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An exploration of first line managers' decision making:

When, why and how first line managers (in local authority child welfare and protection services) make decisions without direct contact with a child and/or family. And if managers have direct contact with a child and/or a family does this impact on decision making?

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Statement of authorship

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Abstract

There is a growing discourse exploring the complexity of decision making, with a greater appreciation of the multitude of factors that can impact judgement, decisions and outcomes. Case reviews and traditional literature focused on flawed assessments and decisions resulting in guidance to minimise errors that impact on the lives of people we work with (Munro, 2011). Laterally social work literature has more broadly explored how we think and the factors that impact on our assessments, judgements and decisions (Baumann et al., 2011; Helm, 2011; Taylor, 2012). Supervision is repeatedly noted as central to assessment, with critical thinking and objective questioning being viewed as means to reduce bias and flawed decisions (Ruch, 2007; Munro, 2008).

Despite the prevalence of discussion surrounding supervision and consequently a manager's role in decision making, there is little specific consideration of this unique perspective of decision making. This study aims to explore this role, specifically exploring how managers in child welfare and protection services often make 'blind decisions' about children and families they have not met, based on information that is provided by other workers.

The findings are based on seven, semi structured interviews with first line managers in child welfare and protection services in two Scottish local authorities. Interviews explored the context and process of 'blind decision making' including the factors that impact of confident blind decisions and how this may differ from decisions that are made following direct contact with a child and/or family. Data has been analysed from an iterative and thematic approach and themes generated to consider the links with the contemporary understanding of decision making in social work practice. The findings of the study highlight the nature and context of blind decision making. The study highlights the impact of relationship, trust and communication in managers' decision making including the complex dynamic of ownership in joint decision making. Finally the study summaries some of the benefits and complications that come with managers having direct contact with children and families. The findings are presented with consideration of the potential implications for practice, policy and further research.

Introduction

Decision making is a central but contentious aspect of social work practice (Lietz, 2009; Munro, 2010; O'Sullivan, 2010; Helm, 2011; Taylor, 2012; O'Connor and Leonard, 2014). By nature social work decisions impact on vulnerable people's lives and can have significant and enduring consequences (Munro, 2008b; O'Sullivan, 2010; Baumann et al., 2011; Saltiel, 2016; Taylor, 2017). In child welfare and protection social workers and managers are making decisions about children's lives and futures. These decisions are shaped by risk and uncertainty and have to balance the needs and rights of both children and their parents (Carson and Bain, 2008; Munro, 2008a; Davys and Beddoe, 2010; O'Sullivan, 2010; Saltiel, 2016).

There is a growing body of research exploring decision making in social work. This knowledge has drawn on learning from various fields including science, economics and psychology (Van de Luitgaarden, 2009; Taylor, 2017). Specific social work literature has developed in most part following reflection on poor outcomes and as such has focused on how we *should* make decisions to avoid negative outcomes (Munro, 2008; Taylor, 2017). Legislation, policy and guidance have been influenced by this learning and focus on how workers are expected to complete assessments, to make sound judgements and decisions (Munro, 2008; O'Sullivan, 2010; Kettle, 2017). Supervision and therefore managers are repeatedly noted as vital to support decision making (Field, 2008; Munro, 2008a; Davys and Beddoe, 2010; O'Sullivan, 2010; Wonnacott, 2012) yet little literature or research focuses on the specific role of a manager making decisions.

When discussing decision making it is significant to differentiate between *judgements* and *decisions*. For the purpose of this study judgement is defined as '*the considered evaluation of evidence by an individual using their cognitive faculties so as to reach an opinion on a situation, event or proposed course of action based on values, knowledge and available information*' (Taylor, 2017, 228). Decision making is defined as '*a conscious process (individually or as a corporate exercise with one or more others) leading to the selection of a course of action among two or more alternatives*' (Taylor, 2017, 226). In child welfare and protection workers are commonly asked to make decisions shaped by uncertainty, with incomplete information and limited time (O'Sullivan, 2010; Van de Luitgaarden, 2011; Platt and Turney, 2014). The nature and complexity of decision making '*compels us to seek out the advice and support of others*' (Helm and Roesch-Marsh, 2017, 1365). Furthermore Taylor (2017) highlights in modern social work practice much of what social workers do is make judgements and recommendations, and decisions are dependent on managers who have authority to approve a course of action. It is in this context that managers are involved into decision making on a daily basis.

Therefore this study aims to explore the nature and context of managers' decision making, specifically the concept of blind decision making. For the purpose of this study *Blind decision making* refers to decisions made about an event, situation, person and/or people whom the decision maker has not had direct contact. As a consequence the decision is based on (at least) second hand information presented to the decision maker by another worker. Blind decision making is not a common term in social work practice. It is a concept and aspect of practice that the author identified and found intriguing. The author completed a systemic search of public domains including broad theoretical and empirical literature and social work practice material and did not find any clear references to the concept by this or other names. Based on curiosity as a social worker, manager and researcher the author sought to define the concept and engage in a study that would contribute to the understanding of this aspect of practice.

The study arises from the author's experience as a manager in Scottish child welfare and protection service. As part of daily practice the author supports staff and is actively involved in making blind decisions. For example referral decisions about the level of intervention required including possible child protection processes. The author's active role in practice makes her an insider researcher - someone who studies a context or population they are a part of. The study aims to be exploratory and descriptive but the author acknowledges that she is not entirely objective and her experience and views have impacted on the study (Asselin, 2003; Dwyer and Buckle, 2009).

This study is situated in Scottish child welfare and protection services and therefore needs to be understood in the context of British and Scottish legislation, policy and practice. Like the wider British context the 1950 and 1960s saw a shift in Scottish social work practice to increase the state's role in protecting children while simultaneously working to support families and avoid removing children from home (Stafford et al., 2010). At this time Scotland introduced the Children's Hearings system which viewed children in need for care and protection and those who were out with parental control as issues that should be addressed by the same system, embedding child protection in a wider system of child welfare (Stafford et al., 2010). In the 1970s and 1980s high profile child deaths and media coverage lead to criticism of social work not intervening and led to further reform across the United Kingdom including the introduction of the child protection register (Stafford et al., 2010; Saltiel, 2016).

In the early 2000s a major audit of Scottish child protection system was carried out and reported that '*outcomes for children were found to be highly dependent on social work doing well*' (Scottish Executive, 2002, 11). The report highlighted concerns about drift in decision making. Further review led to the introduction of '*Getting it Right for Every Child*' (GIRFEC) (Scottish Government, 2006) with

a focus on improving outcomes for children by identifying need and intervening early. GIRFEC created a new challenge for social work - to balance meeting the needs of all children whilst also ensuring the needs of the most vulnerable are targeted (Aldgate and Rose, 2009; Stafford et al., 2010; Platt and Turney, 2014; Kettle, 2018) It is based in this Scottish context with a broad *and* specific focus for social work services that is fundamental to the author's choice to refer to *child welfare and protection* throughout the study.

The author would like to note that for the purpose of this study the use of the word *manager* versus *supervisor* was chosen to reflect that a first line manager's role extends beyond the provision of staff supervision. A first line manager is responsible for supervision of staff and decision making regarding case work and resources. Managers are also accountable to a range of stakeholders to ensure practice is compliant with legislation, policy and procedure. It is the complexity of the role that is intended to be captured by the use of *manager*.

The study aims to contribute to the understanding of decision making in social work practice. Specifically with the hope that by increasing the understanding of managers' decision making (including blind decision making) the author can make tentative suggestions for further research and guidance that could support improvements in practice.

Literature Review

When exploring the literature on judgement and decision making there are distinct theoretical approaches which have shaped the discourse, for social work this includes the exploration of models of thinking (Hammond, 1996; Munro, 2008a), assessment (Helm, 2010; Holland, 2010), and risk (Carson and Bain, 2008; Taylor, 2017). The history of economics, science, philosophy, psychology and sociology can all be drawn upon to understand the process and factors that impact on decision making. This review seeks to summarise how these theoretical approaches help to understand decision making in social work. The review then explores selective literature regarding decision making in child welfare and protection including the role of managers and supervision. The summary below supports the aims of the study, the author acknowledges it is not exhaustive and other theories and texts may also be relevant.

This review was conducted using a range of methods including a systematic approach to review literature using key words searches as well as purposeful searching of key texts and their bibliographies. Searches were limited to texts in English to enable the author to fully engage with the text. Although this may have excluded possible learning in other countries the search strategy returned literature relevant to the British context. Searches were limited to texts published between 1998 and 2018. This was not to discount the value of sources outside this time period but a desire for contemporary literature and with acknowledgment that key sources would be referenced in recent texts and considered as part of the review.

Keywords were chosen based on the purpose of the study. In an effort to find literature that encompassed broad practice both *child welfare* and *child protection* were used. *Judgement* was not initially chosen as a key word based on the desire to focus on the process of decision making. Post data collection *judgement* was added to purposeful searching based on the data collected and the acknowledgement that judgements are key to decision making.

Supervision was added to the search to explore decision making in the context of supervision, as highlighted below these texts focused on how supervision supports a worker's decision making. An additional search added *supervisor* or *manager* and resulted in very limited results indicating a possible gap in the research.

As detailed in Table 1 (Appendix A) the search strategy resulted in an abundance of literature. The author completed a strategic review of over 500 abstracts. The review below summarises the most significant literature the author used to understand the process and context of social work decision making, specifically the role of first line managers in child welfare and protection.

Thinking and decision making.

Dominant literature suggests decision making is an act of thinking (Hammond, 1996; Taylor, 2017). Therefore to understand how humans make decisions we need to understand how we think. Traditional perspectives make a clear distinction between rational or analytical thinking and intuitive thinking. Analytical thought is seen to be prescriptive, logical, conscious and defensible – how decisions ought to be made (Hammond, 1996; Helm, 2011; Taylor, 2017) In contrast intuitive thinking is described as unconscious, automated and '*deeply seated in our emotional functioning*' (Helm, 2011, 895). Intuitive thinking is founded in an ability to use past experiences to guide responses to current situations and is noted to be how decisions are often made in the real world (Helm, 2011; Taylor, 2017). Intuitive thinking is often criticised and viewed as inferior to rational thinking (Munro, 1999). Discussion below will detail that these processes do not need to be seen as mutually exclusive.

Van de Luitgaarden (2009) summarises how research in economics, science and law have focused on how judgement and reasoning can support optimal, rational decisions. These decisions require specific information: the possible outcomes; the likelihood of outcomes; the value of outcomes; and all possible courses of action. This Rational Actor Model is based on an assumption that there is a good or right outcome. In this respect poor outcomes are viewed as errors and biases (Van de Luitgaarden, 2009). The Rational Actor Model underlies much of the contemporary thinking, including the dominance of risk, accountability and blame that shape criticism of social work practice (Van de Luitgaarden, 2009). However this perspective ignores the complexity of social work: the pervasive uncertainty; the fallibility of human thinking; the range of stakeholders; the subjective and emotive nature of most decisions, particularly in child welfare and protection (Munro, 2008a; Helm, 2011; Platt and Turney, 2014).

Social Exchange Theory (Homan, 1958), Attribution Theory (Kelly, 1973) and Subjective Expected Utility (Edwards, 1992) models contribute to the view of decision making as an action where a decision maker calculates the cost and benefits before making a decision (in Taylor, 2012). Although some of these theories acknowledge the subjective value assigned to outcomes they continue to have limited application in social work as they argue for deconstructive thinking in terms of measurable and predictable outcomes (Van de Luitgaarden, 2009; Taylor 2012). These models do not consider that social work decisions are about people's lives and choices, therefore unpredictable and subjective (Van de Luitgaarden, 2009). Furthermore these models do not acknowledge the impact of limited resources and time that are inherent in social work practice (Taylor, 2016).

There are limited empirical studies into social work decision making, however it has been progressively acknowledged in research and practice that human life and social work practice is not static, certain or measurable and decision makers are not in a position to know or evaluate the outcomes of many of their decisions (Helm, 2011; Taylor, 2017). This context leads professionals to utilise intuitive thinking (Hammond, 1996). With this understanding Hammond (1996) introduced the idea of 'quasi-rational thinking' and the 'cognitive continuum', where thinking moves between the poles of rationality and intuition based on the task and environment of a decision maker. Dual process theories similarly highlight how intuition and experiential learning can be effective but can be overridden when more reflective and critical thinking is required (Gambrell, 2008). The acknowledgement of the limitations of human thinking and decision making environments lead to the concept of 'bounded rationality' and an acceptance that thinking is limited by resources of time, knowledge and processing power (Simon 1997; Helm, 2010; Taylor, 2012).

With this knowledge of rationality as limited by context we can understand the use of heuristics. Heuristics are cognitive shortcuts the brain uses to process large amounts of information. The use of heuristics is shaped by how an individual interprets a situation and in uncertainty can lead to bias and error (Carson and Bain, 2008; Crea, 2010; Helm, 2010; Baumann et al., 2011). Heuristics and intuitive thinking have been criticised for failing to recognise new information and satisficing (Simon, 1997) and in social work practice this can lead to overconfidence in initial assessments and not reviewing assessments or decisions (Munro, 1999). Contemporary literature recognises that intuition and heuristics are a natural part of social work practice (Laming, 2009; Helm, 2010; Taylor, 2012). Taylor (2016) framed this as 'Psycho-Social Rationality' - *'based on the human and social realities of the environment, with all the uncertainties and elements of the information it contains'* (4). This acknowledgement of the uncertainty in social work practice is essential to a real life understanding of decision making and to the fair judgement of social work decisions. Intuitive thinking and heuristics are purposeful, at times essential and do not necessarily lead to errors and biases (Helm, 2010). However errors in thinking, decision making and practice are sometimes unavoidable (Hammond, 1996; Munro, 2008a). What is evident is the current approaches to reviewing practice have a tendency to attribute error and blame to individual decision makers without necessarily considering the inherent uncertainty in practice and/or the impact of the wider environment (Carson and Bain, 2008; Helm and Roesch-Marsh, 2017).

Social work decisions are impacted by uncertain circumstances and frequently conflicting information, therefore decision makers need to identify what information is relevant. Signal Detection theory focuses on this challenge. Dagleish (1988) highlighted the value of this theory in social work practice to support the identification of risk factors and predict the likelihood of abuse.

However there remains a challenge for decision makers to identify the correct signals, and therefore possibility of error (Taylor, 2012).

Supervision is often noted as central in reflective thinking, to review assessments, identify bias and errors to support sound decision making (Ruch, 2007; Taylor, 2012). However if we are to understand rationality as social and cultural this impact applies to workers *and* managers, and therefore the supervision relationship.

Impact of culture, legislation, policy and guidance on decision making

It is accepted in literature and practice that decision making is impacted by individual and environmental factors (Munro, 2008a; O'Sullivan, 2010; Baumann et al, 2011; Munro, 2011; Taylor, 2017). Personal and professional values; past experience; temperament; and emotions will impact on a decision maker at any given time (Gambrill, 2006; O'Connor and Leonard, 2014; Benbenishty et al, 2015; Helm and Roesch-Marsh, 2017). But individuals exist as part of their organisation, society and culture therefore when considering decision making it is important to consider the impact of context and culture.

Over the past three decades a focus on negative outcomes being the result of poor assessment and decision making has resulted in increasing scrutiny of social work practice (Munro, 1999; Munro 2011). Research and literature has often grown out of serious case reviews and '*concepts of risk as constructed by the media, government and the public are increasingly impacting upon professional practices*' (Littlechild, 2008, 662). Beck (1992) argued that modern society, technology and globalisation resulted in a 'risk society' with risk permeating all aspects of life. This has led to a loss of confidence in science and experts, a decline in professional status and an increase in societal anxiety. For social work, this has led to a preoccupation with risk assessment and risk management; a move from responsibility to accountability; and in turn a culture of blame and defensiveness (Munro, 2005; Carson and Bain, 2008; Collins and Daly, 2011; Munro, 2018).

This anxiety about the fallibility and limitations of decision makers has shifted the focus of literature, policy and guidance from exploring how professionals make decisions to how professionals *should* make decisions. A desire to reduce uncertainty and increase efficiency has led to an increase of bureaucracy, guidance and tools based in rational thinking. Assessment models including actuarial risk-assessment tools were widely introduced in an attempt to combat practical judgement and decision making problems, to promote consistency and target children most in need (Blaug, 1995; Munro, 2008a; Van de Luitgaarden, 2009; Gillingham and Humphreys, 2010). The merits of these tools in practice is debated. A true understanding of the effectiveness of decision making tools is

limited as the current research tends to focus on outcomes rather than the use and process of the tools (Gillingham and Humphreys, 2010). There is however evidence that structured decision making tools can be used to improve decision making by prompting analytical thinking (Munro, 2008b), that actuarial tools are more accurate at predicting risk than human judgement alone (Crea, 2010; De Bortoli and Dolan, 2015) and in similar circumstances tools can improve the consistency of decision making (Lietz, 2009). Newly qualified workers report that guidance and practice tools support their practice (Gillingham and Humphreys, 2010) and structured tools can make decisions more visible (De Bortoli and Dolan, 2015). However tools have limitations, most significantly they continue to require subjective judgement. Evidence suggests tools do not necessarily improve consistency (Munro, 2008b; Gillingham and Humphreys, 2010; Regehr et al, 2010). Tools are often impractical and can lead to an over simplification of circumstances, with singular views about abuse, overconfident judgements and workers ignoring cues or the need to review assessments (Van de Luitgaarden, 2009; Gillingham and Humphreys, 2010; Regehr et al, 2010; Platt and Turney, 2014). Ironically this is similar to criticism of heuristics and intuitive judgement that decision making tools seek overcome. Additionally research suggests structured decision making tools are often used after the judgement and decisions are made, with workers manipulating tools to gain the outcome they wanted (Van de Luitgaarden, 2009; Gillingham and Humphreys, 2010).

It is important that literature, policy and guidance remain focused on the complex and uncertain nature of practice. Social work is a relationship-based activity, which remains contingent on human behaviour and choice (of clients and workers), the value of a tool is impacted by a worker's engagement and knowledge of a service user (Regehr et al, 2010). Although a tool can support a worker it cannot change the context of decision making. Decisions are made in dynamic contexts with time pressures, insufficient and ambiguous information and decisions and outcomes are impacted by organisational processes, constraints, and resources (Munro, 2008b; Helm, 2011; O'Connor and Leonard, 2014). Guidance for practice needs to acknowledge all of the challenges and uncertainty involved in decision making and acknowledge no single prescriptive theory or model will make decisions simple or good outcomes certain.

Models of Decision Making

Over the past two decades, a range of models have been presented to demonstrate the complexity of decision making in social work. The 'Decision Making Ecology' (Baumann et al., 2011) details the influences on judgement and decision making: the case factors, organisational factors, external and decision maker factors. The model suggests the interaction of these factors impact on how workers interpret and frame judgements and therefore make decisions. Although this model presents a clear

description of the process and factors impacting decision making it provides little acknowledgement of the dynamics of the relationships that are central to social work decision making.

Crea's (2010) model of 'balanced decision making' similarly considers the case, organisational and individual factors as key to assessment and decision making. However Crea details the significance of a family's engagement, information and perspective shaping a decision. Crea's consideration of a family's role draws attention to relationship and communication as vital parts of decision making. Platt and Turney (2014) presented a naturalistic approach with detail of the interacting influences that are mediated by the 'sense making' process. The model *'recognises that decision making in a real life setting is fraught with ill structured problems in dynamic environments, characterised by rival goals, feedback loops, time constraints and high stakes'* (Van de Luitgaarden; 2009, 253). They too highlighted the importance of cooperation with a family drawing attention to how motives impact on decision making.

What is common in these models is the acknowledgment of the multitude of internal and external factors that interact to impact decision making. What is not consistently acknowledged is that communication and relationship are significant in how this information is gathered and how workers make sense of this (Helm, 2010; O'Sullivan, 2010; Platt and Turney, 2014). Furthermore most decisions are made in consultation with others, again bringing relationship and communication into play (Carson and Bain, 2008; Helm, 2011). None of these models specifically reference the role and/or influence of managers, this could be assumed as part of organisational factors but this is not explicitly explored. The insight from these models including the lack of exploration of communication, relationship and/or consultation guided the development of the research questions for this study.

Supervision and Decision Making

Supervision is repeatedly noted as a key factor in sound decision making (Ruch, 2007; Munro, 2008b; O'Sullivan, 2010; Saltiel, 2017; Taylor, 2017; Wilkins et al, 2017). Literature suggests that supervision is essential in enabling workers to review their practice: to acknowledge values and biases; to explore and manage emotions; and therefore enhance reasoning and analytical decision making (Helm, 2011; Munro 2011; O'Connor and Leonard, 2014). Supervision supports development, improves staff confidence but also allows shared responsibility in practice and decision making (Field, 2008; Regehr et al, 2010; Ofsted, 2012; O'Connor and Leonard, 2014). This is particularly significant as Taylor (2016) highlights:

'what social workers often do is defined in decision sciences as a 'judgement' rather than a 'decision', as the social work role is often to appraise options and make a

recommendation, rather than to make the actual decision, which may involve a supervisor (or) manager' (3).

Notwithstanding the importance of supervision in decision making, '*supervision ... is a difficult and contested activity - because of the range of functions it is meant to encompass, the nature of social work practice and the nature of organisations within which it occurs,*' (Saltiel, 2017, 535). Regardless of literature and guidance repeatedly noting the significance of supervision there is little evidence supervision improves outcomes (Saltiel, 2017; Wilkins et al, 2017). Currently there is more conceptual discussion about supervision than research that explores its value or success (Hawkins et al., 2012). It has been argued that the nature, variability and complexity of supervision makes it difficult to evaluate (Milne et al, 2008; Davys and Beddoe, 2010; Wilkins et al, 2017). Recent research in child welfare and protection has demonstrated that workers benefit from effective supervision yet there remains little evidence this directly impacts on improved decision making or outcomes for service users (Davys and Beddoe, 2010; Saltiel, 2017; Wilkins et al, 2017).

Morrison and Wonnacott (2010) argue there is an '*increasing dominance of managerial and performance agendas to the detriment of reflection, critical analysis, and emotional support for the worker.*' This shift can be understood in the context of increasing bureaucracy and scrutiny of practice where risk and accountability overshadow practice (Beddoe, 2010). This approach can be viewed as focused on improving practice by attempting to minimise errors and therefore improve outcomes. However the dominance of this approach is likely to increase anxiety, limit workers discussing mistakes or uncertainty, and lead to defensive interactions that inhibit reflective and creative thinking (Saltiel, 2017). It is therefore important to accept that supervision, although an aid for reflective discussion and reasoned decision making is a process that is impacted by context, power, relationship and communication (O'Sullivan, 2010; Fenton, 2015; Saltiel, 2017). Moreover these influences need to be considered in terms of how they impact on the worker *and* the manager.

Effective supervision is dependent on both parties actively engaging. Supervision requires a trusting partnership with a common goal (Hughes and Pengelly, 2002). Despite the mutual engagement required most supervision literature focuses on the actions required by a manager. Literature suggests that productive supervision is dependent on supervisors finding the '*time, skill and emotional energy to provide supervision*' (Davys and Beddoe, 2010, 82). It is dependent on a manager having an accurate understanding of staff competence to ensure that challenge, development and support are pitched at the appropriate level (Saltiel, 2017; Turney and Ruch, 2018). This, combined with an emotionally intelligent manager is argued to support improved

decision making and therefore outcomes (Wonnacott; 2012). Despite literature focusing on the significance supervision and a manager's responsibility in this process there is limited discussion of the specific influence or challenges a manager faces and even less discussion about how this impacts on manager's decision making.

The Care Inspectorate (2016) found that high workloads and restructuring often result in managers being distracted from providing reflective support and instead become involved in practically supporting staff – losing objectivity required to provide challenging supervision. Front line managers spend the majority of their time attending to risk and uncertainty with their staff and absorbing these emotions and anxieties (Ruch, 2007; Patterson, 2015). Supervisors are expected to set this aside, be contained, reflective and resourceful when providing supervision and/or supporting decision making. The quality of support provided to front line managers will directly impact on their ability to sustain thoughtful and reflective practice and in turn support their staff to do this (Patterson, 2015). Yet research suggests that supervision of first line managers tends to be more managerial and administrative (Ruch, 2007; Morrison and Wonnacott, 2010). If this is the case, it is important for research and reviews to consider what other opportunities supervisors are afforded for support and to reflect, explore and develop their decision making.

Supervision like front line practice is an interactive process. It is based on human behaviour, narrative and self-report. Facts, language, behaviour and concepts of abuse and neglect are shaped by beliefs and values that are socially constructed and change across cultures and time (Munro, 2008a; Van de Luitgaarden, 2011; Saltiel, 2016). Therefore the same information presented in different ways and/or to different people can lead to different judgements and decisions (Hogarth and Soyer, 2014). These conclusions are drawn from front line practice but are also true for supervision. Van de Luitgaarden (2009) notes that in the process of assessment there is dual perceptual measurement when a worker interprets the clients' perception of their life. However we need to consider that within supervision and blind decision making this process is repeated, with managers interpreting the information presented to them by a worker creating a third level of perception.

In this context communication and therefore judgement and decision making becomes an activity influenced by multiple relationships, trust and power dynamics. Decision makers need to accept that *'whenever a great deal is at stake... communication is generally strategic and instrumental'* (Blaug, 1995, 430). For clients, this helps us to understand why they may distort or withhold information. For workers, who may be uncertain, fear accountability or seek a specific decision, we can understand why information may be strategically presented (Saltiel, 2017). So too for managers -

power, authority and motivation will impact on decision making and could result in excluding or prioritising particular perspectives or options (Ruch, 2007). Therefore for supervision to support sound decision making it needs to examine the influences and motives of *all* parties involved in the process.

This chapter sought to summarise the growing body of research that helps to understand decision making in social work practice. Literature has moved from a dichotomous view of thinking as either rational or intuitive, to a cognitive continuum that adapts to suit the task and environment of the decision maker (Hammond, 1996). Research shows that judgement and decision making is impacted by organisational structures; context and culture; policy; theory and research (Plous, 1993; Benbenishty et al 2015; Helm and Roesch-Marsh, 2017). It is also subjective and impacted by individual influences: personal and professional values; past experience; temperament; and emotions (Plous, 1993; Gambrell, 2006; O'Connor and Leonard, 2014; Benbenishty et al, 2015; Helm and Roesch-Marsh, 2017). It is generally accepted that social work decision making is complex and uncertain, however there remains a discord in how to support best practice in decision making and how to fairly judge practice. Literature repeatedly suggests that supervision is key to supporting sound assessment and decision making, yet there is little empirical evidence to support this. Supervision is a complex activity shaped by varied, often competing purposes (Saltiel, 2017). Literature is beginning to highlight the challenges faced in supervision but is yet to comprehensively explore a manager's role in decision making. What is evident is managers, like all workers are impacted by a variety of factors when making decisions. However, managers often have an additional level of complexity in that they can be making blind decisions relating to situations and people they have not interacted with. The author would suggest the current literature doesn't sufficiently explore or explain the complexity of manager's decision making in child welfare and protection. It is based on the lack of exploration of this unique position in decision making that this study has grown.

Methodology

Research Questions

This study seeks to explore the concept of blind decision making. To examine the complexity and idiosyncrasies of decision making (by first line managers in child welfare and protection services) which is based on information that is provided to them by another worker.

Therefore the study aims to explore the following questions.

- When and why do managers make blind decisions?
- How do managers make blind decisions?
- What factors impact managers making confident blind decisions?
- What tips a manager into wanting and/or having direct contact with a child and/or family?
- Does direct contact have an impact on a manager's decision or decision making process?
- If so, what impact does direct contact have on the decision or process?
- Do managers think their decisions are improved by direct contact with a child and/or family?

The study does not focus on evaluating decision or their outcomes, instead remained curious about the process and managers' experiences. The full interview schedule is detailed in Appendix E.

Approach

The study is inductive in that it seeks to explore the research questions without a specific theory as a starting point (Trochim, 2006). Notwithstanding this intention, it is significant to acknowledge the author as a social worker and manager. As a social worker, the author has existing theoretical perspectives on practice, specifically an allegiance to relationship based practice. As a manager, the author has developed a view about the context and challenges of blind decision making. As a researcher, the author reflected on her affiliation with constructivism, the view that reality is socially constructed and impacted by context and experience (Punch, 2014). All three positions have impacted on the development and execution of the study. No research is free from bias but by making beliefs explicit it is possible to reflect on their value (Robertson and Dearling, 2004). The author's positionality was discussed in supervision to acknowledge her beliefs, values and expectations. Open discussion allowed the author to recognise the influence of her experience and address the potential limitations for the study.

As noted in the introduction the author is an insider researcher – this can positively and negatively impact on the process. The author has 14 years' experience in practice and at least to some extent shares '*an identity, language and common professional experiential base*' with participants (Asselin, 2003, 100). Sharing the author's experience can provide a sense of credibility in the study and trust in the researcher (Dwyer and Buckle, 2009). It allows some common aspects of practice to be understood with little explanation and allowed the author to focus on exploring in-depth meaning instead of solely descriptive data. The author made a conscious effort to clarify comments to avoid assuming meaning and adversely impacting the data collection or analysis (Asselin, 2003; Dwyer and Buckle, 2009).

Asselin (2003) notes that insider experience can result in misconceptions about the researcher's purpose, that participants can assume a hidden agenda to evaluate practice and may not present a true picture of practice for fear of reprisal. The author attempted to minimise this by providing clear information, acknowledging that participants were making themselves vulnerable by discussing their practice and demonstrating a commitment to presenting the participants' authentic experience (Asselin, 2003; Dwyer and Buckle, 2009).

Method

Due to the research questions and the desire '*to understand individuals' perceptions*' (Bell, 2014, 9) a qualitative approach was chosen to support participants to discuss their experience of decision making.

A number of qualitative research methods were considered in reference to the research aims. Self-administered surveys can gather factual information however can result in ambiguity as little context can be provided and therefore limit the exploration of participants' perspectives (Robson, 2011; Layder, 2013; Punch, 2014). As such surveys were excluded. Focus groups were considered as a means to allow a shared reflection and examine the impact of peers on decision making (Robertson and Dearling, 2004; Punch, 2014). However power imbalances can result in only dominant perspectives being heard (Robson, 2011; Punch, 2014). Furthermore focus groups require specific skills in moderating a group, and the author acknowledged this was not a developed skill of hers. As such focus groups were excluded as the main or a mixed method for data collection.

Although time consuming, face to face interviews generally have a lower rate of refusal (Robson, 2011). Semi structured interviews support a flexible approach and open dialogue to gather expansive data that explores what people think '*they are doing, how they feel about it and why they*

are doing it' (Punch, 2014, 82). This is both an asset and risk as excessive data can cause problems during data analysis (Punch, 2014). This risk was explored in supervision to focus analysis.

The use of a case study or simulated decision making was considered as part of a mixed design, this was excluded in favour of participants reflecting on their experiences. It is acknowledged that both are prone to selective and biased accounts but case studies also offer a challenge in being able to generalise findings (Robertson and Dearling, 2004; Robson, 2011; Bell, 2014). Therefore reflection on practice was viewed as more likely to support the research aims (Robertson and Dearling, 2004; Robson, 2011; Punch, 2014).

When choosing a method the author acknowledged her experience in interviewing – this provided confidence to engage participants and be flexible during interview. In this respect the author's experience was an asset to the study as Layder (2013) notes flexibility supports an interviewer to gather rewarding data.

The various methods' advantages and disadvantages were discussed in supervision to conclude that face to face, semi-structured interviews were most appropriate to explore the research questions. This choice came with an acceptance that the author becomes an active part of the research shaping the data at point of collection and during analysis (Braun and Clarke, 2006; Dwyer and Buckle, 2009; Layder, 2014).

Ethics

Social research is guided by ethical principles to safeguard the rights and wellbeing of participants (Layder, 2013). Ethical considerations arise throughout a research project and issues include worthiness, consent, harm, deception, privacy, confidentiality and integrity (Miles and Huberman, 1994; Punch, 1994). The ethical considerations for the study were detailed in an ethics application and approval was granted from the General University Ethics Panel at Stirling University and the local authorities where participants were employed.

Considerations included the intrusive nature of interviews and the possible distress of participants (Layder, 2013; Bell, 2014). This study involved a risk of distress or shame as individuals were asked to give an account of their practice, in doing so asking them to acknowledge their flaws and biases. This could have led to loss of confidence, status or reputation. This possible discomfort, the personal and professional consequences were a tension for the author. The author was eager to encourage these reflections to support a comprehensive understanding of practice but mindful this needed to be supported by a learning approach, not one of judgement that is often present in review of practice (Carson and Bain, 2008; Munro, 2018).

This tension was increased due to the limitations of confidentiality. Given that participants' practice involved children and possibly vulnerable adults, participants were informed that confidentiality and anonymity was limited if unmanaged risk was identified. To address this challenge the author sought to create an environment of respect with clear information to ensure fully informed consent (Asselin, 2003; Robertson and Dearling, 2004; Bell, 2009; Layder, 2013). This was not an issue for anyone interviewed, however this could be a result of participants filtering information for fear of consequences (Asselin, 2003).

Recruitment and participants

A strategy of 'purposive sampling' was used to ensure that the participants fit the purpose of the study and would be able to provide pertinent information to the research questions (Robertson and Dearling, 2004; Layder, 2013; Punch, 2014). Therefore the study focused on recruiting social workers, employed as first line managers in a statutory child welfare and protection services, who were actively involved in making and supporting decisions about children and families. As noted below this strategy and miscommunication impacted recruitment.

To gain broad data the study sought to recruit across four local authorities on the outskirts of a Scottish city. All local authorities were geographically close to allow the author access to meet participants at their convenience. This style of 'convenience sampling' can limit the information and possible representative nature of the data however was a necessary consideration given the timing of the study (Robson, 2011; Punch, 2014). The aim of recruiting across multiple local authorities was to consider the impact of organisational culture and simultaneously reduce the impact of a single organisation's culture on the data.

One local authority declined to participate based on involvement in other research and reported concerns this would place undue pressure on staff. One local authority reported a willingness to be involved however due to staffing issues and delay gaining site access were excluded from the study. It could be suggested this limited the data in that it did not explore populations under stress. However the author would argue that all child welfare and protection services are under significant pressure (due to political and financial stress) and although the inclusion of additional sites could be increased the representative nature of the data, it does not discount the significance of the data collected.

As an insider researcher a decision was made to exclude the local authority where the author is employed. This was based on the acceptance that this working relationship may impact on

participants' ability to speak freely, impact on ongoing working relationships and would increase the possibility of bias (Asselin, 2003; Robson, 2011; Bell, 2014).

Based on the author's understanding of service structure recruitment was targeted across all areas of practice. This was intentional to broaden the findings and avoid data that was only applicable in one area of practice, and also to explore if blind decision making was perceived differently in separate areas of practice. This strategy ensured the participants were a typical sample of managers in Scottish local authority child and protection services and therefore can be seen as a representative sample (Layder, 2013).

Consent

Voluntary informed consent requires explanation and consultation before data collection (Layder, 2013; Bell, 2014; Punch, 2014). Therefore the advertisement (Appendix B), participant information (Appendix C) and consent forms (Appendix D) were shared at the point of recruitment and prior to interview. Signed consent was gained at interview. Participants were offered opportunities to ask questions and discuss the study throughout the process. Participants were advised that they were able to withdraw their involvement at any point and withdraw their data within a week of interview. Participants were advised all data would be reported anonymously. As noted previously, confidentiality was limited if there was a concern about unmanaged risk.

Sample

Basic demographics (Appendix F) were collected to explore the possible correlation between gender, experience and the individual's responses. Five participants were female (71.4%) and two were male (28.6%). The female majority is consistent with statistics about the workforce with the Scottish Social Services Council (SSSC) reporting in 2017 83% of child welfare and protection workforce were female (SSSC, 2018, 32).

The increased percentage in men could lead to suggestion that the sample is not representative of the target population. However observations in practice indicate that despite the lower percentage of men in the field, those present are overrepresented in management positions. The author found no current statistics about gender distribution in senior posts in Scottish child welfare and protection services. However statistics for the general Scottish workforce indicate a higher percentage of men in management posts across industries including social services (Scottish Government, 2018).

Data collection

A pilot interview was carried out based on the view that *'the quality of preparation will influence the quality of data'* (Punch; 2014, 150). The pilot was an opportunity to highlight flaws in the research design, including ambiguity in the interview schedule (Robson, 2011). The pilot emphasised the importance of both the interviewer and interviewee being prepared, the need to minimise distractions and allow adequate time for thoughtful discussion. On review of the audio recording it was clear that the interviewer had missed opportunities for in-depth discussion. This resulted in adapting the interview schedule to ensure a thorough introduction and opportunity for participants to reflect on recent decision making. The pilot provided a critical insight into the process of iterative research and allowed the author to be fully prepared for the main study. The final interview structure can be found in Appendix E.

Seven interviews took place during June and July 2018. Interviews were audio recorded. Brief notes were taken during interview to note salient points, body language and facial expressions. These contemporaneous notes often reflected context and meaning that might otherwise have been lost (Layder, 2014). The author was conscious that taking notes during interview could create a barrier to engagement and result in missed opportunities to explore discussion. The author felt confident to manage this tension given her experience of interviewing.

Immediately following each interview the author made reflective notes to highlight significant comments and themes. This process was based on the belief that during a grounded and iterative approach the analysis can begin during data collection (Layder, 2013; Bell, 2014). This allowed the author to carry learning into subsequent interviews to explore developing patterns.

Although time consuming the author completed full transcription of the audio recordings. Transcribing allowed the author to be fully immersed in the data and continue analysis during transcription. Transcriptions provided comprehensive data set and accurate quotations.

Analysis

There are various ways to interpret human behaviour and therefore a range of approaches to analyse qualitative data (Punch, 2014). This study was conducted with a constructivist view that both the author and participants are active in creating knowledge and meaning (Braun and Clarke, 2006; Charmaz, 2013). The study drew on a range of methods to approach the data, and analysis was conducted with aspects of both a grounded perspective and thematic approach. The goal was to *'generate a plausible – and useful – theory of the phenomenon that was grounded in the data'* (Braun and Clarke, 2006, 81). The author acknowledged her assumptions about the concept but

sought to gather and analyse the data to draw an evidence based understanding of blind decision making.

Audio recordings, interview notes and transcripts were the data sets for analysis. The author's post-interview notes were used as memos to support reflection and analysis (Charmaz, 2013). The audio recordings and interview notes were reviewed on numerous occasions to identify possible codes, patterns, anomalies and meaning. Supervision was used to critically reflect on the process and the data, ensuring preconceptions as an insider did not limit the analysis. Data that was consistent with and distinct from the author's original view was discussed to ensure analysis focused on identifying the explicit findings and the abstract meaning (Asselin, 2003; Braun and Clarke, 2006). Presentation of the preliminary findings (Appendix G) at a conference in July 2018 supported the iterative approach. Discussion with social workers and researchers at this conference supported critical analysis in the context of current literature and research.

The thorough review of the interview notes and transcripts led to systematic coding. Firstly using open coding, to create codes and begin to identify possible concepts and themes in the data (Robson, 2011; Gibbs, 2012; Punch, 2014). This process resulted in a multitude of codes related to behaviours, emotions, processes, language, outcomes and relationships. Using axial, thematic coding initial codes were compared to create a set of concepts (Robson, 2011; Gibbs, 2012; Punch, 2014). Both grounded theory and thematic analysis are similar in that both approaches move through a recurring process, constantly comparing the data to find repeated patterns of meaning beyond description (Braun and Clarke, 2006; Robson, 2011; Punch, 2014). Using a thematic approach themes were reviewed, refined and named (Braun and Clarke, 2006). This resulted in four cohesive themes that linked to the research aim:

- Blind decision making: when and why?
- Relationships, trust, communication and decision making.
- Whose decision is it? Process, ownership and accountability.
- Direct contact: how contact with children or parents complicates decision making.

Limitations

Participants' roles being high pressured and unpredictable may have impacted on the number of participants recruited. A number of managers indicated interest in the project but were unable to commit, and one participant cancelled the interview on three occasions. This is a consideration for any research project with front line social work staff. The author's commitments resulted in limited opportunities to meet with participants. If a researcher could be situated in a research environment

this would increase the availability and potential to engage participants in the research. However this would also change the nature and methodology of the study to an ethnographic or mixed method study – which brings new strengths and challenges.

Recruitment was impacted by language. The participant information requested the involvement of ‘Team Leaders’, although it went on to detail the context of being first line managers this title held specific meaning in each organisation and limited who was invited to participate. The author’s assumption about roles was based on the titles used in her workplace, and was a negative consequence of being an insider researcher. This could have been avoided with further reflection on the recruitment strategy (Asselin, 2003). Future research should consider the meaning attributed to titles and focus invitations on role descriptions.

The small sample size and context of two local authorities could be argued to limit the ability to generalise the findings (Charmaz, 2013). However Layder (2014) argues in qualitative research representative samples need to be viewed differently to consider if the sample is typical of the wider population. Demographic discussion indicates this is true for the study’s sample. Furthermore the purpose of the study was to explore the concept that was previously unexplored, the findings will demonstrate significant learning despite the sample size.

In this chapter the author sought to detail the aim and methodology of the study. The intention being to complete a small scale, inductive exploration into manager’s decision making and the concept of blind decision making. The author acknowledges her constructivist position and role as an insider researcher impacted on all stages of the project. Based on the aim to understand managers’ experience a qualitative approach was required and semi structured interviews were determined to meet this purpose. Participants were recruited across multiple sites and areas of practice to broaden the sample and therefore increase the representative nature of the data. Thematic analysis was used to explore both the explicit and abstract meaning in the data, the findings are presented below.

Analysis and Findings

Demographics

Demographic details (Appendix F) were gathered from participants to compare responses and patterns in the data. No clear correlation is evident between gender, years in practice or in a supervising role and the themes below. The author believes it is notable that the two most experienced managers shared a view about how they would resolve uncertainty in decision making but it is unclear in the current data if this is linked to experience or personal style.

A manager's area of practice appeared to have some correlation with their responses. Given the sample size, it's unclear if this was related to the context of practice or individual perspectives. Further research with a larger sample would be required to understand if these distinctions are representative of wider practice.

Blind decision making: when and why.

'I don't have the opportunity to meet with people and yet decisions have to be made.'
Participant 6

Although the concept of blind decision making was not a term that any participant had previously used, all participants acknowledged that it was an inevitable part of their role. In literature and practice there is an acceptance that judgement and decision making is a challenging aspect of social work practice that requires support and advice (Munro, 2008a; O'Sullivan, 2010; O'Connor and Leonard, 2014; Helm and Roesch-Marsh, 2017). Participants were clear that consulting, supporting and making decisions was an essential part of their role as first line managers.

'You're undertaking an assessment... and you've got a big judgement to make and it's about not making that single-handedly. I think that's where folk need a senior (manager).' Participant 2

Participants articulated a range of reasons that blind decisions were necessary. This included intake, new cases where there had not yet been an opportunity to meet families and the acknowledgement that a manager's time was a limited resource. Participants accepted they were not able to have direct contact with all children or families but this was not necessarily a conscious decision.

Five out of seven participants acknowledged that they made blind decisions multiple times in the course of an average day, that it was an unavoidable part of their busy role and managing staff.

'I don't think I would have the capacity, or any of us would have the capacity to be out doing initial visits all the time.' Participant 7

The two managers who thought it was a less frequent part of their role both came from parts of the service where cases were long term. Meeting service users was described as a natural aspect of managing relationships (with staff and service users) and as part of process in significant decisions that required management oversight. In contrast three other participants who also managed long term work maintained that blind decision making was a necessary and common part of their practice. This variation in the data highlights that practice, decision making and management of staff remains influenced by a multitude of factors including context and personal style (Gambrill, 2006; O'Connor and Leonard, 2014; Benbenishty et al, 2015; Helm and Roesch-Marsh, 2017). It also suggests that blind decision making, at least to some extent, is a choice.

Participants agreed that blind decisions were made across many aspects of practice and in various contexts including: supervision; informal discussions; in a crisis; with staff they managed and with other staff less well known to them. It was agreed that the decisions varied; from small and fairly insignificant; to holding decisions; to prioritisation of work which impacted multiple parties; and decisions with significant and enduring consequences for various stakeholders. This is consistent with the range of decision making across social work practice (Lietz, 2009; O'Sullivan, 2010).

Participants acknowledged that some blind decisions were made over time. That the nature and context of social work practice meant assessment was fluid and decisions need to be constantly reviewed (O'Sullivan, 2010; Baumann et al., 2011). One participant highlighted that if she had a working knowledge of a family built over time and with opportunity to reflect that her comfort in blind decision making increased. This is consistent with O'Connor and Leonard's (2014) view of the significance of time and reflection in sound decision making.

Some participants appeared and/or explicitly acknowledged discomfort with blind decision making. This appeared to be related to the connotation of 'blind' decisions being inferior or uninformed compared to decisions that involved direct contact. One participant expressed particular discomfort and reframed a situation where she was forced to make a blind decision,

'Workers from other teams...that's true...it tends to be less about supporting a decision but more about ... maybe a crisis.' Participant 4

It was unclear how managing a crisis (that involved choosing a course of action) was not seen as decision making. However what appeared more tolerable was that her blind decision was a holding decision that she was only briefly accountable for until the worker's manager could review and agree actions. Latterly she commented,

'it's interesting calling it a blind decision, certainly it is blind but the decision comes from the discussion with the worker I guess so I see it as a joint thing' Participant 4

It is unclear from the data if labelling the concept as a *blind* decision is what causes the discomfort and allusion of decisions being uninformed or inferior and if a different term would have elicited similar discomfort. The author's decision to frame the concept as blind was to suggest the absence of vision as a source of data. What has become evident during the study is that visual stimulus is not the only data missing from blind decisions. When considered in detail the distinction with blind decision making is not necessarily an absence of information to base a decision instead that all information is at least second hand. The significance of this dependence is discussed below.

What remains uncertain was *why* managers made blind decisions. What the data suggests is that time and circumstance did not always allow an opportunity for direct contact. But what was not clear was if this was a conscious choice or an inadvertent aspect of managers' role. The data exploring when blind decisions occur suggests that blind decision making is the natural default position for managers. That inevitably initial assessments would occur before there was opportunity for a manager to be directly involved. That direct contact would come in most part, following a request by the worker, manager or family and involve an active choice by at least one party. Participants were not specifically asked why they did not meet service users and/or continued blind decision making. However participants were clear about the uncertainty, impact, consequences of their decisions (Munro, 2008b; Lietz, 2009; Baumann et al., 2011) and that they would not make a decision if they did not had adequate information or understanding to support the decision. What is implicit in the data is that blind decision making occurs because managers (consciously or unconsciously) feel direct contact is *not always necessary* to make a good enough decision.

Relationships, trust, communication and decision making.

'I have to trust that the people who do know the people and have met the people are able to give me the information that I need.' Participant 6

The quality of decisions are directly linked to the quality of an assessment (Munro, 2008a). Therefore a manager and blind decisions are dependent on the worker – their information, assessment and their presentation of this. Kettle (2018) highlights that working to protect children is highly dependent on professionals working together, that they engage in a '*tangible transition of information, and a less tangible transaction, of anxiety and responsibility*' (222). Both worker and manager are responsible for aspects of decision making, accountable to each other and ultimately responsible for the wellbeing of service users. This mutual dependence led to discussion about relationship and trust. Participants reported to feel more confident to make blind decisions when they know the worker. This didn't necessarily lead to trust but meant they were aware of a worker's skills, knowledge and thresholds.

'I think there is a bit about knowing the style of the workers and their thresholds.'
Participant 7

Participants indicated that knowing this allowed them to frame their questioning and consider the possible gaps or bias in the assessment before making decisions. This is consistent with literature that asserts that a manager with a good assessment of staff competence will be in the best position to support a worker, decisions and better outcomes for service users (Wonnacott, 2012; Saltiel, 2017).

Participants also acknowledged that communication skills and styles varied among workers and impacted on their process of decision making.

'There is a way of writing a report that gives you lots of information and says nothing. And there's a way of writing a report that is really quite clipped and to the point and gives you lots of information.' Participant 6.

Taylor (2017) argues that *'we need precise language to enable effective decisions'* (167). The ambiguity of language and communication is often discussed in the context of multi-agency partnerships and decision making (Laming, 2009; Taylor, 2017) but not always considered within internal social work relationships. A common language and understanding between social work colleagues is not inevitable. Language is complex and laden with subjective meaning (Van de Luitgaarden, 2011; Saltiel, 2016). Literature suggests open dialogue with managers and colleagues supports social workers to make knowledge explicit, create and challenge hypotheses that support professional sense making (Saltiel, 2016; Helm, 2017). Participants acknowledged that a worker's ability to engage in this discussion impacted on their ability to understand the concerns. However participants also acknowledged the potential for information being omitted, language being loaded and/or communication being manipulated for a specific aim.

'So it's about having confidence in the information they are bringing to you... (is) fairly represented and they are not omitting anything because it wouldn't fit.' Participant 5

An awareness of the potential manipulation of information is vital in decision making. As noted in the literature review whenever there are significant consequences communication can become distorted (Blaug, 1995). Understanding the sensitive, intrusive and significant nature of child welfare and protection work helps to understand why service users may distort or omit information to reach a desired outcome. Similarly the context of increasing pressure on resources, demand of high caseloads, stress and anxiety may help managers to consider the impact of workers' interpretation and presentation of assessments. What is evident is that the opportunities and reasons for information to be distorted before and after it reaches a first line manager are complex (Helm and Roesch-Marsh, 2017; Saltiel, 2017). This therefore highlights the significance of managers being

aware of the complexity of language and motives; the potential for intentional and unintentional distortion; and the importance of reflective and challenging supervision for front line workers and managers.

All participants acknowledged the need for their own support, to consult and reflect. Morrison and Wonnacott (2010) argue that the pervasive bureaucracy reduces opportunities for critical reflection. This increased managerial focus and lack of reflective supervision is noted to be more prevalent with managers' supervision, with an allusion that managers are in less need of support, guidance or reflection (Hughes and Pengelly, 2002). Patterson (2015) highlights that the quality of support to front line managers directly impacts on their ability to sustain thoughtful and reflective support and/or a high standard of practice. The author would suggest that the quality of supervision provided to both managers and front line workers is likely to impact on the quality of blind decisions. Furthermore the author would argue individual workers, front line managers, senior managers, organisations and professional bodies are *all* responsible to ensure support and reflective supervision are possible in practice.

Whose decision is it? Process, ownership and accountability.¹

During data analysis the most prolific open coding related to the active process that managers engaged in during blind decision making. Participants stated that they: look, listen, review, ask, discuss, explore, challenge, unpack, negotiate, think, check, double check, feel, conclude, plan and direct. The process detailed correlated with the processes involved in completing a first-hand assessment and with the varied functions of supervision (Hughes and Pengelly, 2002; Collins and Daly, 2011; O'Sullivan, 2010; Ruch, 2012).

'I wanted an outline...and I suppose looking at all the options... looking at possible outcomes...not just for the young person but also for all the structures. 'Participant 5

Participants were clear that decision making wasn't just an issue of facts but the interpretation and analysis that made sense of information and the meaning of that information for a child and family (Helm, 2011). Their role as a manager was to review this analysis to ensure they understood the circumstances, the risks, the impact on the child/family and the possible consequences before they made or supported decisions. The depth of this challenge and scrutiny often related to the quality and style of communication of the worker and the existing trust and relationship between the

¹ The author acknowledges that social work decisions are dependent on service users who are an active part of the assessment and planning that shape decisions. That their engagement, openness, communication and commitment impact on decisions and outcomes (Helm, 2011). However the focus of the study was on manager's decision making therefore service users' role and influence will not be explored in-depth.

manager and worker. This can be seen as part of assessing what is valid knowledge on which to base a blind decision (O'Sullivan, 2010).

Participants acknowledged that different decisions, in different contexts led to slightly different processes based on time, resources and possible consequences. This is consistent with the literature and concepts of bounded rationality and naturalistic decision making (Helm, 2010; Platt and Turney, 2014; Taylor, 2017). Participants acknowledged at times decisions are made rapidly and without explicit reference to knowledge, but also felt strongly that decisions were well informed and able to be explained.

'My understanding of child development, attachment theories, my understanding of the whole makings of social work. I'm not making them (decisions) from my gut I'm making them from a lot of learning and a lot of experience. Knowing what procedures and polices around are...' Participant 2.

Responses were consistent that decision making and blind decision making are shaped by theory, research, context, culture, organisational structures, personal and professional values (Taylor and White, 2006; O'Connor and Leonard, 2014; Helm and Roesch-Marsh, 2017). The author is conscious that these influence may not be visible in practice at the time of decision making and may only be evident with reflection and/or with explicit request. Hackett and Taylor (2014) highlight researching decision making is complex as it is hard to 'see'. Existing empirical research evidences that in practice decisions are often private (Munro, 1998) and recorded with little explanation of reasoning (Saltiel, 2016). All participants were clear their decisions were based on formal and experiential learning. What participants described can be understood as practice wisdom. *'Practice Wisdom is an intellectual capacity that enables practitioners to appropriately integrate different types of knowledge, modes of thinking, emotions and actions in ways that facilitate sound judgement'* (Collins and Daly, 2011, 4). There is some debate about the reliability of practice wisdom, as like intuitive thinking it often remains unexplained (Munro, 1998).

'If people say why did you make that decision? That I have the insight I can say this is where, this is why, this is what I had and this is the process I went though.'

Participant 1

This ability to justify decisions is consistent with the idea of defensible decision making and being able to make specific reference knowledge and learning, if required (Ingram et al., 2014). What remains important is a worker's ability to identify when decisions and reasoning need to be made and recorded explicitly (Munro, 2008b).

Despite participants being clear that blind decision making was an inevitable part of their role all participants presented some ambivalence about who made or *owned* the decision.

'It's their decision, it's their assessment, it's their recommendation and they need to own it. I could give a view in terms of counter signing it, whether it feels right, is it a balanced decision based on the evidence but it would still be their decision.'
Participant 3

Participants frequently commented it wasn't their decision yet simultaneously acknowledged it was their role to interrogate assessments and decisions to ensure they were sound and fair. Participants acknowledged that in many cases decisions especially those involving resources needed their approval. Furthermore participants acknowledged as a manager they had the ability and necessity to delay or override decisions that seemed inadequate, unsafe, unfair, and unethical or against policy (Lawrie, 1997). Despite this authority, participants were inclined to continue to frame this as supporting the worker towards a sound judgement and decision. This tension between supporting or making decisions can be understood as part of the potentially conflicting roles of supervision - supporting staff development, providing managerial oversight and mediating between workers and the organisation (Hughes and Pengelly, 2002; Morrison, 2007; Davys and Beddoe, 2010; Wonnacott, 2012) What was apparent was participants' desire to be in partnership with their staff. This collaboration was evidenced with the repetitive use of 'we' and the discussion about jointly engaging in this process.

'As a manager you bring your experience and I suppose your manager skill set. You're not bringing your knowledge of that client that's where the worker comes in, and it's about bringing those two together. And ultimately as a manager, yes you have got the ultimate say in the end but you want it to be a shared decision.' Participant 5

It is unclear from the data if this was a response to the dependence on the worker, if this was due to existing and maintaining relationships, or the desire for good outcomes. Lawrie (1997) suggests that joint decision making by a manager who shares responsibly is generally more reliable and able to support better understanding and intervention. But joint decisions need to be based on mutual trust, listening and openness (Taylor, 2017) and are therefore dependent on relationship. The author would argue that the inherent power imbalance means joint decision making is not equal and is not always possible. In some circumstances managers need to acknowledge that despite a worker conducting an assessment, managers make judgements and exercise authority and therefore assume the responsibility for a decision.

This understanding was in some ways implicit as despite participants asserting that they were not the decision maker they consistently spoke about responsibility and accountability. This can be understood in the current context of British social work with increased managerialism and public criticism of practice. As noted in the literature review, despite errors not necessarily being related to

individual failure current reviews tend to seek to attribute blame to individual workers and decision makers. Similarly serious case reviews, public inquiries, policy and literature all make reference to supervision as key to good practice and at least implicitly suggest managers are accountable (Munro, 1998; Wonnacott, 2012). What the data and literature highlight is that ownership, responsibility and accountability are ambiguous. Participants acknowledged as a manager they shared responsibility for case decisions but also in some circumstances they had increased responsibility. Several participants acknowledged their role placed them in a triangle of tensions responsible to the individual child and family, as well as other service users, to staff and the organisation (Hughes and Pengelly, 2002). Participants suggested this broader responsibility was particularly significant when considering resources.

'I think as a manager you have to constantly got to think about or you have to keep your eye on resources and an oversight of other cases as well. So like for instance I have 6 young people in B&B with different workers and we have one resource coming up. And I have one worker who is saying my young person would be excellent for this resource and I agree with you but I have got to another 5 to consider.' Participant 5

This challenge was evident in the discussion with participants, who highlighted the increasing pressure due to the reduction of resources and increased scrutiny of practice. This linked with consideration of changing thresholds for action and/or provision of resources based on external pressures (Baumann et al., 2011; Kettle, 2017). The data indicates that each manager at different times utilised different reasoning for their actions and various strategies to manage the emotional, ethical and professional challenge this presented. What several participants alluded to was a need to manage their emotional engagement to remain effective in the varied aspects of their role. This was not explored in depth and would be a fruitful area for further research.

Direct contact: how contact with children or parents complicates decision making.

The data suggests that direct contact often came as a result of process or a request and not necessarily as a result of the manager intentionally seeking this contact, this was contrary to the author's assumption when initially developing the study.

Participants highlighted that contact regularly came about:

- By accident or necessity due to circumstances or staff absence;
- To follow up a complaint;
- To support staff at their request generally in a contentious case or delivering a difficult decision;

- To ensure a process or outcome was clear to parents – specifically ensure messages about legal action including permanence decisions were understood and/or
- When despite significant discussion the manager could not make sense of what was presented to them with enough certainty or confidence to support a decision.

These varied reasons for contact can be understood in the context of a first line manager's multifaceted role (Hughes and Pengelly, 2002; Davys and Beddoe, 2010; Wonnacott, 2012).

The author believes it is significant that when participants actively sought direct contact with service users in most cases this was with parents/carers not a child. This was directly linked with the purpose of contact.

'It's often not the child actually. So it would be the parents, to see if there is anything else we can do here? Have we tried everything? What are their views? And sometimes that is actually to do a double check for myself.... Have we been fair and just?'
Participant 4

This pattern suggested that managers were not questioning the information presented to them about a child's life or experience but the judgement about necessary intervention. This is consistent with research that suggests decisional conflict is most often not a disagreement about the assessment but instead about what action should be taken and when (Platt, 2006; Baumann et al., 2011; Platt and Turney, 2014). This is linked with the subjectivity of thresholds which are influenced by internal and external factors that impact a decision maker (Kettle, 2017). Participants suggested interaction with parents elicited information about their motivation or capacity to change that influenced intervention including the provision of services, statutory decisions or decisions about accommodation or rehabilitation. This was presented on several occasions in the context of social workers and/or external partners believing children should be removed from parental care and managers agreeing with the concerns but not agreeing that there was sufficient evidence to merit this action.

Participants described wanting oversight of the ethical tensions between needs, rights and resources which are key in welfare services (Hughes and Pengelly, 2002). This linked to the possible guilt or stress that workers feel when they are unable to practice in accordance with their values (Taylor, 2007; Fenton, 2015). This often comes as a result of lack of resources or risk adverse practice in the context of increased managerialism and a culture of fear and blame (Carson and Bain, 2008; Fenton, 2015). In the context of blind decision the data suggests that direct contact could reduce this ethical stress by allowing managers an opportunity to engage and ensure decisions are aligned with their values. In addition it enabled additional data and first-hand experience which supported confidence

in a judgement if a manager needed to engage in higher level negotiation about decisions or resources.

Despite the reason or circumstance that contact occurred there was an ambivalence across participants about *how* this impacted on decision making. What was apparent was that direct contact changes the nature of decision making. Decisions are no longer 'blind' or based solely on the information presented from another worker. Direct contact allowed the manager to see what had not been reported, be an active assessor, and interact with the people in context.

'I think most often it will help in terms of seeing the information in context. And helps me understand where a social worker might be coming from.' Participant 1

Participants acknowledged that sometimes direct contact highlighted gaps in assessments or gave a more balanced picture than what had been reported. At times this related to the reality of extra observation, being able to use all your senses, but this also linked with the impression of personal experience and sight being a superior source of assessment. Several participants alluded to a single contact giving them an understanding of the child or family and the impression that this was superior to a verbal or written assessment compiled over time. In this sense direct contact could be viewed as supporting conformational bias with manager's looking for or seeing what is most significant in their existing judgement (O'Sullivan, 2010). What was not explored in depth was how this direct interaction intersected with the previous knowledge provided by the worker – and that alone a single interaction – without other knowledge is unlikely to be superior or support sound decision making over an assessment completed over time. The author found it worthy to note that managers more recently in front line practice tended to suggest that when they were uncertain about an assessment or decision they would seek direct contact, whereas the two most experienced managers suggested direct contact would not be their first port of call. They suggested further consultation with others who had existing relationships with the child or family was a superior means to gain a greater understanding before making decisions. In the current data it is unclear if this is a result of personal style or a common tendency with increased experience in practice and/or management. Further research could explicitly consider if processes of decision making and resolving uncertainty change with experience.

Despite this variation all participants acknowledged that direct contact and interaction brought them something that they couldn't always get from another worker's account, no matter how in-depth, or well presented.

'It's like you know communicating by email or text – its crap. Cause there is no feelings, or language ... so there's bits about I would want to have a better sense of these people and what they're like to interact with' Participant 7.

'That day I realised you can write all of that in a report, but see listening to that banging (her head) on the wall was horrific. You can't write that in a report, the emotional impact on us, seeing that girl... and that's the bit, that I supposed getting to know the client, you just can't describe stuff like that in reports.' Participant 5

Participants acknowledged that direct interaction brought the full human experience into decision making. Distress and emotions became real and evident in a way that was not and at times could not be described. This included the emotional responses of service users but also of workers and managers. Ruch (2012) suggests that in modern social work first line managers are stuck between the performance driven agenda and the emotionally charged experience of workers. The data suggests that direct contact brings a manager back into the emotional experience.

Regardless of length of experience or area of practice participants agreed that meeting a child, young person or parents had an impact on them. It didn't necessarily change their decision but it had an impact on them and their decision making process, the family became 'real' and managers felt even with one interaction they had a better understanding of the family and the impact of the decision.

'It goes back to real people. Your decision has had an impact, and you're much more aware of that. You can make decisions blindly and scarcely remember the person's name two days later. Whereas if you have met them you will not forget, it's a much stronger impact!' Participant 6

Several participants stated that they didn't think direct contact would change their decision. This linked with the suggestion that direct contact increased empathy and could possibly result in avoiding difficult decisions despite having sufficient evidence or reason to support them. This raises questions about how to be open to review assessments and decisions based on new interactions and information, but also balance this to ensure emotions do not dominate decision making. Research suggests that unacknowledged emotional and relational dynamics have the potential to negatively impact practice, by increasing anxiety and defensive decisions (Ruch, 2012). In addition when decision making is intellectually and emotionally challenging people often chose the easy option which can lead to poor decision making or drift (Munro, 2008b). This further highlights the significance of emotionally intelligent and reflective supervision for both workers and managers.

Several participants were clear that contact and emotional engagement made their job harder, especially when this had significant consequences in terms of financial or practical support or long term care of children.

'There is something about someone being in front of you and saying 'I really want to do this, I want to do this, and you need to give me another chance'. Whereas if you're one step removed of course that is easier to say – you have got all this evidence then

you can rationalise it, it's in black and white, we have got it all. And we will still have to all. But if someone is in front of you pleading to keep your child.' Participant 4

One participant suggested the challenge from direct contact and decision making was dependent on if she was thinking as a manager (an agent of the organisation, seeking certainty and compliance with limited resources) or a social worker (whose primary task is providing care and support). This same participant felt if she had direct contact she was more emotionally engaged and drawn to her core social work values to support a young person, but that this could impact on her need to be fair with the allocation of resources. This conflict and the reorientation of priorities is a particular challenge of new managers (Patterson, 2015) and is increasingly felt due to the growing pressure on public resources and the conflicting GIRFEC agenda (Stafford et al., 2010; Patterson, 2015; Kettle, 2018).

What is evident in literature and the data is that emotions impact on judgements and decision making (Morrison, 2007; Munro, 2008b; O'Sullivan, 2010; Wonnacott, 2012; Ingram et al, 2014). Intense emotions can impact thinking – either making it vigilant or interfere with clear reasoning (O'Sullivan, 2011). Research suggests that stress and anxiety in the context of an individual case can be a motivating force to provoke creative thinking (Morrison, 2007). Likewise positive feelings towards a client or worker can be motivating and reinforce the nature and consequences of social work practice (Munro, 2008b; O'Sullivan, 2010; Ingram, 2013). However strong relationships and emotions can lead to over identification and lack of boundaries (Kettle, 2018). Generalised anxiety, stress and exhaustion in a work environment is likely to result in a decline in clear or systematic thinking and therefore the quality of case work (O'Sullivan, 2010; Fenton, 2015). Participants acknowledged this was a consideration for them and front line workers.

'For me that's a bit of a warning sign, I'm thinking ok, you're a highly anxious worker. So what are you missing?' Participant 4

They articulated a need to consider how emotions, particularly anxiety impacted on workers ability to engage with service users and develop plans. Research supports the need consider the impact of emotions in practice - as prolonged or overwhelming anxiety can lead to defensive actions including over procedural practice to reduce uncertainty or the depersonalisation of service users (Hughes and Pengelly, 2002; Munro, 2008a; O'Sullivan, 2011; Ruch, 2012). Hostility and fear also impacts on the ability to reflect and think clearly (Platt and Turney, 2014). Negative transference can lead to avoidance, a lack of empathy and increases the risk of complacent or insensitive practice (Morrison, 2007; O'Sullivan, 2010).

'I think we have all come across clients we like and don't like. As much as we don't want to admit that that has an impact on how we work with them.' Participant 5.

What is presented in current literature and the data is that emotions are core to relationships and therefore social work practice (Munro, 2011) and unconscious or repressed emotions are likely to negatively impact on practice (Ingram, 2013). Emotions impact front line workers and managers alike, highlighting the need for *all* workers to be emotional intelligent – being able to recognise the emotional nature of social work, to identify, understand and manage the impact of emotions on ourselves and others (Morrison, 2007; O'Sullivan, 2010; Ingram et al., 2014). But emotional responsiveness and capacity are about more than an individual and are impacted by culture and context (Morrison, 2007, 253). This means managers and organisations need to make this possible in the workplace – workers need to be supported to openly express their emotions and acknowledge how they impact on their work. Supervision is repeatedly noted as vital to workers having opportunities to reflect on and contain their emotions, specifically anxiety generated by constant exposure to risk and uncertainty and increased by the culture of blame (Morrison, 2007; O'Sullivan, 2010; Ingram et al, 2014). Despite the centrality of this in literature and policy for over a decade, research suggests explicit discussion of emotion remains limited (Wilkins et al, 2017) and that the opportunities for managers to engage in this reflection and containment is further reduced (Ruch, 2007). Research continues to suggest managers need to strive to be emotionally resonant – *'valuing and working with emotions and relationship, with a consistent focus on outcomes for service users'* (Wonnacott, 2012, 34). The challenge remains how policy and guidance can support emotionally intelligent reflection and supervision to be embedded into daily practice.

What arose from the data was that direct contact has a range of potential impacts beyond that of manager. Participants highlighted that for all stakeholders direct contact could be positive or challenging.

'I think for families they sometimes listen more if they think the boss is coming. The worker feels supported. And I have actually seen what I have heard about.'
Participant 2

'I think families, parents ... get more anxious if we come out.' Participant 4

This acknowledgement of the varied impacts highlights the importance of direct contact being considered and purposeful. Direct involvement in practice has been identified as supportive of staff: increasing confidence in practice and the supervisor relationship, allowing observation of practice and showing that managers assume some of the responsibility for risk, uncertainty and planning (Beddoe, 2010; O'Sullivan, 2010; Ofsted, 2012). Participants also acknowledged possible negative consequences of direct contact including that it contact could undermine staff or their autonomy

(O'Connor and Leonard, 2014). However participants did not spontaneously recognise that it might impact on their objectivity required to support critical thinking (Care Inspectorate, 2016). Overwhelmingly participants reported direct contact was supportive of staff and aided their understanding of a case to support joint decision making.

However what was also clear in the data was that direct contact could cause undue stress to service users.

'We trust other people to make good judgements about what the child needs and to share that with me But the child needs to meet me like a hole in the head. They need to make relationships with new parents, and they need to have relationships with their social worker to help them bridge that move from foster care into adoption. But they don't need to have a relationship with me.' Participant 6

This impact is particularly significant to consider for the children or adults who are engaged with child welfare and protection services, many of whom have experienced trauma. What was highlighted by the study was the need to *explicitly* consider the impact and purpose of direct contact *before* it occurs. Blaug (1995) argues '*care is a matter of face to face interaction... There is a crucial and ineradicable component of care which is interactional, emotional and communicative*' (427). Furthermore he suggests that '*people require interaction to make up their mind*' (429). It is clear that care, relationship and interaction are central to social work practice. What the author would question is whether a social work manager's primary role is to care (for service users)? And if this requires direct interaction? The data would suggest that first line managers do not require direct interaction with service users to make a decision. Instead it can be argued that a manager's primary task is to '*promote the effectiveness of practitioners and ultimately enhance the well-being of service users*' (Ruch, 2012, 1329). The author would suggest a manager's role is to *ensure* but not necessarily directly provide good care and this may or may not require direct contact with a child or family. Therefore the emotions, communication and interaction which are integral for managers are primarily with the workers that they manage. This is not to remove the focus on service users but to balance the needs of various stakeholders to ensure practice remains child centred. One participant suggested that given the possible complex effects of direct contact that this should occur after a decision is made.

'I find the decision making easier if I haven't had direct contact... I don't have to deal with that emotional impact...if I don't meet the young people when I'm making these decisions, I can make a bit more black and white decisions...I can understand why it's much better being visible to the young people. And visible to your staff. And therefore beneficial to meet the people you're making decisions about. But I do wonder if at some point if that should be after the decision making process? Almost that bit about being accountable for your decision making... rather than it clouding your possible judgement.' Participant 5

The author is curious to consider this possibility - if this would enhance decision making by minimising the possibility of bias or over identification but also ensure that managers do not depersonalise service users, remain responsible, acknowledging the impact of their decision making whilst also supporting staff.

What the findings suggest is that direct contact changes the decision making experience, often for various stakeholders. However it is not a simple matter to determine if direct contact improves decision making. This in part relates to the challenges of defining or assessing sound or effective decisions given that this is not necessarily synonymous with good outcomes (Carson and Bain, 2008; Helm, 2010; O'Sullivan, 2010). What was agreed across participants was that the experience of the decision maker was changed by having direct contact with the people concerned – that direct interaction made a decision and its consequences more emotive for the decision maker reminding managers of the complexity and significance of child welfare and protection work.

Conclusions

There is a consensus in research and practice that decision making is a fundamental but complex part of social work practice (Lietz, 2009; Munro, 2010; O'Sullivan, 2010; O'Connor and Leonard, 2014). Based on the complexity of decision making literature repeatedly notes that supervision and the therefore first line manager play a key role in reflective thinking, the avoidance of errors and exploring the impact of emotions on judgement and decisions (Gambrill, 2006; Munro, 2011; O'Sullivan, 2010).

This study confirms some of the existing knowledge on decision making in social work. However what the literature review demonstrates is that there remains a gap in exploring the intricacy of a manager's role in decision making and the significance of making blind decisions about situations managers are not involved in and about children and families who they have not met. Current literature and research focuses on the front line worker and generally references how a manager supports a worker to make decisions, but not how a manager makes decisions themselves. The author would suggest that to draw understanding about managers' decision making the current literature and models of thinking need to be abstracted, duplicated or flipped. Therefore the author sought to explore manager's decision making in order to define and develop the concept of 'blind decision making'.

The author intends to share the findings with both local authorities that engaged in the research and her own workplace. The conclusions are hoped to support reflection on individual practice and tentative considerations for training, guidance, policy and practice in these organisations. Beyond this, the author hopes to submit the findings to an academic journal to share the findings with wider audiences.

The study suggest that blind decision making is a concept that is relevant to social work practice. Moreover the findings suggests that blind decision making is an inevitable part of a first line managers' practice in child welfare and protection services. The findings detail that the broad range of circumstances of decision making and limited time mean at some point all first line managers are required to make blind decisions. The frequency and nature of these decisions varied across roles and areas of practice. The author would suggest blind decision making is the natural default position for first line managers who are one step removed from practice. Although this study was specific to first line managers in child welfare and protection services it is likely that this experience is similar to first line and senior managers in other areas of social work practice, social services and wider

customer services based on hierarchical management structures. Therefore the findings may have relevance beyond child welfare and protection services and could link to decision making research in other areas of social work and in other fields. The acknowledgement of the concept can serve to develop individual practice and support reflective consideration about this aspect of practice.

The study identified the complexity of blind decision making including: the manager's dependence on others; the significance of language and communication; the potential for manipulation and bias in communication; and the consequent significance of trust and relationship between a worker and the manager. The findings build on Van de Luitgaarden's (2009) concept of dual perception in assessment and demonstrated that blind decision making can include at least a third layer of interpretation. The study suggested that due to the dependence on a worker, managers sought a joint process of assessment, judgement and decision making. This process was situated in the varied and often conflicting functions of supervision including knowledge transfer, supporting critical thinking and quality assurance (Hughes and Pengelly, 2002; O'Sullivan, 2010; Collins and Daly, 2011; Ruch, 2012). The findings suggest that knowing and trusting staff can improve confidence in decision making for both a worker and manager. This could have implications in practice and guidance when considering who workers should seek decision making support from. This could also have implications for organisational structures in terms of consistency in line management to support staff retention, skills development and sound decision making. It is important to acknowledge that given the nature of social work practice this consistency of support will not always be possible.

The study suggests that despite the additional challenges inherent in blind decision making that it is not necessarily an inferior form of decision making. Participants' accounts were consistent with the adoption of a cognitive continuum and practice wisdom in front line decision making (Hammond, 1996; Helm, 2011; Collins and Daly, 2011). The findings echo research recognising the significance of consultation and critical reflection to support robust decision making but also acknowledge this does not necessarily result in sound decisions or good outcomes (Carson and Bain, 2008; O'Sullivan, 2010). This increased awareness of the complexity of blind decision making highlights the importance of managers exploring judgements and blind decisions with rigour to examine potential gaps and flaws in the information and/or analysis that shapes their decisions. What remains a challenge is being able to clearly articulate the reasoning behind a decision to support defensible decision making. The current literature and this study would support consideration of practice guidance for both front line staff and managers to make decision making more visible. This could be achieved with guidance and/or training on recording for case records and/or supervision notes that make explicit the options considered and the reasoning behind a course of action. As an insider the author is aware that time constraints would be likely to impact on the adoption of this guidance in

practice. However making decision making visible would support fair judgement of practice that is based on contextual reasoning (Lawrie, 1996). Creating a reflective organisation is likely to support good practice, by reducing blame and supporting learning (Ruch, 2012; Ingram et al., 2014; Munro, 2018). This learning could be particularly significant for organisations under inspection or at the point of an initial or serious case review.

The findings demonstrate an ambivalence in managers about who owns a decision, whilst acknowledging their active role in the process and their shared responsibility and/or accountability for a decision and possible outcomes. This highlights the ambiguity of ownership, responsibility and accountability which is rarely made explicit in practice. The author acknowledges that the desire for partnership evident in the data could be a coincidence and anomaly in the sample however this sense of tacit accountability is consistent with literature about the risk society and blame culture in social work within the United Kingdom (Munro, 2005; O'Sullivan, 2010; Carson and Bain, 2008; OFSTED, 2012; Saltiel, 2017). The study is limited by the small sample but highlights the significance of further research with a larger sample to broaden this understanding and therefore the possible implications for practice and policy. Future research could explore the felt or conscious responsibility and/or accountability and the value in making this explicit. Moreover it could explore the impact of proximity to decision making and the interplay with risk taking or risk adverse decisions.

Participants were clear that as a manager direct contact changes the decision making experience. However there was no consensus if contact improved decisions. Further exploration with a larger sample would support a greater understanding of the choices that lead to direct contact, the impact of direct contact, the interplay of moral considerations, and the significance of personal style. The author acknowledges that research based on self-report is prone to bias and the act of questioning or observing decision making can alter the process and possible learning.

What is evident in the findings is that the impact of direct contact went beyond providing additional information. Most significantly managers identified the emotional impact of direct contact. Direct contact brings managers back into the emotional aspects of practice (Ruch, 2012). What was alluded to but not fully explored was manager's need to manage this contact, their empathy and compassion based on the large caseloads held across their teams. Managers noted that the consequence of their decision was more clearly *felt* with direct contact, and this made their job harder. The findings suggest that decision making can be more than an act of thinking, but that emotion is often missing from case discussion and supervision making blind decision making prone to thinking than feeling. This is consistent with literature that presents the view of the increasing dominance of process and management driven supervision to the detriment of the acknowledgement of emotions (Hughes and

Pengelly, 2002; Morrison and Wonnacott, 2010; Ruch, 2012). This raises questions about how supervision practice and guidance could be adapted to more readily make children 'real' to bring the positive aspects of emotional engagement into supervision but also support the emotional reflection and containment of front line workers and managers. This is particularly significant given a growing trend towards flexible working and hot desking that erodes some of the typical support that comes for having a team room and closed space to reflect with others. The adoption of an ecological model of supervision could support '*holistic thinking about how judgements are constructed and communicated... and explicitly address wider influences on judgement*' (Helm and Reosch, 2017) and decision making.

Finally, the findings highlighted that direct contact has an impact on a range of parties and this impact varied from the increased stress and anxiety for service users, the potential support but also undermining of staff and the increased confidence, emotional impact but also possible increase of bias from managers. Therefore the study suggests that direct contact and its impact on all parties should be explicitly considered *before* it occurs to ensure contact is purposeful and negative impacts are minimised. For the organisations involved in this study this could be a relatively simple change in practice, not necessarily requiring a change in policy or guidance to take effect. Awareness of this learning could result in an immediate change for individual managers, towards explicit consideration of the possible impact of contact to minimise the negative consequences particularly for the children and families we work with.

Because of the small scale of the study there are limitations in the ability to generalise the findings or suggest they are representative of the experience of managers across Scottish child welfare and protection services. Despite the limitations the study highlights a new concept and aspect of decision making and that is under researched. The findings have proved significant in defining the concept and raising questions about why managers make 'blind decisions.' By shedding light on this aspect of practice it allows consideration of individuals' practice and creates opportunities for further consideration. It indicates the need for further research to develop a greater understanding of blind decision making to thoroughly consider its role and challenges in daily practice. The study has potential implications for improving practice including: outcomes for service users; support and development of front line staff and managers; policy and/or guidance in child welfare and protection, in wider social work practice, social services and broader contexts where decision making is based in a hierarchical system.

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Appendices

All identifying data has been removed from the appendices XXX has been used to indicate places where this information has been removed.

APPENDIX A

LITERATURE SEARCH RESULTS

TABLE 1

Keywords/Term search	Search engine	Search results
Decision making AND Child welfare	UoS Library catalogue	8463
	Web of science	1811
Decisions making AND child protection	UoS Library catalogue	8244
	Web of science	1534
Decision making AND Child welfare AND Social work	UoS Library catalogue	4164
	Web of science	412
Decisions making AND child protection AND social work	UoS Library catalogue	4057
	Web of science	313
Decision making AND Child welfare AND confidence	UoS Library catalogue	280
	Web of science	59
Decision making AND Child protection AND confidence	UoS Library catalogue	267
	Web of science	56
Social work AND Decision making AND Child welfare AND confidence	UoS Library catalogue	119
	Web of science	31
Social work AND Decision making AND Child protection AND confidence	UoS Library catalogue	118
	Web of science	24
Child welfare AND decision making AND confidence AND Manager	UoS Library catalogue	5
	Web of science	1
Child welfare AND decision making AND confidence AND supervisor	UoS Library catalogue	3
Decision making AND Child welfare AND Social work Limited to BJSW, CFSW, CAN	Web of science	70

APPENDIX B

PROJECT ADVERTISEMENT

Blind decision making

Are you interested in taking part in research to help develop a greater understanding of professional decision making?

This research seeks to explore the decision making experience of social work supervisors and managers. Semi structured interviews will be used to explore the nature of decisions that are often made without meeting the child or family and consequently: if; how; and why judgements and decision are impacted by meeting a child, parent or family member during the process of making important decisions about children's lives.

Participants need to be social workers actively supervising and managing other social workers or practitioners in child welfare and protection field.

This study is looking to recruit participants between March and May 2018 with interviews taking place between April and July 2018. There will be no payment for taking part in this project.

Research is being undertaken by XXX, Postgraduate masters student XXX and XXX (Senior Lecturer). This project has been ethically approved through the University of Stirling General University Ethics Panel. Ethics Approval Reference: (to be added)

APPENDIX C

PARTICIPANT INFORMATION

1. Research Project Title: Blind decision making

2. Background, aims of project

There is a growing discourse about decision making and the complex factors that impact on judgement and decision making in social work practice. Despite the building understanding of decision making there is little attention to the specific role of supervisors making decisions based on the relationships and assessments of our staff.

We would like to invite you to take part in a semi structured interview to explore the process of judgements and decision making by supervisors. Supervisors are often left in a position to make decisions about children and families they have never met. These 'blind decisions' are an expected part of our role. This research seeks to understand this process and the factors that impact on confident 'blind decisions'. Furthermore we hope to explore if supervisors have direct contact with a child or family member, does this impact on the judgement or decision making.

3. Why have I been invited to take part?

You have been invited because you have an active role in managing social workers or practitioners who work in child welfare and protection. As such it is believed that you are likely to be making 'blind decisions' as part of your role.

4. Do I have to take part?

Participation in the research is entirely voluntary. If you do decide to take part, you can withdraw your participation at any time without needing to explain and without penalty by advising the researchers of this decision. You can also withdraw your data within a week of completing the interview.

You will be given this information sheet to keep and be asked to sign a consent form before completing the interview.

5. What will happen if I take part?

You will need to complete a single face to face interview. The interview should take approximately 1 hour. The interview will take place at a mutually agreed location, convenient to yourself for example your workplace.

6. Are there any potential risks in taking part?

Social work by nature is emotive and the interview may include discussions about cases that are complex or distressing. In addition reflecting on our own practice can evoke previous emotions or new feelings about our work and the people's lives we are intervening in. We are accepting this is a risk of taking part in the research. To help prevent these risks the researchers will discuss how both formal and informal supports can be used support participants.

7. Are there any benefits in taking part?

Our hope is that by taking part in research you will be more insightful to your practice and make conscious, confident decisions in your role. Furthermore we are hoping the research will lead to a greater understanding of decision making to support practice improvement.

8. What happens to the data I provide?

Interviews will be audio recorded. However all personal and confidential information will be stored anonymously. Data will be destroyed at the completion of the project, following publication of the dissertation.

Personal confidentiality will be respect unless there is information shared that raises concern about the safety of children, the abuse of vulnerable adults, money laundering and crimes covered by the prevention of terrorism legislation.

9. Future uses of the data

Due to the nature of this research, it is likely that other researchers may find the data to be useful in answering other research questions. We will ask for your explicit consent for your data to be shared in this way and, if you agree, we will ensure that the data collected is untraceable back to you before letting others use it.

10. Will the research be published?

The research will be used for my post graduate project. The findings may be published in a professional journal and/or presented at professional conferences. You will not be identifiable in any report/publication as all identifying information will be anonymised for the purpose of your confidentiality.

The University of Stirling is committed to making the outputs of research publically accessible and supports this commitment through our online open access repository STORRE. Unless publisher requirements prevent us this research will be publicly disseminated through our open access repository.

11. Who has reviewed this research project?

This project has been ethically approved via The University of Stirling General University Ethics Panel.

12. Who do I contact if I have concerns about this study or I wish to complain?

If you would like to discuss the research with someone please contact XXXX or XXXX to obtain further information about the project.

You will be given a copy of this information sheet to keep.

Thank you for your participation.

APPENDIX D

PARTICIPANT CONSENT FORM

Participant Consent Form

Participant number

Research Project Title: Blind Decision Making

Please initial box	
I confirm that I have read and understood the participant information sheet dated _____ explaining the above research project and I have had the opportunity to ask questions about the project	
I understand that my participation is voluntary and that I am free to withdraw at any time during the study and withdraw my data within a week without giving a reason, and without any penalty.	
I understand that my responses will be kept anonymous/non identifying and I give permission for members of the research team to have access to my anonymised responses.	
I consent to being audio recorded.	
I understand how audio recordings will be used in research outputs. I am aware that I will not be named in any research outputs but I could be identified by people I know through the stories I tell.	
I give permission to be quoted directly in the research publication	
I agree for research data collected in the study to be given to researchers, including those working outside the EU to be used in other research studies. I understand that any data that leaves the research group will be fully anonymised so that I cannot be identified.	
I agree for my personal data to be kept in a secure database so I can be contacted about future studies.	
I give my permission for my data to be used in future research	
I understand that any information shared that suggests there is an unassessed/unmanaged risk to a child or young person will be shared with the appropriate service in line with Child Protection Procedures.	
I agree to take part in this study	

Name of Participant

Signature:

Date: [Click here to enter a date](#)

Name of Researcher

Signature:

Date: [Click here to enter a date](#)

APPENDIX E

INTERVIEW SCHEDULE

Blind Decision Making **Interview template**

Participant number		
Date interview completed.		
Information sheet	Consent form	
Recording.		
Demographics		
Male	Female	not specified
Years qualified as SW	Part of the Service	
Years in C&F		
Years in role as supervisor/manager		
<p>Purpose of this study</p> <p>A Judgement is the view or assessment formed after collecting information about a subject.</p> <p>A Decision or decision making is a conclusion reached that is generally linked with a chosen action.</p> <p>Blind decision making is a decision made without having any direct contact with the subject of the decision. Can be a case you have considerable knowledge about but have not had any direct contact with the family.</p> <p>Any questions???</p>		
<p>1. Just to get you thinking about decisions - Can you talk me through some of the decisions you have made in the past week. <i>Big or little</i></p>		
<p>2. If a blind decision is a decision made without any direct contact with a family – in what context or circumstances would you make a blind decision?</p>		
<p>3. How frequently would you make blind decisions?</p> <p>a. Daily</p> <p>b. Weekly</p> <p>c. Less than weekly</p> <p>d. Rarely</p>		
<p>4. Can you describe a BD you have made and how you made this decision.</p>		

<p>5. In hindsight, knowing the outcome would you have liked to have known/done anything different? <i>Do you think having direct contact with the family would have changed your decision?</i></p>
<p>6. In general, how confident are you making blind decisions?</p> <p>0 – not at all confident I try to avoid this</p> <p>10- Very confident I have no concerns about making blind decisions.</p>
<p>7. If I changed that to comfortable - how comfortable are you making blind decisions?</p> <p>0- 10</p>
<p>8. What factors do you think impact your ability to make confident BD? COMFORTABLE??</p> <p><i>Tell me about them/why?</i></p> <p>Are you impacted by?</p> <ul style="list-style-type: none"> • Supervisor/Supervisee relationship • Who is providing you the information/assessment? • Their level of experience • The length of time you have known them? • CASE • Your own knowledge of the case? • The level of risk associated with the decision • The impact or consequence of the decision? • Service factors • Culture • Resources
<p>9. In the context of your role what would tip you over into being unwilling to make a BD and wanting to meet/interact with a child/family directly?</p> <p><i>Example?</i></p> <p>Prompts?</p>

- A permanent decision
- A legal order
- Secure care

10. What do you think is the impact of having direct contact with a child or family that you are making decisions about?

- Increased ownership in the assessment/judgement/decision?
- It's now your assessment?
- More real? You see it?
- Become emotionally involved

11. Do you think direct contact improves you confidence in decision making? Why?

Thoughts or questions?

THANK YOU

Wrap up.

Discuss planning with study.

- Masters dissertation
- DARE
- Journal
- Event to disseminate results.

Discuss support and option for contact or additional thoughts.

APPENDIX F

DEMOGRAPHICS

Table 2: Gender

<i>Gender</i>	<i>Number of participants</i>
Male	2
Female	5

Table 3: Years in Practice

<i>Years</i>	0-5	6-10	11-15	16+
Years in social work	0	0	2	5
Years in children and families	0	1	2	4
Years in role as supervisor/manager	2	4	0	1

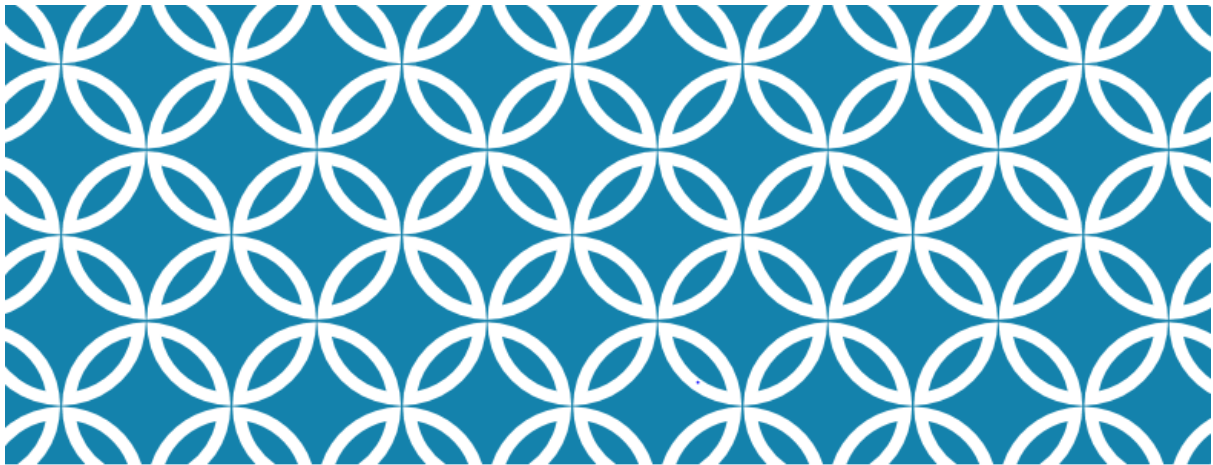
Table 4: Area of Practice

<i>Area of practice</i>	<i>Number of participants</i>
Duty/Intake/Short term assessment	2
Long term work/permanence	4
Children affected by Disability	1
15 plus and Continuing Care	1
Fostering and Adoption	1
Total	9 (2 participants held dual roles)

APPENDIX G

DARE Conference presentation

Blind Decision making – slides.



BLIND DECISION MAKING |

SCOTTISH SOCIAL WORK AND DECISION MAKING

- Scottish Legislation and Policy – Getting It Right for Every Child (GIRFEC)
'It is everyone's job to keep children and young people safe'
- External decision makers – Courts, Children's Hearing system, Child Protection Registration.
- Public criticism – Serious Case reviews, Media coverage and professional investigations.



NOTES

- Scottish Legislation and Policy – Getting It Right for Every Child (GIRFEC)

GIRFEC is the national approach to improving outcomes and supporting the wellbeing of our children and young people.

It is **everyone's job** to keep children and young people safe, and professionals in **health, education, police and social work have specific responsibilities** when they become aware that a child or young person is being subjected to harm, or is at risk of significant harm. Professionals have a role in assess and support. Public have a role as well.

It is estimated that less than a tenth of those children and young people who experience abuse or neglect are known to formal child protection agencies

- **External decision makers** – Courts, Children's Hearing system, Child Protection Registration.

All of these structures mean that SW are often in a position to make a judgement and recommendation about care or planning but are often not in the position to make the final decision about a child's care.

- **Public criticism**

Like most countries SW is increasingly coming under increased public scrutiny. Serious Case reviews, Media coverage and professional investigations.

Although this is not necessarily a bad thing, that we are in a position of power and should be held accountable to ensure we maintain good practice this creates a new pressure and defensiveness in practice that impacts on daily decision making.

Progressively there is and **Increase focus on risk without an acknowledgement of the constant uncertainty in our role.**

WHAT IS BLIND DECISION MAKING?

A decision made about a child, young person and/or family without any direct contact with the child or family. Based on information presented from one or more sources.



NOTES

Why am I interested?

In the Role senior social worker and team leaders we are asked on a daily basis make or confirm decisions made by our staff. These decisions are often made about children and families we have not and may never meet.

It is in the context of this role and with increased discussion about decision making in risk and uncertainty that my interest arose in 'Blind decisions making'

Can we make sound, confident quality decisions without meeting children and families?

What do we need to ensure we can do this?

What factors impact on making good blind decisions?

Does direct contact change our judgement, decision making or outcomes?

Or Does direct contact change the process, the confidence, or experience of the decisions?

BLIND DECISIONS



NOTES

To illustrate some of the challenges and influences on blind decision making I am going to do a brief exercise.

Imagine you are being asked to make a decision about a child who lives in the home I am about to describe.

Its not the worst I have seen but its pretty bad

Its really cluttered stuff piled up on the sofa.

There was no where for me to sit.

There was a sort of a path to step through and over everything.

They really need to do some clearing and some cleaning.

I think they could make a significant change in 24 hours.

I didn't see the bedrooms or the kitchen so I can't really talk about them..

I don't think a child should live like that... at least for long?

What is your reaction?

Is what you imagined the same as the image?

Did having and image change your view? Your thoughts? Feelings? Did you have a more physical reaction to the image?

Your thoughts about if it is ok for a child?

If we are in a position to make Blind decisions we are entirely dependant on the information presented to us.

And it can not be the same as you experiencing the situation first hand.

So this brings me back to trying to understand blind decision making

LITERATURE

Decision making – rational or intuitive?

Hammond (1996) Cognitive Continuum and 'quasi rational thinking'

Simon (1995) 'Bounded rationality'

Taylor (2010) 'Psycho social rationality'

Signal detection theory - Sensitivity and bias. Hits and misses

Dalgleish (1988) and Taylor (2012)

Decision Making Ecology

Baumann et al. (2013) – factors that influence decision making:

case factors, organizational factors, external and decision maker factors.

NOTES

Decision making – rational or intuitive?

What has progressively been acknowledged in research and practice is that human life and social work practice is not static, certain and measurable and we are not in a position to know or measure the outcomes of many of our decisions. It is the impossibility of this certain, deconstruction of life that leads to intuitive thinking and decision making (Hammond, 1996).

It was with this understanding that Hammond (1996) introduced the idea of 'quasi rational thinking' and the cognitive continuum, where thinking moves between the poles of rationality and intuition based on task and environment of a decision maker.

The acknowledgement of the limitations of human thinking and our environment lead to the concept of 'bounded rationality.' An acceptance that our thinking is limited by resources of time, knowledge and processing power (Simon 1997; Taylor, 2012; Helm, 2010).

Taylor (2016) develops this idea and refers to 'Psycho social rationality' as '*rationality based on the human and social realities of the environment, with all the uncertainties and elements of the information it contains*' (4).

Decision Making Ecology

Baumann et al. (2011) 'Decision Making Ecology' details the variants that impact on judgements and decision making: namely the case factors, organisational factors, external and decision maker factors.

They distinguish between key tasks in the process including: the act of assessment/making a judgement; the significance of a threshold for action/decision; and the significance of the possible shift in threshold.

The model helps workers to 'understand judgement as something which is not fixed, singular and logical, but as something which is situated, dynamic and subjective, requiring critically reflective practice' (Helm and RM, 2017, 1372). They highlight the interaction of factors that impact on how workers interpret and frame judgement.

This can all be applied to the concept of blind decision making but may not consider the added complexity of making a decision based on someone else's assessment.

NATURE AND PURPOSE OF STUDY

Purpose

Explore and understand the process of Blind decision making. How and when managers decide to have direct contact with children and families, and if direct contact impacts on judgements and decision making?

Participants

- 8 first tier managers across two local authorities.

Process

- Semi structured interviews - exploratory and inductive.
- The nature of Blind decision making
- Factors that impact on confident blind decisions
- The Tipping point to having contact with families
- The Impact of direct contact on judgement and decision making

NOTES

Purpose

Explore and understand the process of Blind decision making. How and when managers decide to have direct contact with children and families and if direct contact impacts on judgements and decision making?

Participants

- 8 first tier managers across two local authorities.

Process

- Semi structured interviews - exploratory and inductive.
- nature of decision
- factors that impact on confident blind decisions
- Tipping point to having direct contact
- Impact of direct contact on judgement and decision making

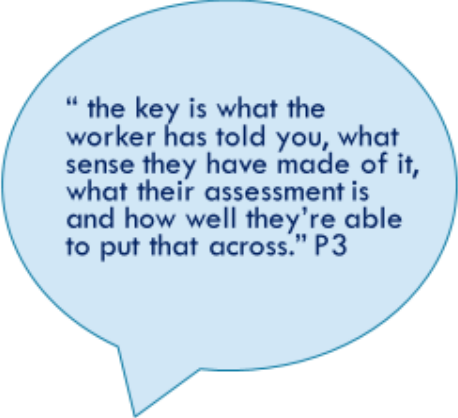
FINDINGS SO FAR

Nature of Blind decision making

- Blind decision are an inevitable part of managing staff
- Role in decision making as providing advice/guidance
- Decisions should not be made in isolation
- Blind decision making is a process of assessment

Factors of Blind decision making

- Experience
- Relationships
- Information and how its presented.



“ the key is what the worker has told you, what sense they have made of it, what their assessment is and how well they're able to put that across.” P3

NOTES

Nature of Blind decision making

- Blind decision are an inevitable part of managing staff
- Role in decision making as advice, guidance
- Decisions should not be made in isolation
- Blind decision making is a process of assessment

Factors of decision making

- Experience- manager and worker. Level of knowledge and experience of similar situations
- Relationship – between the manager and worker. Do you know their strength and weaknesses, biases, their triggers and thresholds.
- Information and how its presented. – can they make sense of what they have seen. Do they present a coherent story. Do they know the child- can hey present a lived story.

FINDINGS SO FAR

Tipping point for direct contact

- Support
- When you just can't work it out

Impact of Direct contact on decision making

- See what is NOT reported
- It makes sense
- Increased confidence in judgement and decisions
- Impact on worker
- Impact on family

Does direct contact improve Decision making?

" as confidence increases the need to direct contact decreases" P1

" Its never going to be the same when you don't know them" P3

" I'm a social worker, I'm nosy... sometime you just wonder if I had a look, would it make it different?" P2

NOTES

Tipping point for direct contact

- Support
- When you just can't work it out

Impact of Direct contact on decision making

- See what is NOT reported
- it makes sense
- increased confidence
- impact on worker
- impact on family

Does direct contact improve Decision making?

WHAT NEXT?

“ I might be a manager but first and foremost I'm as social worker. And all your experience, all your knowledge, all you training, all your learning, all your teachings of sharing all of that fundamentally comes down to the relationship you have with the child, young person and family. and it just makes it tangible. I'm not saying blind decision making is bad decision making but, it can't be as.... Cause you've got all the nonverbal, all your assessment skills are second hand when its blind. So it can't be as comprehensive. “

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