (OPPD)

3.2 Analysis versus narrative

If the use of different types of knowledge to make holistic judgements is part of decision-making, it is their critical integration that is crucial to ensuring this decision-making is sound.

There has been criticism of the social work profession for an absence of analytical thinking, which is recognised by practitioners and researchers alike to be an element of assessment which can be lacking in contemporary assessment practice in children's services (Helm, 2011). Central to the criticism is that assessments sometimes present only the information gathered (or narrative) rather than a critical assessment of what the implications of this are.

In the interviews there was some evidence of this narrative rather than analytical style of completing assessments. For example, when one participant was asked whether it was necessary to come to a conclusion or recommendation in an assessment:

> I would probably be detailing the concerns and the risks. I wouldn't necessarily, I don't think, make an absolute conclusion… But it's actually [about] getting all the information together. (OPPD)

Another respondent, who was clear about the need to analyse information, was less convinced about the need to record and explain that analysis.

> …it is just about the facts, the case, what's happening, what are we going to do next. It is not so much about how I arrived at that decision. (CFT)

However, most of the participants, both practitioners and managers/ supervisors, were clear about the importance of analysing the evidence they had gathered in order to reach judgements and decisions.

> In your assessment that you have, you have to give a clear understanding of the circumstances and why you came to that decision and the outcome of it … You don't just put facts down, that's not good enough. You have to analyse it and you have to give a robust assessment. You have to explain why. (OPPD)

> And it's not about always information gathering, it's about taking stock what information have we got and what is that telling us. (CFT)

> A manager talking about supervision: So you're looking for them to analyse that information. What is leading them to think that the risk is either high, medium or low? How did they get from, there's the

> referral? … for the lady who's got cocaine in her urine … what's her reasons for having that cocaine? Why does she relapse? (CFT)

From our observations and subsequent discussions with social workers we found that analysis was explicitly encouraged within the CF team by their assessment documentation, which included a section called *analysis*. This section had to be updated at regular intervals based on the type of case. The OPPD teams' documentation did not include a similar section. It is possible that including an explicit section for analysis encourages practitioners to think and assess in a more analytical way. However, it is important to note that this research did not involve critical appraisal of the content of assessments. Previous research has shown that even when an analysis section exists, it is often poorly completed or actually includes further narrative rather than analysis (Cleaver and Walker, 2004).

Even respondents who acknowledged the importance of analysis and strove to ensure that they were critically interpreting the information they had gathered and drawing conclusions from it, showed some confusion or discomfort with the term 'analysis' itself.

> On reflection it is an analytical process … I wouldn't say that it is analytical and I go through the same process every time, but you do make judgements and that forms your assessment and those judgements are being based on evidence from various sources. (OPPD)

From the current research, we cannot be sure where this confusion stems from, though it is clear that it is not from a reluctance to critically appraise the information. As the literature review discusses, current thinking suggests that both analytical and intuitive styles of reasoning have a part to play in social work decisions (Helm, 2011; O' Sullivan, 2011). Future research may be useful on the impact of the perception that the process of analysis does not always feel analytical, and it may be particularly useful to explore whether this perception is a contributing factor to some social workers failing to critically assess the information they have gathered.

3.3 Reflection

Analysis was also strongly related to reflection rather than action.

> I think sometimes I just know workers 'do' because they don't analyse. And if you don't analyse, all you're doing is reacting, you're not necessarily making any, you're not doing anything. (CFT)

Reflection was seen as important for many aspects of social work but particularly for the decision-making process. It was also seen as an

evidence-based process and social workers discussed many different types of reflection, such as reflecting in action, reflecting on action and reflecting with others. It was also seen as an individualised process with some participants expressing preferences for particular styles.

> But reflection is one of these things that, I often do my reflection in action. I really struggle to be one of these people that will sit down at the end of the day and think what could I have done better? I will be sitting there thinking at the point I should have said that then. So, for me, I like to, I reflect while I'm working, while I'm working on it. (DYAD, CFT)

> You might not take time out to reflect, but you're reflecting all the time as you're assessing, you're analysing … but that also involves reflecting. (OPPD)

It was seen as part of social work that, although critical, was often side-lined due to time pressures. However, there did seem to be some correlation with the participant's own feelings about reflecting and whether they made time to do so.

> No, I don't think it is natural…I don't think it comes easily to everybody, and we don't have the time. (CFT)

Experience also played a part in undertaking reflection. When newly qualified workers arrive from college or university, they can find that it is difficult to make time for reflection and can allow it to slip down the list of priorities. However, with experience, workers come to value this process as an essential part of the job.

> I was much more reflective when I was a student. (CFT)

> …people sometimes they don't reflect enough and it's all about reaction. It's about action and reaction and they need help to actually stop and think and that stop-and-think part it becomes easier…I think it becomes easier as you gain more experience and the more experienced you become then I think the more you do realise you do need to think a lot more. (CFT)

Reflection, particularly about decision and judgements in cases, was closely tied to supervision. Newer workers heavily relied on their supervisors input to help them reflect on and think through cases and to some extent to shape their thinking styles. This could involve highlighting where more evidence or further thinking was required or providing a fresh perspective on a complex matter.

> What we will be doing as part of supervision is try and make sense of the information that we have and identifying the gaps. (DYAD, OPPD)

> Sometimes you can get bogged down by a particular issue that's cropped up … and your focus goes to that and sometimes it's better that someone has that more objective look to say 'Right that's all well and good but did you get that person's opinion?' Because people swamp you, they do. Other professionals as well, not just family, relatives or whatever. You can get caught up in an incident that's happened, that's been particularly important to that persona and that may not be what you are needing to know. (DYAD, OPPD)

While we did not observe supervision in action, the dynamic and interaction between the practitioners and their supervisors when we interviewed them together seemed to support this account of their role. We also observed practitioners seeking or planning to seek supervisory input both formally and informally with great frequency. This was both routine and seen as indispensible by social workers.

The literature around supervision ascribes it an important role in supporting practitioners to reach sound decisions (Field, 2008; Lohrbach, 2008; Munro, 2008). While some (Munro, 2008; Beddoe, 2010) write of how supervisors can significantly increase the confidence and morale of practitioners by sharing the burden of uncertainty in decision-making, others (Field, 2008; Nobles and Irwin 2009; O'Sullivan, 2011) focus on the key space that supervision provides for review, reflection and action.

3.4 Judgements versus decisions

Although the research instruments did not differentiate between judgements and decisions, the research suggests that there is some separation between these concepts in the mind of social workers. This chimes with the work of Dalgleish (2000) who defines judgements as inferences drawn from information and decisions as the actions taken on the basis of these judgements. While Dalgleish's work referred to a child welfare context, we found evidence of the same distinction in the OPPD team.

Judgements also differed from decisions in terms of who was authorised to make them. Judgements about information could be made alone and by anyone but decisions tended to be taken at a higher level, such as by a manager, team leader or expert, or in concert with others, such as during supervision or at a case conference or discussion.

> …a lot of [smaller] decisions that are made aren't always at formal meetings. Formal meetings are really the place where major

decisions are made … Case conferences, inter agency meetings, case reviews, looked after reviews, they're where major decisions are made. (CFT)

There's a certain amount that will be made in isolation but they're not major decisions, you know, it's day-to-day case management stuff. So it's little decisions that you know you can make but it's not major stuff. (CFT)

…so we had a case conference…at the end of the day it's not a decision until it's been through the meeting… (CFT)

3.5 Problems with evidence and the effect on decision-making

While it was clear from the research that social workers took care to gather a wide range of evidence from a variety of sources, both the evidence available to them and the circumstances under which it was collected were not without challenges.

The main problems relating to evidence were if it was incomplete, contradictory or unreliable. In these situations, social workers admitted to feeling less confident in the decisions they were making, and took steps to gather further information and do 'detective work' to bolster the evidence they already had.

It does make it harder to come to a decision but again you look, you reflect and you try and find that evidence before coming to a decision. (OPPD)

…if it's somebody that's unknown to us then initially the information is going to be very limited. And you turn detective to try and gather the information, if it's a child protection referral and then we have got a whole process to go through to gather that information. (CFT)

There was also an acceptance that, although the quality of evidence might not be ideal and this could, in turn, affect the quality of the assessment, nevertheless the assessment still had to be made.

…your assessment at that time can only be as good as the information you are getting. (CFT)

When asked when they feel they have enough evidence to make a decision: I think it's not so much about the evidence because at that point you have collected all the evidence, it's then about your assessment skills and what you are doing with evidence and a bit

of your intuition as well and knowing that you've got enough evidence in and you've looked at the necessary points. (CFT)

When the case or observational evidence was limited for any reason, social workers also increasingly talked about drawing on types of knowledge such as previous experience and research to make judgements. This is consistent with the work of Van de Luitgaarden (2009) and Eraut (1994) (see introduction), which suggests that a more intuitive style of reasoning is used in the absence of complete information with which to analyse a situation.

> Try and gather it from as many places as you can, your previous experience does come into it. Your knowledge, you know, whatever sort of research you have been looking at recently. There can be a variety of ways even though you have got limited information then, you can say well research shows that if you are sitting there with seven domestic referrals you know research shows and you've got research findings to fall back on. (CFT)

Conflicting evidence, because the views of the person supported by services and their carers were in conflict with the department, was common and seen as an issue to be worked through with the people involved. This could involve building the relationship with them, trying to 'educate' them about the issues involved or compromising with them.

> And sometimes you've got family views that are quite different from the department's view, social work's view. Maybe the family might want the person in care and the department might be saying, 'Well look, they're still able to make that choice or we can't just urgently do that'. (OPPD)

Indeed, this was the case with both the assessment visit witnessed and the case conference. In both of these cases the family of the person supported by services was keen for them to receive a greater degree of support from social services, specifically by placing them within a residential setting. The social workers responded to this by explaining issues such as capacity, planning more frequent visits at which they intended to work to build relationships with the family and also their understanding of the issues involved and by compromising in offering them alternative support for the person at home, including respite. In this case there was agreement about the judgement that more support was required but disagreement about the decision of how that should be provided.

Differing opinions being offered by professionals were less common and tended to require further investigation by social work or resolution through discussion (see also section 2.4).

> If there are conflicting views or opinions or interpretations of what's happening then it could maybe make it more difficult. (OPPD)

> … psychiatrists may have one particular view and that may contrast from the observations of the social worker … So there may be contrasts and you've got to work through that, usually through those mechanisms that are set up through case conferences and they make decisions and look at multi-disciplinary meetings to make decisions about risk. (OPPD)

> Regarding disagreement on reports from other professionals: We'd have a conversation and a discussion and if it was a major disagreement we would have a bigger case discussion. (OPPD)

Unreliable sources of information were a concern, but also part of the job. Often both teams would find that the information in an initial referral could be unsubstantiated. More seriously, families known to both the CF and OPPD teams would withhold or give false information to social services.

> Emotions, the way people present themselves…there is the whole thing about almost trying to work out people, the whole human nature and fact that something I am learning every day is that a great number of people are just liars, and so that is very difficult. So I would say that that makes evidence difficult because what happens if the evidence that you have got is not the right evidence? (CFT)

> …people often deny information that we're receiving and it's a matter of judgement of the workers, but we do know from research and from experience that people do tell us lies in particular to certain circumstances…So you use your knowledge of the situation the parents are in and you make judgements, we also talk to children which to me that's the crucial bit...observation is very important. (CFT)

> It can be difficult sometimes, you might not be absolutely sure but you kind of know … you can maybe not have enough evidence in that you have a notion that someone is not coping at home or is hitting out, but it might be difficult to get that information because one part of the partnership might not want to say. (OPPD)

In dealing with these situations, social workers again talked about using other sources of evidence such as non-verbal communication to gather evidence. They also talked about the value of building a relationship that would encourage people supported by services and carers to open up and allow them to collect more evidence. Practitioners in the CF team in particular talked about the importance of remembering to keep the child at the centre

of the assessment process and not to be distracted by the 'drama' surrounding the adults' lives.

Situations where there were time limits associated with the collection and assessment of evidence could also reduce the confidence the social workers felt in their decisions and judgements. However, they drew comfort from the fact that legislation strictly guided them in the process and also from the fact that assessment was considered to be an on-going process with opportunities for review built in.

> But I suppose with child protection we have a process where we have to stop...we speak to the parents, we speak to all the individuals involved, once we have gathered all that information in then we have five days to complete the report, so it is very much a snapshot of what is happening right now, but a snapshot of what is happening right now with all the professionals involved giving us background... (CFT)

> ...that is a learning process as well because I was never very good when I first started doing the reports, I would kind of hang on... it was that whole thing actually about I knew I would be able to get more evidence, but now what I realise is, 'Well, it's about making an assessment right now and we can build on that afterwards.' (CFT)

While social workers working in a child protection environment are used to these strict time limits and comfortable working within them, for workers who are not used to external deadlines being imposed on the process of evidence gathering this does throw up some concerns.

> A member of the OPPD team talking about ASP: It's much more like the child protection laws where there's very quick intervention and certain things have got to be done … These are not people we have known for some time and had the luxury of getting to know and getting to know their situation really well. We've got to make much quicker decisions with ASP. (OPPD)

The question remains about whether strict guidelines, which are designed to protect children and adults from unnecessary risk and harm, do also have the effect of reducing the quality of the evidence gathered and by association the judgements and decision made on this basis.

In this context, it is worth considering the tendency for 'satisficing' in human decision-making, whereby individuals stop looking for further information once they have formulated a judgment that they consider 'good enough' (Goldstein and Hogarth, 1997; Helm, 2011). In these contexts, the key factor in guiding 'good' decision-making is seen to rest on how high the level of 'good enough' is set (Helm, 2011). To guard against satisficing, Helm (2011)

and O'Sullivan (2011) talk of the potential value of assessment frameworks in reminding practitioners of 'good enough' levels for judgments. Others such as Schwalbe (2004) and Van de Luitgaarden (2009) promote recognition primed decision-making as an approach that safeguards against premature judgment by ensuring continuous feedback is used to monitor whether original judgments should be adjusted in light of new information.

As discussed, the current research did provide some support that in situations of uncertainty such as having time limits or incomplete evidence, social workers are more likely to use intuitive reasoning and elevate the prominence of knowledge types like previous experience and less tangible evidence types such as body language in the decision-making process (eg as suggested by Van de Luitgaarden, 2009; Helm, 2011). However, the current research suggests that the main result in any situation of uncertainty is to involve more people in the decision making process. This results in a continued push towards an analytical form of thinking.

> In some of those situations, evidence can guide you some of the way but sometimes it doesn't give you all the answers and you have to take a step back and reflect on what's happening and find out how it should best be tackled with the help of other people who may have more experience in those fields. (OPPD)

> If I thought there was something really risky then I can't just keep that to myself. I need to speak to someone about it. I need to share it further up the line. (OPPD)

3.6 Group decisions

It has been documented that social workers rarely take decisions alone (O'Sullivan, 2011) and this is certainly supported in the current study. Although the participants did talk about peer support from their colleagues, the mechanisms mentioned for assistance with making decisions about risk were formal supervision or informal discussions with a manager and larger case discussions and review.

Rushton and Nathan (1996) identify two functions of individual supervision: an 'inquisitorial function' and an 'emphatic-containment function'. Their concept of 'inquisitorial function' is reframed by O'Sullivan (2011) as 'supportive critical questioning' - a process whereby a supervisor seeks clarification (and does not accept vagueness) about the information that is presented by the practitioner. Through asking questions, he argues that frontline workers can be helped to think more deeply about the situations they are involved with and their responses to them. 'Unfounded assumptions can be identified and challenged; the plausibility of explanations offered can be critically examined and solutions jointly built' (O'Sullivan, 2011:164). In addition, Munro (2008) adds that questioning can help workers uncover the

hidden distortions that may be affecting their work and enable supervisors to detect and counteract biases and personal beliefs that may be affecting the decision-making process. In these ways, supervision is presented as critical to helping practitioners effectively apply and blend both analytical and intuitive reasoning.

Social workers routinely check their thinking, judgments and decisions with managers and this persists irrespective of length of time in the job, experience or perceived expertise.

> It's all discussed fully before you even get to the paper … I don't think you could do it without it … You need your colleagues, you need your team leader. They guide you on your thinking and whether your thinking, your reflection is right. (OPPD)

> If you're out on your own, you're maybe assessing things about risk on your own initially but you always come back and discuss it with colleagues. (OPPD)

> There are like four workers out there who have been in the job maybe eight years or more, and I would say that they are very much more autonomous in making decisions but they still have to come and feedback, you always have to feedback and discuss with your manager and take direction from your manager (CFT)

Any uncertainty about a case, whether that is due to difficulties relating to the available evidence, high complexity of the case or a high level of risk will increase the amount of support the social worker will expect and receive both in terms of their reliance on their manager and the number of people who ultimately become involved in the decision

> The really complex things … when it comes to big interventions, you would run that past your manager, you'd consult other professionals about what the course of action you would come to agree was appropriate. You would do it in partnership with the service user most importantly as well. (OPPD)

> more risks really identified in the case. Case discussions are always a good way, or case reviews really to kind of get people together and try to work through what's the best way forwards … It's a shared decision. (OPPD)

In case discussions, the existence of a chairperson who is tasked with ensuring that all evidence is presented and guiding the overall process of decision-making in a group is seen as very important to ensuring the right decision is taken by a large group.

While the context is slightly different, it is worth noting that while O'Sullivan (2011) recognises the potential benefits of group supervision, he also warns of the dangers of group polarisation - whereby people take opposing arguments and try to convince others of their views rather than focus on the decision-process - and emphasises the need for skilled supervisor facilitation.

> I think that's improved, especially when it comes to social work case conferences where they put the larger difficult cases because we've got an independent chairperson who should guide the decision making process … In that way he is collating and weighing up the evidence there and I would say that that's done in an appropriate even handed manner more often than not. (OPPD)

Observations of a case conference chaired in this way corroborated this feeling. Each person at the case conference was asked to give their input and the chair ensured that similar time and consideration was given to the views of family members as to professionals from various multidisciplinary teams. He also ensured that despite a feeling from the some professionals that the person being discussed would be better placed in a residential setting, that person's wishes (not to be moved) remained in focus, even though they were not themselves in attendance.

Sharing decisions is undoubtedly seen by social workers as a way to improve the decisions taken and outcomes for people supported by services.

> …we make decisions about risk every day and therefore we should share that risk. So it's not an individual making the decision, it is about sharing, so that's why they come and talk to me about child protection before they go because it's a shared risk and we want to be as sure as we can that we are doing the right thing for children. (CFT)

Additionally, as mentioned in the literature, joint decision-making with a strong manager can serve to increase the confidence and morale of practitioners by sharing the burden of uncertainty (Beddoe, 2010).

> Training on the job and having a manager who is quite clear and direct with you about what needs to be done in the first few years is really really important, because if you have somebody who is kind of wishy washy or not quite sure themselves or, then you just feel vulnerable, and obviously you are making decisions about things which you need to feel that you have got your manager's support or that your manager knows what they are doing to be able to then go out confidently and do your job. (CFT)

Good supervision will also encourage effective reflection, highlight gaps in the evidence gathered and provide an objective pair of eyes to help social workers step back and consider their cases (see section 3.3).

However, in addition to the many positive aspects of shared decision-making such as pooling assets, knowledge and experience and using it as a process of quality checking, there is also some motivation to do so in order to share accountability and responsibility. While this is not necessarily undesirable, the benefits to those supported by services are less clear.

> If I was worried at all about the case, I would not take the decision individually. I would, due to accountability and sometimes more uncertainty, due to checking off what you are about to do, I would go to a manager and that would be in partnership a decision based on the evidence that I had brought to the table. (OPPD)

> …there could be a decision that needs made and I could be thinking I'm not too sure about making that myself, plus there's a responsibility element as well that might just be a step beyond what I should be taking. (CFT)

The literature mentions the need, in the current risk-focused environment, for social workers to make the right decision but also create a defensible position (Pollack, 2008). While the author means this as a positive in terms of social workers being able to fully justify the basis for their decisions, there is the possibility that it can also lead to a culture of fear about making decisions.

> ...that cover your back culture, I need to tell everybody everything. And that disables us as an organisation because everyone's just passing information on… rather than actually 'what are we going to do about it?' and trusting your judgement… I think people in this job struggle to trust their judgement because they know what the consequences will be if they get it wrong. (CFT)

This research leaves open the important question of whether group discussion, particularly in larger groups, constitutes analysis of information and leads to robust decision-making. This is particularly important in light of the fact that researchers have pointed out not only the potential for polarisation of opinion in groups (O'Sullivan, 2011) but also that in some complex situations an intuitive style of reasoning (which is harder to achieve in groups) may be more appropriate (Helm, 2011).

4   What else affects decisions

We explored in depth with the participants what if anything, affected and fed into their decision-making other than evidence as defined in section 2.

4.1   Individual and group biases and norms

There was universal awareness of potential for conflict between personal and professional values and the need to be aware of this, though this was not always easy.

> It's hard…it's about your own value base and managing that, managing how you would feel in that family situation and not letting that infringe and impact on what you are doing as a professional so it is about leaving your personal values behind and adopting your professional ones. (CFT)

> It's hard to be detached like that. I don't know anything other than the way I am … The way I am is the way I work. So my life experience will have an effect on how I work. (OPPD)

There was also high awareness of how both one's own and colleagues' personal biases might impact on decisions and the need to be cautious and try to prevent this.

> I am a positive person, so I am more likely to look for people and the good in people, that is a dangerous thing as well … you need to be aware of these things … I suppose so the evidence that we gather could be affected by our own personalities whether we are positive or negative, we can then judge situations, weight them in certain ways differently, or if our relationship is one way or another with a family. (CFT)

> Workers have different thresholds. So you need to be conscious that when you're making a decision about information you've been given, some workers will… you need to be able to tease that information out because what they consider to be an adequate threshold or a suitable threshold another worker wouldn't...So they might, not intentionally, they might put a spin on it that things are, everything's fine actually... (CFT)

Despite this awareness that personal biases exist and should be treated with caution, and the fact that workers were aware that different supervisors often had different views on the correct course of action, newly qualified workers

consciously aimed to adopt their own supervisor's values (particularly in regards to thresholds surrounding risk).

> Some things you kind of get different views about if you go to someone for advice, even the team leaders, you go to somebody else and they'll say something different. (CFT)

> That's as far as it is in your head, that's what my line manager says it is. So it doesn't really matter what my colleague says, because that then influences and shapes your practice and coming from your senior who ultimately you trust in that sense of the working relationship than that just informs your practice. (CFT)

While social workers were aware of individual biases and norms and were careful to be cautious about their influence, there was general acceptance of the existence of team or group biases, where these were acknowledged. Department norms around tolerable risk thresholds certainly existed in both the CF and OPPD teams, but the assumption seemed to be that their own department was using the correct threshold.

> And there's some cases that we get from other offices and other local registers that you think, why are they recommending this coming off the register … This is screaming we need to put more work in here. And then you're talking that's different areas, different parts of the country, that you're trying to coincide your completely different thresholds. (CTF)

One respondent did mention the need for caution in the face of thresholds that he felt were rising based on restricted resources, though he believed that this would not change his own professional values.

> Now the levels of risk that are tolerated by our organisation seem to be rising … so that means that situations that would have warranted an immediate response before are now taking longer to respond to and I think there is a political shift that effects the values of the organisation. (OPPD)

This research does not seek to make a qualitative judgement on the suitability of the thresholds adopted by the teams participating, but notes that strong and universally accepted department biases have been cautioned against in previous literature and identified as issues in serious case reviews (need reference here still).

4.2 Gut feeling and intuition

Klein (1999), for instance, has demonstrated the importance of experience in honing abilities to use intuition effectively. He suggests that individuals need

to have experience of a specific decision environment to ensure that the brain's use of heuristics (or cognitive rules of thumb) is specific and flexible enough to fit the task. During a home visit, for example, the experienced social worker will draw upon recognition heuristics (ie an unconscious capacity to determine whether they have experienced a similar situation before) in an effort to assess if a child is in acute danger, making the most of observations, verbal cues and other information from the environment. Similarly, it is experience that O'Sullivan (2011: 92) argues is critical to enabling the effective use of analysis: 'When there is more time to make a decision, they (experienced social workers) can make a judgment as to whether an analytical approach is indicated, which will tend to be when the potential consequences of the decision justify the investment of time. This is most likely to be in risky, complex or unfamiliar decision situations.' Experience will also allow for the appropriate blending of analysis and intuition; the latter being applied to quickly assess risk and the former to help assess a particular course of action. In Helm's (2011:150) view:

> Using intuition is not the problem. Indeed it can help us generate flashes of inspiration and pick out ideas that our rational analysis could not. The problem is that we may not then take these intuitive thoughts back to the workshop of analytical thinking and therefore not test our hypotheses with sufficient rigour.

The current research sought to investigate social worker's opinions about and use of gut feelings and intuition. The participants all acknowledged the existence of their gut feelings but this was qualified in several ways.

Practitioners, particularly in the CF team, were keen to reframe their feelings as indications based on evidence rather than simply intuitions.

> I remember research that was done a long time ago…and one of the things that came back was don't ignore gut feeling, because it's often not gut feelings. It's often based on something…And if you tease it out it is evidential, it's about not ignoring it but I think it's about not calling it gut feelings because when you think about it there are indications. Even if it's not hard evidence there are indications there that something's not right. (CFT)

> You say your gut feeling but if you sit down and analyse your gut feeling it's coming from your experience, your training, your knowledge, and your information it's obviously something. (CFT)

Respondents also emphasised that although a gut feeling can be useful, alone it is not enough and should not be trusted without corroborating evidence.

> You never go on a gut feeling about something because you have to evidence it. (CFT)

You can maybe do a quick assessment if it's not complex, but you're not necessarily using intuition or your gut feeling. You can read between the lines when you get an assessment and be totally wrong once you start gathering information, so you can't rely on that. (OPPD)

I think something you probably don't do is make assumptions because we're not in the game of making assumptions. You really need to be careful that we don't do that. (DYAD, OPPD)

There was also some feeling that for experienced workers, gut feelings had greater worth, perhaps because of the wide range of knowledge about different situations that they could draw upon. Looked at in this way, gut feelings may equate to evidence from prior practice.

I think probably experienced workers, the gut feeling is probably quite valuable because they've dealt with so many. I know every family is different but there is a lot of the same issues…I need to be careful with that 'cause I am so inexperienced that my gut feeling could be wrong. (CFT)

I think we're human of course, but we try not to go in with preconceived ideas. But experience brings that, makes you really aware that you shouldn't do that because you can get it wrong. But we try our best to look at the evidence and information gathering helps guide your assessment and decisions. (OPPD)

Finally, despite the caution with which social workers aimed to treat the gut feelings that arose around cases, there was substantial agreement that these feelings should be pursued rather than ignored with a view to corroborating them with evidence.

…intuition's there as well. And I'll say something I'm forever saying 'instinct guys'. But let's see where else could we get the information to let us know? ...So your intuition does come in a bit but you can't rely on that solely. But that intuition will maybe lead you to dig a bit further. (DYAD, CFT)

4.3 Confirmation bias or verificationism

While gut feelings can be useful, it is possible they can lead practitioners to seek out only the information that will support their intuition (known as a confirmation bias or verificationism). This tendency to persist in initial judgements and re-frame, minimise or dismiss discordant new evidence is seen in the literature (Burton, 2009) as an important issue in social work.

O'Sullivan (2011), in a similar vein, argues that in order to counteract this "confirmation bias" decision-makers need to be reflexive about the way the decision situation is framed and should not only seek to continuously question their assumptions, but also actively seek information that sheds doubt on those assumptions.

In this research, we saw evidence both for the existence of a confirmation bias and of attempts to guard against it. As discussed, practitioners took comfort in the fact that assessment was an on-going process and decisions could be revised were new evidence to come to light. The process of changing one's position on a judgement was framed as easy and routine.

> You would reassess. Assessment's not a static process; it's on-going and ever-changing. (OPPD)

> It is like sometimes a big jigsaw and you are putting things together and you get something that doesn't fit with what you've already got but you just got to try and get it all and reassess. (CFT)

> ...over time obviously we were gathering more evidence by being in the house, by seeing them weekly, by talking to them and getting feedback from other professionals as well, so yes your assessment changes, but that's where assessment is just happening all the time and as you are assessing all the time obviously you are getting different evidence all the time. (CFT)

From observations of routine visits, social workers were looking for evidence that risk had changed in some way, by checking whether any of the factors contributing to the risk had altered, but as they concluded that it had not (due to maintenance of status quo or continued reduction in the issues contributing to the risk), it was not possible to observe whether this would have changed decisions and to what extent. It was also not possible to infer from observations whether any part of the social worker's judgements to maintain the status quo was in anyway influenced by a confirmation bias.

Despite the assertion that gut feelings could be wrong, could not be trusted alone and new evidence could easily result in a change of assessment, many practitioners talked about gathering evidence to back up their initial thoughts and feelings.

> In relation to whether limited available evidence affects confidence in decisions: Yeah, it probably does, if you can't quite get something to back up what you're feeling is right about what's happening. (OPPD)

> I've worked a lot, when I was a basic grade, with children with sexual abuse. And you would always feel, I could always feel I know there's something going on here. But you would just keep

building that relationship and building that relationship to go to the bit of trust. But intuitively I know I'm right here, right, but I need to, knowing you're right is just not enough. So you have to build it up and you have to be a bit of a detective and I think in child care you have to have that, I suppose it's that gut kind of thing, I want to know more.' (DYAD, CFT)

Interviewer: Do you think that your gut feeling influences the kind of evidence that you then look for?
Respondent 1: It might, up to a point.
Respondent 2: Possibly, yeah, it could. (DYAD, OPPD)

There was also evidence of the existence of a confirmation bias in respect of the weight given to research evidence, which may be more likely to be taken seriously if it confirms social workers existing opinions.

In reference to research on addiction and domestic violence: But there is the research into that has only come out in the last… so in some ways that's catching up with us … we're saying 'We know that plus that is not good for that child'. We can't say why, there's that instinctive kind of knowledge that it can't be good because we know it can't be good. But it took the research to say 'well the child's living in that type of environment, they're more likely to develop these problems and this problem'. And the research now can show them. (CFT)

4.4 Legislation

Decision-making in both teams was highly influenced by legislation and procedure. The social workers interviewed seemed comfortable with this as it gave them back up for decisions and a framework to work within. For the OPPD team, there was real buy-in to the principles of AWI legislation regarding respecting the wishes of the person supported by services, and taking the least restrictive option in terms of the intervention agreed upon. For the CF team, the legislation regarding making assessments in time limited conditions also provided a measure of security that was very welcome (see section 3.5).

Our assessment process stems from legislation anyway. (DYAD, OPPD)

There are legislation, procedures and guidance that indicate the way you should perform but there is still individual judgement as a practitioner that you have to use and make those judgements. (OPPD)

We've got discreet procedures, discreet guidelines that tell you when you should put down a case and when your intervention is enough and things like that. Sometimes we are never 100% sure. (OPPD).

5　What have we learned about practice wisdom?

As discussed in the introduction, there are two main ways of conceptualising practice wisdom. Practice wisdom is seen as either an 'integrating vehicle' which allows practitioners to combine different types of information, knowledge and feelings to make judgements (O'Sullivan, 2005; Klein and Bloom, 1995) or as an accumulation of practice knowledge and expertise acquired over time (eg Barker, 1999). Neither definition has received universal support, with the latter being particularly challenged.

While not definitively supporting either theory, our research leans towards the account of practice wisdom as an 'integrating vehicle' which allows a practitioner to make sense of multiple sources of evidence to reach conclusions. This is particularly supported by the fact that in situations where the evidence itself does not point to a definite conclusion, practitioners will start to rely on less concrete forms of evidence such as their previous experience, theoretical knowledge, professional judgement and ability to interpret subtle signs and cues.

> So there is a lot of things and these all come into play and a lot of that evidence is drawn up through knowledge that you've built up in practice but also through reading, through talking, being trained and supervision and knowing how to think about situations that you are dealing with and maybe difficult to deal with, comes through ... a sum of practice knowledge that have come from various pieces of evidence. (OPPD)

Nevertheless, experience is in itself important. Making decisions and judgements appears to become easier with time in post and greater responsibilities also come with experience. What's more, experienced practitioners appear to use their experience not to resort to set responses based on prior cases, but to ensure that they are reflective, unbiased and open to new evidence.

> I actually do think it's experience really, I definitely do … not getting complacent, because I don't think you can really when every situation is different. I think I kind of pick up signs more than I might have done in the past. (OPPD)

Respondents spontaneously talked about concepts very close to practice wisdom, which may be useful to frame future research on the topic. Such statements included:

> Having research and knowledge is not just enough, I think that underpins your work but then there is a gap because you have got to use your skills and your intuition as well, so it is about what you

do with all the knowledge and research…how you apply that in every day. (CFT)

…there are legislation, procedures and guidance that indicate the way you should perform but there is still individual judgement as a practitioner that you have to use and make those judgements. (OPPD)

Sometimes you are caught on the hop and it doesn't always tie in and then you are reliant on practice skills that you know work over the years, that worked with other people, again that's evidence of prior practice, a way that works with a particular person. So you sometimes rely on those techniques. (OPPD)

While the definition or concept of practice wisdom remains hard to pin down, it does seem to play a large part in the decisions that social workers make and how they make them. Potentially, its nature can be conceptualised as a set of skills and quality of thinking, gained through experience, that allows practitioners to make sense of the array of evidence available to them, particularly when that evidence is inadequate in some way. It seems that 'practice wisdom' emerges more strongly in situations where intuitive reasoning is indicated, though it is entirely possible that, at an earlier stage of reasoning, practice wisdom allows the experienced practitioner to determine whether analytical or intuitive reasoning is more appropriate.

In addition to the findings presented throughout, this research hopes to recognise and give prominence to the importance of confident and competent professional judgement in a complex and risk-focused area.

A lot of the issues where social workers have to make assessments are quite complex and there are often grey areas. It's not often clear cut. And I think that's possibly why social work doesn't always have the best press, you know, damned if you do, damned if you don't. And sometimes the fact that it's not clear cut doesn't mean that people are unwilling or unable to make decisions but actually the reality is that it isn't clear cut. (OPPD)

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