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Permanency Decisions in Child Welfare: A Qualitative Study

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Abstract

This article presents findings from an exploratory in-depth qualitative research project with seventeen child welfare professionals exploring their permanency decisions with regards to Looked after Children. Thinking aloud-protocols and semi-structured interviews, in conjunction with a specifically constructed vignette were used to explore the permanency decisions of child welfare workers. Findings from this innovative research suggest that different decisions were taken by participants based on viewing the same vignette. However, even though the decisions differed, they clustered around the more interventionist options with most favouring adoption and foster care despite viable alternatives offered. There was broad consistency related to the rationale for the decisions taken, but this did not translate into a consistent permanency option being chosen. Possible reasons to account for this are that the decisions were heuristically constructed, idiosyncratic to individual inclinations and influenced by factors other than the individual needs of the service user. The implications of this are that children and families do not get a consistent and reliable response to their permanency needs. We therefore recommend the greater use of structured decision-making tools in permanency decisions to increase their objectivity and consistency.

Keywords: assessment, child welfare, decision-making, permanency, social work, thinking-aloud

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Introduction

Permanency decisions are recognised as being amongst the most challenging decisions a child welfare worker is likely to make, due in large part to their problematic and contested nature, presenting the decision maker with inimitable challenges. Despite these challenges, society expects decisions in these circumstances to be of the highest quality, consistent, reliable and fully justified (Taylor, 2017a). The multifaceted nature of decision making and the existence of a diverse mix of interwoven factors, however, greatly challenges rational judgement and permanency decisions may not always be as consistent as one would anticipate. In such trying circumstances, mistakes have—perhaps somewhat understandably—been made in child welfare (Dettlaff *et al.*, 2015). Considering this, it is important to examine social work practice within which permanency decisions are taken in child welfare. Doing so will increase our capacity to inform policy, practice and education, with the intention of improving the reliability, consistency and dependability of these critical decisions. This article hopes to add to our body of knowledge around decision making, therefore, with a specific focus on permanency decisions.

Aim

To explore the permanency decisions of child welfare workers when presented with a vignette of a five-year-old child that required a permanent place to live.

Research question

What permanency decisions do social workers make when presented with a case vignette?

Previous research

Permanency aims to give children ‘a sense of security, continuity, commitment and identity through childhood and beyond’ (Department for Education, 2012, p. 12). When making permanency decisions, child welfare professionals are entrusted both ethically and legally, with acting in children’s best interests and deciding where and how those best interests are met. These best interest decisions are among the most testing decisions professionals are likely to make, owing to their multidimensional nature (Helm, 2011). To make this decision, workers must constantly

configure their skills, knowledge and values in unique patterns to respond in ways which satisfy numerous, often competing imperatives (Helm, 2016). Social workers must also ensure that any intrusion is both warranted and proportionate and that similar standards are applied across welfare systems (Thorpe *et al.*, 2011). The decision to intervene, described by Berrick *et al.*, (2016), as a serious level of state intervention in a family's life, is therefore fraught with both intellectual and emotional challenges as professionals exercise their rational judgement when balancing the risks to children against the desire to keep them with their families wherever possible (Biehal, 2015).

Challenging contextual conditions exist placing boundaries on the extent to which rational judgement can be practised however (Gigerenzer, 2007b). These challenges render decision making in child welfare demanding (Gambrill, 2012) with Baumann *et al.* (2011) arguing that ecological factors impact the capacity for objective decision making. For example, social work requires practitioners to routinely make decisions based on contested and complex information (Regehr *et al.*, 2010). Decisions are made under high levels of uncertainty and stress because of insufficient, ambiguous or sometimes misleading information (Stokes and Schmidt, 2012), as well as a lack of institutional support and time constraints (Berrick *et al.*, 2016).

Decisions in child welfare are taken in the context of inadequate resources (Saltiel, 2016). Added to this is the human inability to quickly process and make sense of large amounts of complex information; a phenomenon originally recognised by Gigerenzer and Goldstein (1996) as 'bounded rationality'. Inevitably, child safeguarding decisions are defined by high levels of uncertainty and low levels of consensus (Enosh and Bayer-Topilsky, 2015), leading Gigerenzer (2007a) to conclude that without omniscience, perfectly rational judgement is not possible.

Individual decisions are also made in the context of organisations whose goals and priorities may be significant influences on the individual practitioner (Hughes and Wearing, 2017). Poor intra- and inter-professional working relationships recognised by Sidebotham *et al.* (2016) are also noted in relation to inadequate organisational and group operating procedures, which negatively affect decision making. Staff may also be affected by the current climate within an agency (Vis *et al.*, 2011). For example, Smith and Donovan, (2003) found that agencies that experienced a child tragedy, felt a sense of fear and anxiety about their decisions, which Fluke *et al.* (2014) felt encouraged staff to lower the threshold at which they decided to intervene in order not to miss child safeguarding cases.

Complicating matters further, there is variation within and between child welfare agencies in the UK and internationally (Falconer and Shardlow, 2018) in the way the significant harm threshold criteria is understood, defined and applied causing further confusion in relation to

decision making (Platt and Turney, 2014). Challenges also include working with poorly articulated definitions of the best interests of the child, risk and safety (Britner and Mossler, 2002) and having imprecise guidelines for intervening in cases of child maltreatment (Höjer and Forkby, 2010). This creates confusion in child welfare staff expected to decide on high- and low-risk cases without clear direction (Rycus and Hughes, 2008). This makes decisions on removing a child from home fraught with difficulty (Gold *et al.*, 2001), with decisions regularly taken constructed on fractional and equivocal evidence (Benbenishty *et al.*, 2015). This can cause high levels of personal and organisational anxiety (Whittaker, 2018) increasing the risk of practitioners engaging in defensive practice (Whittaker and Havard, 2016). It has also been noticed that social workers' decision making falls on a spectrum, with some workers having a higher or lower propensity to substantiate abuse or remove children from their parents (Fluke *et al.*, 2014).

Research suggests that decisions are affected by the cognitive structure, the heuristics and schema held by the individual; the individual's attitudes, beliefs, values and knowledge (Eiser, 2001). Davidson-Arad and Benbenishty (2014), for example, found that more positive attitudes toward removal contributed to more intrusive intervention decisions and higher risk assessments. Decisions are also affected by the values of the broader community (Fallon *et al.*, 2011) and an antagonistic press (Warner, 2013).

As a result, several problems occur during the assessment and decision-making process (Bartelink *et al.*, 2015). First, children may not be protected against further maltreatment and families may not receive effective care, and secondly, families may end interventions because they do not feel listened to (Platt and Turney, 2014). Although some mistakes (i.e. false positives—where children deemed at risk and taken into care even though they might have been left safely with their parent—or false negatives—i.e. children not deemed at risk though becoming at a later point in time) seem inevitable (Munro, 2012), other mistakes might be avoided if we know more about decision making and more specifically permanency decision making given its implications for children and families.

Theoretical frame

As the research was interested in the individual permanency decisions made by participants, it was very attentive to their socially situated and contextual views, opinions and personal judgements in relation to their discrete decisions. In these instances, an empiricist, and by extension qualitative strategy is the most beneficial for surfacing this kind of data (Flick (2014, 2015)). More explicitly, the research strategy is characterised

by what [Punch \(2013\)](#) describes as a phenomenological–interpretivist orientation, which is committed to a search for meaning. With a qualitative approach, one builds a theory by inductive reasoning, and explanation based on careful analysis and interpretation of data ([Mason, 2017](#)).

Methodology

This study took place in Northern Ireland where social workers employed by publicly funded Health and Social Care Trusts undertake a wide range of duties in relation to child welfare under the Children (Northern Ireland) Order 1995 ([Taylor, 1999](#)). Five Health and Social Care Trusts, organised geographically, provide a wide range of health and social care services for a population of about two million.

To collect the data, an in-depth two-stage qualitative interview was used. In stage one, thinking-aloud protocols were used to explore the justifications that the participants used to make their decision. The thinking-aloud method is currently accepted as a useful method to gain rich verbal data about reasoning during a problem-solving task ([Güss, 2018](#)). The thinking-aloud method is of value because it enables researchers to focus on the issues the participant has in relation to the problem under scrutiny ([Ben Malek et al., 2017](#)). The thinking-aloud method is recognised as a major source of data on subjects' cognitive processes, used to uncover the intricacies of a decision and discover data in relation to that decision ([Zhang and Zhang, 2020](#)).

However, there are limitations to the thinking-aloud protocol. It can tell us little of what is not conscious to participants or is challenging for them to verbalise due to extraneous factors such as stress or high cognitive overload ([Kumar, 2017](#)). However, these limitations can be reduced if one uses other complimentary processes to support the thinking-aloud protocol ([Güss, 2018](#)) which is why the researchers used a semi-structured interview (discussed later) following the end of this stage.

In preparation for this stage and in consultation with permanency experts, the researchers designed a realistic vignette outlining an archetypal case in which Claire aged five, currently living with foster parents due to neglect experienced at home, needed a permanency decision made. In the vignette, there are different possible decisions that the social worker could make, none of which were so binary that they did not present their own challenges, thus requiring the social worker to have to think carefully about what option they would choose. So, in line with Northern Ireland legislation, policy and practice, participants were asked to decide regarding permanency arrangements for Claire as either:

1. adoption;
2. foster care;
3. kinship care;

4. residential care; and
5. return to parents.

When this stage finished, an in-depth qualitative semi-structured interview took place. The semi-structured interview consisted of open-ended questions based on the issues that arose during the thinking-aloud stage. Interviews were recorded and transcribed verbatim in word format afterwards. The interviews ranged between seventy-five and ninety minutes long.

Sampling

Non-probability purposive sampling procedures were utilised. The inclusion criteria were:

- A. Any child protection social work practitioner or manager that has experience making decisions regarding permanency arrangements for a Looked after Child (LAC) and
- B. That they work within the Local Authority's Looked after Child team.

The total sample agreeing to be interviewed was $n = 19$. Two participants were conveniently sampled to take part in a pilot of the study and are therefore excluded from the analysis, leaving the total included in the findings at $n = 17$.

The sample

The sample was from different teams within one Local Authority in Northern Ireland and spread geographically across the Local Authority area. Seven participants had between one- and four-years' experience, eight had between five- and nine-years' experience, one had between ten- and fourteen-years' experience and one had between fifteen- and nineteen-years' experience. The range was between one and nineteen years. The mean years' experience was six. Eleven staff were at social work grade, one at senior practitioner grade and five at managerial grade. There were eleven females and six male participants. Eleven participants had partially or completely attained a Post Qualifying Award in Social Work and six had not. Sixteen participants had attended in-service training within the past year and one participant had not.

Ethical approval

Ethical approval was provided via a successful application to the Integrated Research Approval System, which is a single system for applying for the permissions and approvals for health, social and community care research in the UK.

Limitations

The sample size was small, $n = 17$, and limited in origin to a single context. Having a limited sample and a single context decreases the potential representativeness of the findings relative to the entire population of social workers that make these decisions. This reduces the generalisability of the research findings, making it incumbent on the research not to interpret and report the findings as universally typical.

Data analysis

To analyse the data, it was transferred into NVivo 11. The strength of the software lies in its ability to allow users to classify, sort and arrange information, examine relationships in the data and combine analysis with linking, shaping, searching and modelling (Woolf and Silver, 2017). This was helpful, since at times we were hesitant about classifying the themes, keeping them essentially tentative, until we deliberated on them numerous times. After these reflective conversations, we were able to go back into the data and adjust the nodes and child nodes effortlessly. This iterative process ultimately increases the validity of the data gathering process and supports the substantiation and reliability of the findings. To identify the themes, Guest *et al.*'s (2012) three-stage framework was used as:

Stage 1—

- become familiar with the data;
- generate initial codes;
- search the codes;probe for themes within the codes;
- review the themes; and
- define and name the themes.

Stage 2—

- display the data.

Stage 3—

- draw and verify conclusions.

Findings

Theme 1: Different decisions were made regarding permanency

Figure 1 shows the decisions participants took when asked to decide on what would be the most appropriate placement type for Claire.

Ten participants decided that Claire’s permanency needs would be best met by being adopted:

...Claire needs stability, she needs to know what her future is going to be like ‘this is where I belong’ and I think for Claire, adoption would give her that more so than anything else (participant 2).

Five participants stated that Claire’s permanency needs would be best met by being fostered:

...It was a hard decision, but I think I would go long term fostering. It would be the best option (participant 12).

Two participants decided that Claire’s permanency needs would be best met in kinship care:

...I would look at the kinship option first of all (participant 17).

None of the participants decided to place Claire in residential care:

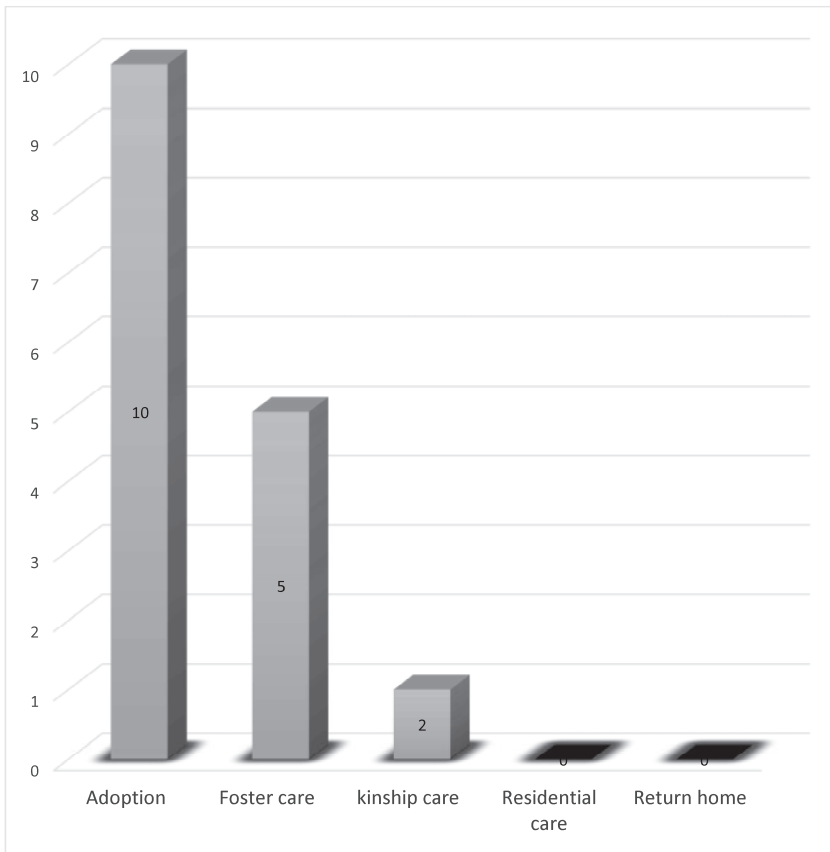


Figure 1: The different decisions made by participants

...In regard to the option for residential care...I'm not reading anything here that says...she would need that sort of care or accommodation. For that reason, I'd be able to rule out residential care and I wouldn't be making that recommendation (participant 6).

In addition, none decided to return Claire home.

...I've ruled out re-unification...they haven't fully committed to change...[Claire] needs to be cared for safe and secure now and the change that the parents may need is longer than Claire may need (participant 2).

This, regardless of recognising that the parents had made some, albeit partial progress in addressing Social Services' concerns:

...I mean these parents have made some progress, and you would have to say they have attended a programme. They have engaged with alcohol treatment unit (participant 1).

...the parents are still committed to her they are still fighting for her (participant 9).

Theme 2: The rationales used to make the permanency decision

The most common rationale given for deciding across the range of permanency options was Claire's age, her need for long-term stability and her need to develop secure attachments. Tables 1–3 show the rationale for each decision made, with examples of participant quotes.

Theme 3: Same rationale used to inform the permanency decision but a different decision for permanency made

From [Figure 2](#), one can see that in relation to deciding on adoption, age was used as a justification by three participants, the need for security

Table 1. The rationale for adoption

Participant and rationale	Quotation
1 Age and the need for stability	Having too many moves is more damaging to children. Given her age, she is five, I think having a permanent home for this wee girl is the most important. I would probably say adoption would be my choice
15 Need for stability	It is difficult but I'd be leaning toward adoption. First thing you look at is the rehabilitation to the parents, but there has been chronic neglect before Claire came into care for three years and their engagement for last seven months that Claire has been in care has been inconsistent

Table 2. The rationale for foster care

Participant and rationale	Quotation
12 Attachment	Claire seems to be attaching to the carers that she is with and there seems to be an attachment there that is making her feel safe and secure
14 Need for stability	To go into adoption then is a very big decision and when it [lack of stability] is already impacting on her at the moment in long-term foster care, adoption may have a greater impact on her. Long term foster care...is the decision...the reason for that was she would be stable
17 Age and need for stability	In consideration with Claire's age I would go down the route of long term fostering with support and the reason why I would choose long term foster care is because we could maintain the child in a placement where she is familiar with. Plus, she has carers who are willing to provide a placement for her despite the difficulties they are experiencing

Table 3. The rationale for kinship care

Participant and rationale	Quotation
17 Age and the need for stability and attachment	In consideration with Claire's age I would look at the kinship option first of all. The reason I would look at that option is because obviously as a Trust we try and retain children within their family circle or with a family member
8 Attachment	The reason we always want them to be with their [relatives] is that children grow up better at home if possible... in foster care her basic care needs are being met but I would have reservations of long-term care needs. She has a member of her family who is motivated to look after her. Going by my experience family seems to work better with social services when their own family is looking after their child because the link is still there

was used by two participants, the need for stability was used by two participants and the need to develop secure attachments was used by one participant. In relation to foster care, a similar rationale was used but the decision regarding permanency was different: age was used by two participants, the need for security by two participants, the need for stability by two participants and the need to develop secure attachments was used by two participants. In relation to kinship care, again, there is a similar rationale but another different decision: one participant justified the decision on age and one on the need for security.

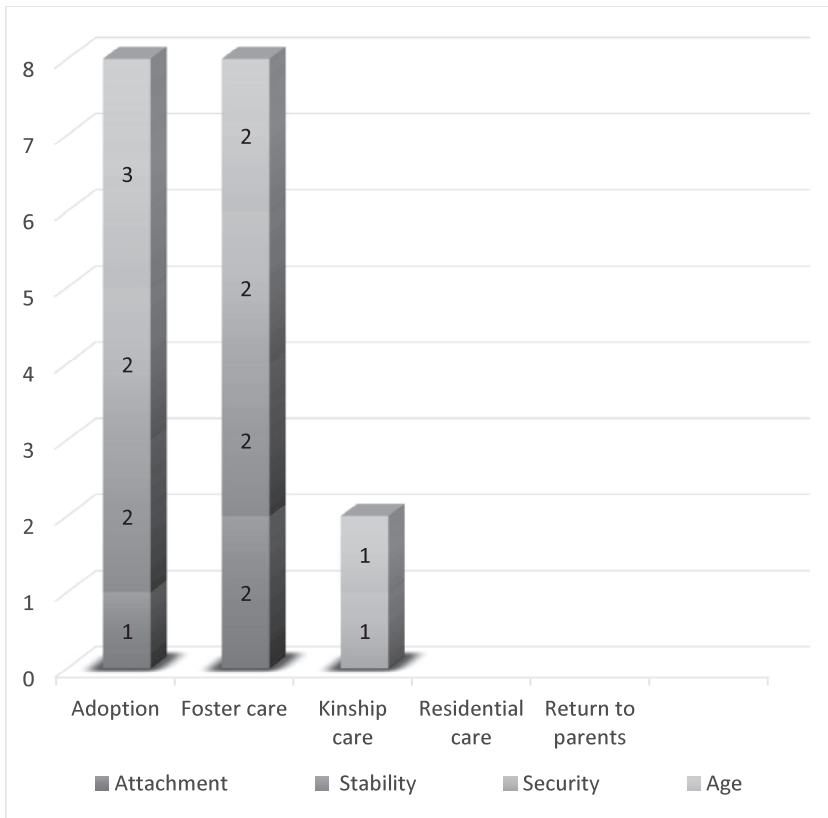


Figure 2: Same rationale used to inform the permanency decision but a different decision for permanency made.

Discussion

Theme 1: Different decisions were made regarding permanency

Noticeable from theme one is the primary point that participants made different decisions for permanency based on an identical scenario. Ten participants chose adoption, five chose fostering, two chose kinship care, none chose residential care and none chose a return to the parents. So, in effect, there was no uniform response to Claire’s permanency needs. Inferred from this is the point that contingent on the particular social worker Claire was referred to, she could have been either adopted, fostered or sent to live with her Aunt. No one considered returning Claire home to her parents or to residential care although the vignette was designed by the researchers to ensure that all conceivable decisions,

whilst not risk free, were viable. So, within the decisions taken, we see two things happen. First, there is no uniformity between the decision makers, despite viewing the same vignette. Secondly, the decisions, whilst not uniform, appear to weigh towards the two most interventionist options.

Given the disinclination of child welfare organisations in the UK to place children in residential care at Claire's age, the absence of a decision to place Claire in residential care is somewhat understandable and in line with policy in the UK. However, what is significant is the fact that no one countenanced returning Claire home, even though the vignette was designed to keep all options viable, with inherent risk no matter what the decision was. The decision to rule out a return to the parents by all the participants is interesting given the important social, legislative and policy emphasis underscoring the point that *wherever possible*, children should be brought up by their own parents. This point is particularly interesting given the fact that some participants ruled out a return to the parents, despite simultaneously recognising that the parents had made some, albeit partial progress in addressing Social Services' concerns.

One hypothesis for the absence of a decision to contemplate returning Claire home to a risky but improving situation, is that social workers in the UK, caught between a more child protectionist orientation and a family support orientation, are increasingly disposed towards an overly interventionist approach based on the law, lest they leave themselves open to criticism if something goes wrong (Hood, 2019). The trepidation of making a mistake therefore can result in decisions, which whilst procedurally correct and possibly more manageable for the practitioner, do not necessarily meet the nuanced needs of children, hence the reluctance to send Claire home.

Driven by a possible desire to *manage risk* and protect themselves from blame, it could be argued that the decisions coalesce around the more interventionist options, not because they meet Claire's needs, but because they are safer, less contestable and based on *the rules*, which is more manageable for the practitioner (Stanford, 2010). It may therefore be contended that what Berrick *et al.* (2016) describe as a *normative decision*—one in which decisions are made coalescing around common values, has been taken by most participants. Within this paradigm, it may be possible to hypothesise that the reason for adoption and fostering being chosen by the majority was more to do with the social workers taking the *safer* decision, something also recognised by Munro (2011).

Alternatively, it could be argued that it is reassuring that participants decided not to return Claire home. In this alternative hypothesis, it could be argued that a consistency in the risk assessment and decision-making process exists, leading to carefully considered permanency

decisions that rightly ruled out the risky possibility of returning Claire home. Therefore, this finding might provide some reassurance that appropriate permanency decisions are being taken and that we can take comfort from the fact that there is at least a certain unanimity in the decisions taken.

We accept Minkhorst *et al.*'s (2016) argument that assessing risk in child welfare and making decisions is fraught with ambiguity with no obvious or logical outcome apparent; however, it is still nevertheless significant that the spread of options decided on predominantly privileges the most restrictive possibilities with a spread of workable alternatives largely disregarded. This interventionist inclined pattern recognised here is not unique. Other research into decision making in child welfare (e.g. Hayes and Spratt, 2014; O'Connor and Leonard, 2014; Lauritzen, 2018), confirms that a child protection bias exists within social work in the UK, fuelled by a possibly innate bias to following the rules that are easily understood and followed. This bias possibly negates the use of a more imaginative objective evidence-informed approach to finding creative solutions to children and family's problems, producing what Lane *et al.* (2016: 2) describe as 'practitioners addicted to compliance'. The decision-making process in this scenario, just as in Benbenishty *et al.*'s study (2015), therefore possibly becomes more about making decisions that are safe and more easily managed from the workers point of view and less about finding unique solutions to children and family's problems.

The findings possibly suggest then that the majority decisions taken in this research possibly reflect a prevailing child protection orientation prevalent in Anglo-Saxon countries that is rules based (Markel-Holguin *et al.*, 2018), more so than it reflects an individually tailored care plan to meet Claire's needs, hence the clustering around the more interventionist options. In this regard, we agree with Duffy *et al.* (2016, p. 41) that:

...Within such a [child protection] context, a more family-orientated approach to intervention is difficult to envision.

Theme 2: The rationales used to make the permanency decision

One can see from Figure 2, that in terms of a rationale for making their permanency decision, that six people cited Claire's age, five cited Claire's need to have security, four cited Claire's need to have stability, and three cited Claire's need to have well developed attachments to a significant carer, as the rationale for making their permanency decision. These rationales have universality to them, representing the broad-spectrum of needs of all children. However, it is documented in the literature that Looked after Children have additional needs (e.g. National Institute of Clinical Excellence, 2010), that take on a heightened sense

of importance for children in the care system. Therefore, it was positive to see that the participants analysed Claire's circumstances competently and assessed Claire as a vulnerable child with additional needs.

Considering the experience and qualifications of the participants, this finding is perhaps unsurprising. Their experience and qualifications situate the sample broadly between what [Dreyfus and Dreyfus \(1986\)](#) describe as 'competent' and 'expert', at which point professional analysis, decision making and intervention become effusively assimilated and essentially instinctive in nature. Therefore, given that those with most experience tend to make more knowledgeable and insightful decisions ([Fook et al., 2000](#)), it could be safe to argue that the rationales put forward by the participants, were wholly consistent with the needs of LAC and that this finding was in some ways anticipated and reassuring.

Theme 3: Same rationale used to inform the permanency decision but a different decision for permanency made

Participants decided on different permanency options for Claire based on the same rationale (see in [Figure 2](#)). This finding further highlights that the lack of uniformity and consistency in decisions previously identified by [Osimo and Benbenishty \(2004\)](#) and [Falconer and Shardlow \(2018\)](#) still exists, confirming previous studies on social work decision making (e.g. [Taylor and Whittaker, 2018](#)). Taylor and Whittaker argue that challenges such as shifting definitions of thresholding to meet administrative targets, legal and risk standards equivocally expressed by organisations causing individual confusion as well as definitions of the best interests of the child remaining ambiguous and having vague guidelines for intervening in cases of child maltreatment, continue to prevent a consistent approach to making decisions in child welfare.

This can cause high levels of personal and organisational anxiety ([Cooper and Whittaker, 2014](#); [Whittaker, 2018](#)) increasing the risk of practitioners engaging in risk averse practice ([Whittaker and Havard, 2016](#)), replicated in this study. Furthermore, accounting for the phenomenon of differing decisions based on a similar rationale found in this study, other studies confirm that social workers' decision making can range significantly from high to low risk depending on workers' personal values and a desire to substantiate their initial assessments ([Doyle, 2007](#)), which may possibly account for variances in the decisions taken in this study.

Resonating with findings from [Regehr et al. \(2010\)](#), regarding variability in decisions taken by social workers based on the same material, this finding possibly points towards what [Munro \(2012\)](#) describes as errors of

reasoning. However, Fleming *et al.* (2015, p. 2299) go further stating that:

...what are called errors of reasoning...might perhaps more appropriately be described as the misapplication of fast-track tools for evaluating risk based on...simple heuristics.

With no element of calculation, the social workers in this study relied on intuition, or gut instinct. Intuition, however, can be affected by subjectivity (O'Sullivan, 2011). As Bartelink *et al.* (2015) point out, without some element of actuarial calculation, decisions may persistently resist neutrality. A feasible hypothesis therefore is that, affected by an aversion to risk and afraid to make mistakes, the participants chose what they thought was the safest permanency plan, with ten participants choosing adoption: a plan that was not necessarily in tune with Claire's individual needs but instead heuristically constructed and based on what the participants intuitively supposed was the correct action to take.

Counter-intuitively however, despite the decision to place Claire for adoption possibly reflecting the safer decision in the minds of the decision makers, there is evidence to support the contention that whilst adoption for an older child can be positive, the older a child is placed for adoption, the more challenging that placement becomes in future (Albert, 2017; Banez, 2017). Thus, inversely, freeing Claire for adoption also had inherent risks, but interestingly the strength of opinion that adoption was less risky prevailed. This dichotomous desire to practice in a family support orientation, but practicing in a child protection orientation, is something further recognised by Hayes and Spratt (2014) and Platt and Turney (2014) and in this case, it meant that whilst participants recognised improvements by the parents, they were still unwilling to take the risk of placing Claire with them.

Implications recommendations for practice

Of most significance here, was the fact that there was a difference in the decisions taken by the participants. This seems to be the result of participants assessing and interpreting the level of risk differently and applying different thresholding criteria to their intervention decisions. Whilst the participants all offered valid rationales for their decisions, those rationales resulted in a similar level of inconsistency. By implication, one might be able to speculate that in some cases at least, decision making in child welfare permanency decisions is heuristically constructed, idiosyncratic to individual inclinations and possibly influenced by factors other than the individual needs of the service user; an hypothesis supported by Lauritzen *et al.* (2018) and that this results in an inconsistent approach to making decisions (Taylor, 2017b). By implication, some

children and young people, either entering or already part of the child welfare system, are possibly subject to decisions that may to some extent be biased and that privilege the more interventionist options.

More widely, however—and accepting that this is a small-scale project—the general implication for wider practice could possibly support other findings of larger studies in this area; that when making child welfare decisions, social workers continue to be restricted in their ability to make fully rational decisions, free from the influence of conscious or unconscious bias. Therefore, workers more widely, like the social workers in this study, may be affected by the current social and political mores of the day and these are not always benign.

Going forward, we must work to improve the decision-making capabilities of social workers who make permanency decisions. We support the training in, and the use of, a range of cognitive approaches (intuitive and analytical) when making permanency decisions. Scholars (e.g. [Thompson and Dowding, 2009](#); [Platt and Turney, 2014](#)) already accept that a combination of both the intuitive and analytical modes of decision making are best suited to dealing with the irreducible uncertainty of the world of social work. To this end, we support [Shlonsky and Wagner's \(2005\)](#) endorsement of assimilating intuitive (clinical) with analytic (actuarial) judgements in a single assessment tool, that classifies risk factors identified by practitioners intuitively, which are then ordered and scored analytically, so that permanency decisions may be more consistent, reliable and objective.

Known as a structured decision-making framework, this combines the best of both the intuitive and analytic modes of reasoning and appears to best serve effective decision making in social work. [Barlow *et al.* \(2012\)](#) argue that such a process integrates objective evidence—gained through experience, research, theory, trials, service user knowledge, legislation and policy, with clinical expertise. [Bartelink *et al.* \(2015\)](#) argue that this is necessary because professional decision making has many shortcomings and that practitioner's predilection for making decisions that are intuitive makes them vulnerable to mistakes.

Making decisions in this way creates what [Gambrell \(2005\)](#) calls situational awareness, rendering tacit knowledge explicit, in order that it can be analysed methodically ([Schwalbe, 2004](#)). Decisions made, based on a combination of clinical judgement, moderated through an actuarial tool that helps calculate risk, are seen to be more robust, defensible and consistent ([Shlonsky and Benbenishty, 2015](#)). However, although this recommendation may not be new, it is our view that structured decision-making tools are not routinely used in practice, nor is objective evidence sufficiently well utilised to help decide; a view shared by [McCafferty \(2020\)](#) and [McCafferty and Taylor \(2020\)](#). Therefore, we renew the calls for structured decision-making tools to be implemented and used more systematically in practice when permanency decisions are being made.

Conclusion

The study found that the decisions made, and the rationales offered for each decision, differed depending on the social worker making the decision, but that the decisions favoured a more interventionist permanency plan. The research suggests that the decisions were affected by the social and political mores prevalent in Anglo-Saxon countries, which are protectionist and interventionist in orientation. To offset bias in permanency decisions, the research recommends the use of structured-decision tools to help improve the consistency, reliability and defensibility of permanency decisions.

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