**Transitioning from ‘outside observer’ to ‘inside player’ in social work: practitioner and student perspectives on developing expertise in decision-making**

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**Abstract**

This paper reports on a six-year qualitative study of social workers’ perspectives on factors influencing decision-making in children and families social work in England. Data collected between 2010 and 2016 reflect frontline practice during a period of substantial change and reform in UK social work. This paper builds on an earlier analysis with data from all three stages of the study capturing the lived experiences of practitioners ranging from student social workers to qualified advanced practitioners in management roles. Data from 9 focus groups comprising 51 participants were analysed using grounded theory. Data analysis generated four representative categories: developing agency in the social work role; troubling emotions; transitions in the development of expertise and the impact of organisational cultures in children and families social work services. An emerging theoretical framework is presented. This identifies the significance of transitions and threshold concepts in the development of the social work professional from the role of students as ‘outside players looking in’ through to the expertise of qualified practitioners as ‘inside players’ within organisations. Recognising periods of liminality, transitional learning and uncertainties in developing decision-making expertise may be of significant benefit to social work education and the profession.

**Introduction and Background Literature**

The study originated in curiosity about practitioners’ perspectives on developing expertise in decision-making and the factors that impact on this in the transition from student to qualified social worker and beyond. Gordon (2017) identified in her narrative literature review that the social work ‘voice’ is relatively unexplored. The aims of the research were to:

* Explore what informs student and qualified practitioner decision-making in children and family practice contexts
* Consider whether there are similarities and differences between students’ pre-qualification and qualified practitioners
* Ascertain the key elements which enhance or hinder decision-making
* Consider implications for practice and education

In line with a grounded theory approach (see below) relevant literature was reviewed following the analysis and reflects themes therein. Both the Social Work Taskforce (2009) and the Munro review of child protection (2011) argued for a change in the organisational culture of local authority social work to provide a climate in which relationship-based practice could facilitate time, space and opportunities for social workers to critically analyse and reflect on practice. The need to move away from a rule based, blame culture to the development of autonomy and ‘professional expertise’ as ‘crucial for thinking’ was recognised by Munro (2011, p.88). Supportive supervision and peer relationships with manageable caseloads are similarly important factors for social workers and staff retention (McFadden et al, 2015; Baginsky, 2010).

Traditionally decision-making is theorised as occurring on a continuum with rational logical analysis at one end and intuitive subjective reasoning on the other. As noted by Hammond (1996) and Klein (2003) the reality is much less a continuum. Rather, decision-making involves both analytical and logical thinking, facts and the use of intuitive subjective knowledge. Munro (2008) identifies the latter is learnt from experience with recognition of professional and personal values, the role of emotions and practice wisdom. Platt and Turney (2014:1472) concluded that a ‘technical-rational model of thresholds’ decision-making in child protection in the U.K. is unrealistic and the complexity of ‘sense-making’ by professionals with each family needs to be recognised.

Research on qualitative experiences and practitioner narratives evidence the complexities of practice environments in which students and practitioners begin to learn about and own decision-making. Two distinct policy oriented cultures in children and families work identified by Fargion (2011:25-26) reflect conflicting conceptualisations of practice which students and practitioners must navigate. A child protection culture focuses on the child (rather than the family), risk aversion and logical procedural decision-making rather than individual autonomy. In contrast, a child welfare culture enables greater practitioner autonomy, focuses on relational reflective processes and the management of dynamic uncertainties. Generic training in England introduces both models to students, emphasising the importance of legal procedural frameworks and risk assessment in decision-making and the significance of relationship-based, reflective practice. However, the social work environments in which decision-making and student learning occur are recognised as highly complex, contingent and contested (Webb, 2017). Decision-making occurs in increasingly defensive organisations where ‘*risk is king’* (Fenton & Kelly, 2017:461). Concerns about ‘getting it wrong’ and anxieties about individual or organisational blame is increasingly recognised as impacting on practitioners’ behaviour, confidence and on organisational systems which emphasise risk-aversion (Warner, 2015; Fenton, 2016). Research with social work students demonstrates that such environments create normative confusion in terms of students’ developing professional identities and need for containment in the face of challenging emotions and uncertainties (Barlow & Hall, 2007; Rajan-Rankin, 2014). Fenton (2016:213) and Liljegren (2012:308) identified that social workers may operate as ‘organisational professionals’ focusing on organisational requirements or ‘occupational professionals’ who foreground service users, ethical principles and social justice. This suggests a divergent workforce reflecting different approaches to social work decision-making. Whittaker (2011) found social workers adopted strategies to avoid making decisions when talking to their managers but more experienced staff developed expertise and preferred ownership in decision-making. Similarly, Evans (2011) found that social workers can still find ways to use discretion to focus on the needs of service users when making practice decisions.

Acknowledgement of transition through progressive stages of the Professional Capabilities Framework (PCF, BASW 2012) has led to the development of the Assessed and Supported Year in Employment (ASYE) for social workers in England. For example, Kearns & McArdle (2012:389) identified the need for induction programmes to include self-efficacy for newly qualified social workers who experienced a ‘transitional identity’ when moving from the student role. They reported feeling overwhelmed when faced with difficult situations and a need to develop practice wisdom.

In our previous article we began to explore the use of decision-making as a threshold concept in social work because it is ‘akin to a portal, opening up a new and previously inaccessible way of thinking about something’ (Mayer & Land 2003:1). A threshold concept is likely to involve contending with troublesome knowledge, contain confusing language and is often ‘alien’, contrary, complex and includes tacit knowledge. The learning is ‘likely irreversible’ (Hill, 2010:81), transforming perspectives and making connections that were previously unrelated. Emotional intelligence (Salovey & Mayer, 1990) is required and may need to be developed especially if the process involves challenging previously held values or beliefs.

Conceptualising learning is an iterative process Benner (1994) applied Dreyfus’s five stage model of skill acquisition to the experiential development of nurses from novice to advanced beginner, competent, proficient and finally expert. Initially rule-bound, decision-making progresses to expertise, defined as intuitive and based on tacit knowledge. Fook, Ryan & Hawkins’ (2000:177) study of expertise in social work recognised this model but added explicit recognition of the social work context, values, reflexivity and use of theory. A ‘pre-formal study stage’ was added and the difference between experienced and expert practice refined in the fifth stage. The expert here is not dependent on length of experience but an approach to practice that includes response to new situations, uncertainty and risk taking with a social justice perspective rather than an individualised ‘routinised’ approach.

Our original study identified practitioners’ recognition that emotions were influential in decision-making processes, informing how discretion and power could be used in everyday decisions. Social work intrinsically involves emotional labour (Hochschild, 1983). An extant international literature highlights concerns about stress, compassion fatigue, the potential for compromised practice resulting from emotional dissonance, manipulation, bias (Munro, 2008; McFadden et al, 2015) or working with violence or intimidation (Littlechild, 2008; Hunt et al, 2016).

Micro level insights into how emotions may impact decision-making are illuminated by Ferguson’s (2016) work on home visiting. Practitioners have to manage complex and potentially overwhelming emotions whilst engaged in child welfare which requires empathic and authoritative practice (Tuck, 2013). Gibson (2016) illustrates the dynamics of shame, pride and humiliation which he argues can be manipulated to regulate practitioner behaviour and decision-making. These emotions interact with the proceduralisation of neoliberal organisations and the emotive politics of child protection (Warner, 2015). Helm (2013) notes the role of emotion and intersubjectivity in decision-making processes, whereby emotional responses can frame information, operating as a form of heuristics in guiding dialogue about risks, decisions and outcomes.

**Research Design**

As experienced practitioners and academics the authors devised an exploratory research design using a grounded theory approach which enabled an open approach to diverse voices and theoretical concepts emerging from the data. The research design facilitated data collection at 9 points over a 6-year period. The study was approved by the University Ethics Committee. Data collection took two forms, focus groups and pre-group questionnaires in three chronological stages outlined in table 1. Each stage involved different participant groups with varying experience and employment roles.

*Table 1 insert here*

Participants had to have current or prior work or placement experience in children and families practice. They were recruited from a purposive sample of qualified social workers undertaking post-qualifying specialist awards, and cohorts of student social workers undertaking qualifying programmes. Advanced practitioners are experienced social workers who also have professional development and supervisory responsibilities for staff and students. The Practice Manager role refers to those who manage social workers. Participants brought diverse pre- and post-qualified experience. Completed demographic information identified 40% participants from black or minority ethnic backgrounds and 25% from white British, Irish or other European backgrounds, with an age range from 22-54. In stage 1 a small number of participants had voluntary sector experience. All participants in stage 2 and 3 groups worked in local authority (statutory) settings. Participants worked in diverse settings within children and family services, including ‘looked after’ children, Adoption & Fostering, Referral & Assessment, Family Support and Early Intervention. Pre-group questionnaires collected demographic data and information about the type of decision-making that participants were engaged in.

Focus groups offer a methodology which facilitates open discussion and debate, enabling participants’ retrospective accounts of practice experience and contemporary ‘in the moment’ experiences. Involving participants from different agencies and diverse areas of children and families practice, the interactive process within groups offered opportunities to explore consensus and differences in day-to-day decision-making. As Kitzinger (1994) highlights, focus groups can generate unexpected and surprising material and perspectives, illuminating how topics are discussed, challenged and censored or colluded with. This method also enabled comparisons within and across groups at different stages in career transition: student social worker, qualified and advanced practitioner and manager. The original topic guide drew on the authors’ practice and academic experience of factors which appeared to impact on practitioners’ and students’ decision-making. Systemic thinking, particularly the significance of organisational systems, local rationality, human reasoning, team or organisational culture as highlighted by Fish et al (2009) informed this guide. Whilst maintaining fidelity to the original focus on any form of decision-making, the topic guides for stage 2 and stage 3 were informed by themes emerging from the data over time.

Grounded theory was used to analyse the data on completion of each stage. Manual coding included initial open coding incident by incident, followed by focused coding (Charmaz, 2006), facilitating a fracturing of the data (Glaser, 2004, p. 47) to develop a wide range of codes. Drawing on data from the range of focus groups over time enabled relationships between concepts to emerge through theoretical sampling and attention to wider organisational and policy contexts in which groups occurred. An iterative process occurred with each phase of data collection and analysis informing each other (Charmaz, 2006). Initial concepts informed topic guides and analysis in stage 2 and this in turn informed exploration of developing conceptualisations in stage 3.

There are limitations to this study. Methodologically focus groups can be impacted by dominant voices and the silencing of quieter participants or minority experiences. Similarly, there is scope for collusion with a particular perspective or direction of discussion, effectively limiting opportunities for exploration of alternative topics or perspectives. Arguably focus groups are likely to reflect situated experiences and local reasoning, providing a ‘snapshot’ of practice within organisational frameworks and policy directives. They are by nature self-reporting and cannot reflect observable decision-making in practice. As an analytic method grounded theory is complex and maintaining consistency in the process of coding and concept generation is challenging. As with many qualitative approaches the abstraction and fracturing of data has been criticised (Packer, 2011) as potentially silencing participant voices. As an interpretive method it does however provide an emergent method to explore and develop new understanding of phenomena.

**Findings and Discussion**

Four overarching categories emerged from the data. Presented under these headings, the findings and analysis will consider similarities and differences between students and practitioners, comparing findings from each group across the study period. We propose a model that illustrates the transition from student to practitioner/manager. For ease of reference participants will be referred to as: students, social workers, and practice managers. Where collectively referring to social workers and managers they will be referred to as qualified practitioners.

Prevailing organizational cultures

All participants emphasised the centrality of organisational culture impacting their work with children and families. Team cultures described broadly reflected either procedurally driven, organizationally focused cultures where information is collected and relayed to the manager who then makes the decision, or a more professionally focused culture where the manager facilitates the development and autonomy of practitioners (Munro, 2011). However contradictory messages were also prevalent within these cultures. Students recognized and were at times shocked by the level of discretion they were given on practice decisions. Some qualified practitioners identified and expected to have discretion in making decisions, considering it a snub to their professionalismwhen complex practice issues were left to their discretion but financial decisions were not (Evans, 2011).

This may reflect why students wrestled with understanding the different approaches to roles and responsibilities for decision-making in the organisation. For example, uncertainties about directive or more facilitative management approaches:

 *‘Isn’t a manager all about making decisions, isn’t that the point of being a manager? Or do they teach people to….enabling other people (Student, S1)*

Students observe contradictory behaviours, reflecting Whittaker’s (2011) examples of defences against anxiety. Some workers may avoid making decisions while experienced workers are more likely to engage:

*‘There’s such a huge variation between practice educators and managers that I’ve had...one’s been really open and you can always go and ask…the other will avoid any communication because he just doesn’t want to have any knowledge of what’s going on in case it falls back on him.’ (Student, S2)*

Awareness of the impact of social policy on the social work role motivated some students to advocate for challenging rather than colluding with decisions driven by austerity measures, representing potential for positive decision-making:

 “*because you’re advocating, you’re saying these things aren’t right, and it kind of fits more in the kind of social work profession and the identity of challenging oppression and challenging social injustice*” (*Student, S3*).

Students observed the political nature of the interpretation of thresholds for child protection and children in need. The recognition of the power of the employer over decision-making and whether the social worker could/would challenge suggested a more organisational than occupational professionalism (Fenton, 2016), This concerned students:

‘*social workers should come together and challenge those governmental cuts to prevent your organisation from turning around and saying, “Actually, sorry, this threshold sits up here”.’ Student, S3)*

Qualified practitioners describe the same process but seem to take a more ‘organizational professional’ approach in day-to-day practice (Fenton, 2016:213; Liljegren, 2012:308).

*‘organisational culture influences thresholds...when you respond, how you respond, whether you respond, whether you don’t, whether you respond in a particular way’(Social Worker, S1)*

Practice managers described organisational contexts of stressful unpredictable days which challenge task completion. They expressed awareness of the uncertain and complex decisions they were required to make and the impact on children and their families. This suggests a greater understanding of the sense-making required and the satisficing nature of decision-making where given time and resource limitations a best option is chosen (Platt & Turney, 2014; Taylor, 2017).

Many of the key organisational factors affecting recruitment and retention were evident (McFadden et al, 2015; Baginsky, 2010). As observers looking in on day-to-day practice students gave examples of observing high caseloads and a high turnover of social workers impacting on decision-making.

Practice managers as ‘inside players’ focused on their experience of different organisational cultures to consider how safe decisions are made. They identified the need to care for, protect and nurture staff and their own need for peer support was vital when decision-making. Practice Managers who noticed and asked practitioners about themselves were deemed supportive. Healthy challenge was important and being able to have conversations where one was not judged. Team approaches for peer support included taking time out to share a meal together and looking out for each other with time to talk.Qualified workers demonstrated a developed sense of self-preservation and ‘knowing’ negative, unsafe environments. Unacceptable working environments included ‘*bullying*’, ‘*inspections that went wrong*’ and inadequate computer recording systems impacting well-being and practice:

*‘I could no longer hold myself up, there was nobody holding anyone up, it was just a sinking ship’. (Practice manager S2)*

‘*Protect that skill because a skill doesn’t mean anything if the environment doesn’t support it.’ (Practice manager S2)*

Transitions in developing expertise

The significance of the threshold concept and troubling knowledge entailed when learning how to make decisions was introduced in our previous study and is developed further here (O’Connor and Leonard, 2014).

Students were more likely to focus on their own developing role and to grapple with discrepancies between learning in the academy and the reality of practice. For example, Meyer &Land (2003:11) argue that troublesome knowledge can include ‘troublesome language’ The term ‘judgement’ remained troublesome for some students as it was understood in the discourse of disapproval and condemnation, in opposition to social work values rather than associated with making professional judgements that lead to decision-making as identified by Helm (2011) and Taylor (2012, 2017). This example reflects the focus of the PCF on development of social work values, ethical and critically reflective decision-making up to qualification level. But it provides evidence of some of the turmoil students go through in developing a professional self alongside a growing confidence in applying theories to practice. Students anticipated confidence and certainty in making decisions would come with experience. They reflected on the amount of time it actually took them to make decisions compared to qualified practitioners and longed for the ability to be able to think while they were with service users. The transformation they longed for is illustrated here:

*‘But it’s the difference between having an experience and then going away and reflecting on … being able to think whilst you’re having that experience and … change tack, … develop your thought processes to be able to function at the same time as interacting, and that, at the moment, is the point at which I’m going, oh, I really wish I could do that.’ (Student, S2)*

Students grappled with understanding that a decision made was only suitable for that moment in time and the context constantly changed:

*‘You could feel that you’ve made a right decision but actually that will backfire or something, you might not have known, a certain piece of information that could have changed that decision before you made it.’ (Student, S3)*

In O’Connor and Leonard (2014) qualified practitioners focused not on the developing self, as the students did, but on the immediate decision-making processes when undertaking complex decision-making and interventions.

Fook et al’s (2000) model of expertise provides a staged model of developing expertise that reflects day-to-day experience of the learning process identified by some practitioners. A continuing theme is the growing confidence in decision-making with talk of ‘cutting your teeth’ in the first two years, watching and learning from a very experienced manager and the need to promote independent thinking in oneself and others through the role of practice educator. Fook et al (2000) emphasise the importance of context and the development of social work values. For example, qualified practitioners identified the need to be assertive and build confidence to challenge decisions made by previous practitioners and managers and to avoid negative stereotypical patterns of response to parents with difficulties such as drug misuse. This increased their ability to avoid heuristic decision-making. Qualified practitioners identified troubling knowledge and memorable transformational experiences as part of this process, that led to the crossing of a threshold in decision-making expertise. For example, undertaking a mental health assessment or giving evidence in court:

*‘I’m in court so frequently, you don’t think about it. But that first time was such a daunting thing and, you know, that was as a result of what I said, …those two children left their mum that day and they were so distressed.’ (Practice manager, S3)*

Developing a reflexive stance is also evident. A recognition of practitioners’ own life changes or personal difficulties could change their practice perspectives over time and impact decision-making. For example, working with children of a similar age to their own children led to less tolerance of risky styles of parenting and made decision-making harder.

Equally important was reflexive learning from experience about how to ensure self-care, for example, self-monitoring through what could be called the voice of an internal supervisor (Johns, 2009):

*‘Am I sleeping okay, am I eating okay,… is my self-care in a good place? …Actually the day I don’t have that voice is … the day I should stop doing this job because you want to be able to …..double-check the decisions that you’re making and why you’re making them.’ (Social worker, S2)*

Troubling emotions

Emotions were a feature influencing decision-making in our original study. Troubling emotions were a sustained theme in stage 2 and 3 for all participants. For students, developing responsibility to make decisions brought fear, trepidation and ambivalence about the use of power. Stress and work pressures contributed to holding back from decision-making or challenging decisions. In all three stages students identified a sense of powerlessness linked to student status and limited experience. The reality of being given power and responsibilities early in student placements triggered troubling feelings:

“*They trusted my judgement… and they’d only known me two weeks… it was quite a shock ‘oh my god I’ve got so much power’ it was a bit scary*” *(Student, S3*)

Demonstrating embodied practices (Ferguson, 2016) a distinct theme is the potentially paralysing effects of fear and anxiety when preparing for child protection as illustrated by:

 “*Scared, I didn’t know what to do as I could feel my hands shaking when I was doing the rehearsal, I felt I was going to be sick because I was so awkward about the confrontation,….you do notice it when it gets really extreme or your heart’s beating*” (*Student, S2*).

Performance of both authentic and inauthentic emotions creates contradictions for students. Stage 2 and stage 3 groups highlighted feelings of uncertainty and doubt in managing these. Feeling ‘sick with anxiety’ at the same time as switching on a calm professional face with service users was an ongoing challenge. Grappling with how to be authentic, manage emotions and the power to make decisions was troubling and for some linked to uncertainties about the place of emotions in practice:

 “*We’re all meant to be acknowledging our feelings, on the other hand it’s like, don’t let your feelings get in the way of your decision-making*” (*Student, S2*).

Emotions motivate students towards advocacy and relational work but the data exposes conflictual emotions in becoming part of a system which may not facilitate this:

“*It’s almost like you’re in denial….you know you’re part of the system but then… I’m going to help this person to work against the system*” (*Student, S3*).

Adopting a defensive practice style was recognised as a common response to these conflicts, resulting in avoidance of decision-making as a means of:

“*cover[ing] your back… there is a lot of fear about what happens if we get this wrong …. that’s very much driving the decision-making”* (*Student, S3*).

Here we see students learning from their qualified colleagues’ defensive practices which can operate individually, alongside developing awareness of the potential for blame and shame. They are implicitly learning, as identified by Gibson (2016), that such feelings operate as mechanisms of control within organisations

A further significant theme for students is the shift to ownership of their role and recognition of how their emotions impact decision-making:

 “I *remember working two cases …….. one where I really empathised with the mum and another where I didn’t,… the way I spoke about these two cases with my manager was very different. I guess then the decision-making process of both myself and her would then* [be] *also very different”* (*Student, S3*).

Such comments suggest a need for clarity about the role of dialogue in the iterative process of developing expertise in professional judgement (Helm, 2013).

Emotional responses are also influential for qualified practitioners. In stage 1 empathy and personal experiences influenced decisions to go “that extra mile”, or not, for service users. Complex and nuanced themes demanding heightened emotional intelligence in day-to-day decision-making emerge in stage 3 and 4 data, as illustrated in diverse extracts:

“*You go into a home and there’s so much, sort of, stuff that you’re having to, kind of, absorb and all of your senses are working in that moment, to be able to see what does that house kind of, feel, smell, look like….’* (*Social worker, S2*).

Here experienced workers try to articulate the complexity of embodied and intuitive processes informing decision-making (Ferguson, 2016; Cook, 2017). They recognise the role of emotional intelligence in being open to challenging and troubling emotions in others and having the capacity to contain uncertainty and discomfort:

“W*e need to be giving [practitioners] permission to say really what they feel and think. And that means that we have to be willing to sit in a position of discomfort……… there is only so much discomfort that they professionally feel able to manage”* (*Practice manager, S2*).

 ‘*Perfectly justified, [social worker] came upstairs and burst into tears, and her manager was just not interested, it was very cold…. it was seen as a weakness and she should get a grip …and it was me who went out into the corridor when she was crying and said “Come on .. it’s all right… it is upsetting, it is frightening, it’s not your fault, it’s just a projection of what the client’s bringing*.’ (*Practice manager S2*).

Practice managers emphasized personal capacity for reflection and functional anxiety, whilst acknowledging varying levels of emotional capacity within teams:

‘*Good decisions, sound decisions, have been when they themselves are personally, you know, sorted to emotionally engage… [*to be*] gentle…caring*.’ (*Practice manager, S2*).

They recognised the risks of emotionally defensive decisions, for example, practitioners’

avoidance of emotive and difficult topics when using a domestic violence tool checklist:

*‘“Yes she says she’s been raped. No, we didn’t go into that”* [sarcastically] *because it was too awful and painful and disgusting’*. (*Practice manager, S2*)

Discussions reflected that emotional connections and investment with service users were valuable, difficult, open to negative perceptions and relevant to complex decision outcomes:

‘*I remember for me the very first adoption hearing I went to, I thought, “Oh this is going to be amazing”, you know. And I almost had a like, “No, it actually wasn’t”. It was lovely that they are a family but at the same time someone else lost their family, you know.’* (*Practice manager, S3*).

Ambivalence and Agency in the Social Work Role

Students acknowledged that their ‘outsider’ status creates ambivalence about their role in and ownership of decision-making. Factors included dialogue, empathy, emotions and personal and organisational thresholds. The data suggest different types of dialogue inform the process of decision-making, including intra- and inter-professional dialogue and dialogue with and about families. From an outsider position looking in, students identified power and agency in contributing to professional dialogue, advocating or challenging perceptions,

although outside final decision-making processes:

“*situations where you’re not part of decision-making but you are outside, and then you have to find a means to you know, to actually engage… dialogue…[…] I had to go in to see the child weekly and then those who were going to make the decisions, the manager, had never gone to the house*” (*Student, S3)*

Engaging in dialogue can validate or reinforce decisions for students e.g. seeking different opinions to challenge one’s professional judgement or operating as a confirmatory process whereby one may choose to consult:

 “*people who you think will agree with you, then reinforce your own perceptions of your judgement”* *(Student, S*3)

At a surface level this could be problematic, with less experienced practitioners or students engaging in confirmatory or credibility bias, factors which can skew decision-making. Yet such dialogue is important in the process of learning.

Dialogue was noted as influential in supervisory or team situations whereby how families were talked about, empathically and negatively, were processes students could collude with or critically observe as an outsider. Uncertainties and contradictions about capacity for agency in decision-making were threaded through students’ discussions and observations:

‘*She (experienced social worker) reports the facts to him and he tells her what to do* [with] *the facts, weird, she has a relationship, the gut feeling*” (*Student, S1*)

Uncertainties in their autonomy in collaborative decision-making was sustained for students in all three stages. Stage 1 students demonstrated acute awareness of the power of other professionals, in contrast with their own sense of powerlessness. Yet similar themes are reflected by qualified practitioners in stage 2 and 3 but with an increased recognition of the expertise they contribute to collaborative decisions. Levels of confidence and autonomy were linked to organisational culture in comments such as:

 “*where I am now, my opinion is respected, I’m the one knows the children in the family, they listen to what I have to say*” (Practice manager*, S3*),

 Yet, focus groups also reflected a mix of confidence and insecurities in professional expertise:

 “*We sometimes forget that we know things, we sometimes forget to say ‘this why I made this decision, the law doesn’t allow me to do this, allows me to do that’…… we lose confidence ...because we know, we [do] know it*” (*Practice manager, S3)*

Supporting less experienced practitioners to develop confidence and autonomy was a notable theme. Overreliance and frequent checking by less experienced practitioners/students reflected uncomfortable dependencies, ambivalence and in some cases abdication from decision-making.

Practice managers thought that practitioners had high expectations of them providing perfect solutions to complex decisions:

“*This kind of ‘I’m going to come up with a pearl of wisdom’ and solve all your problems*” (*Practice manager, S2*)

Such tensions reflect the pressurised contexts experienced, with challenges relating to information sharing, limited time and space in which to assess, critically reflect and contribute to ‘good decisions’, often with limited opportunities for debate and dialogue. Practice managers acknowledged strategies to encourage autonomy and counteract expectations of the ‘perfect answer’:

 *‘“I’ll come back to you in five minutes” normally you go back to them…and they’ve already answered their own question.’ (Practice manager, S2)*

Journey from outside observer to inside expert player

Land (2016:11) describes the threshold concept ‘as a pedagogy of uncertainty’ highly relevant to educating professionals. Our analysis adds weight to considering decision-making as a threshold concept. The troubling knowledge and emotions that students describe and the reflections of qualified social workers suggest a transition stage between being the ‘outsider looking in’ and becoming ‘inside players’ as illustrated in Figure 1. This period of liminality where transformational learning takes place whilst troublesome knowledge is grappled with is ‘a rite of passage in which the novitiate lacks social status, remains anonymous, has to demonstrate obedience with intimations of humility and perhaps humiliation’ (Land, 2016:18). Students on placement for a fixed period of time, looking in, can recognise the contradictory nature of decision-making processes when applying the knowledge and principles of social work to practice. It is here that there is a mismatch at times between the notion of the occupational professional as advocate, challenging thresholds, cuts to services and striving for social justice and the organisational professional dominated by organisational expectations. The move from student to qualified social worker is a transitional process. The student role contrasts with qualified practitioners and more expert players who have more nuanced understanding of the complexities of decision-making. These expert players demonstrate acceptance of the internal ‘play’ of organisations. Their experience provides them with ‘sensors’ for when organisational practice may be unsafe for workers or service users. As organisational and occupational players (Fenton, 2016) their decision-making can be compromised or enhanced. A fundamental challenge is the divergent nature of decision-making in children and families social work and how to educate for uncertainty. While the PCF provides stages of professional development it does not account for the factors highlighted in this study that impact on learning and making decisions. Navigating such complexities creates challenging uncertainties for decision-making at all levels of experience.

*Figure 1 insert here*

**Conclusion**

This smallscale study provides qualitative evidence, over an extended period, of the reported experiences of decision-making in children and families social work by students, frontline social workers, advanced practitioners and managers. This environment includes working with limited timeframes, incomplete information and the ‘enduring allure to find the ‘right’ answer’ (Helm, 2011:905). Heuristics, intuitive knowledge and critical analytical thinking combine in the process of professional judgement and decision-making. Our study identifies an emerging model of interacting factors that influence the realities of decision-making at different social work career points.

 Organisations, academics and practice educators need to recognise periods of liminality and the need for reflexive and emotionally containing environments which recognize thresholds in the development of decision-making expertise.

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Table 1:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Year** | **Participants** | **Focus Groups** | **No of participants** |
| **Stage 1****(S1)** | 2010 | MSc & BSc students------------------------------------------Qualified practitioners | 22 | 1117 |
| **Stage 2****(S2)** | 2014-2015 | MSc students------------------------------------------Advanced Practitioners & Practice Managers | 12 | 48 |
| **Stage 3****(S3)** | 2016 | MSc students------------------------------------------Advanced Practitioners & Practice Managers | 11 | 65 |
| **Total**  |  |  | 9 | 51 |

Figure 1 Model of transition from Student to Advanced Practitioner / Practice Manager

Student

Outside Observer

Social Policy

Social Justice

SW theories, research

 Challenge cuts

Thresholds

Staff Turnover

 Ambivalent power

Social Worker

Inside

Player

Experience

Confidence

Application of knowledge to outcomes

 Being respected

Importance of team membership

Supervision

 Discretion

Advanced Practitioner/Manager

Inside Expert Player

Building competency in others

Panels, consultation

Own support and role

Personal and Professional responsibility for self

‘All responsible for the big old purse’

Agency