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## **An Evidence Review on Social Services Workforce Decision-Making Processes**

**A rapid desk review of international academic  
literature and case studies from Denmark, El  
Salvador, Kenya and Lebanon.**

**February 2024**

# An Evidence Review on Social Services Workforce Decision-Making Processes

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# 1. Background

Gatekeeping<sup>1</sup> and the decision to place a child in alternative care are significantly influenced by two factors in particular: the circumstances the child is living in, and the decisions that are taken by those with responsibility to make safeguarding decisions. The latter is highly dependent on the functioning of the child protection system as well as the personal attributes, training, understanding, knowledge, and skills of the social services workforce.

International guidance relating to decision making in respect of child protection, alternative care, and 'gatekeeping' is outlined in a number of international documents including the UN Guidelines for the Alternative Care<sup>2</sup> and accompanying Handbook, 'Moving Forward'<sup>3</sup>. This guidance incorporates the principle of 'necessity' meaning no child should be placed in alternative care unless a rigorous multi-sectoral and participatory assessment indicates a child is at risk of harm and is used to inform decisions taken by well trained professionals. The second principle requires decisions and solutions that are the most suitable for each child. All decisions should be in the best interest of the child and uphold their rights. Emphasis must be on the primacy of prevention of separation of a child from their parents and placement in alternative care used only as an action of last resort and for the shortest time possible.

While some academics and practitioners have identified challenges related to decision-making and child protection and alternative care, there are indications that much of this research has predominantly emanated from high-income countries thus leaving a gap in our knowledge of decision making practices in low and middle income countries.<sup>4</sup> To address this concern, SOS Children's Villages International has initiated a research series that focuses on the drivers of child-parent separation in different regions of the world. Knowledge about the situation of children at risk of, or already placed in, alternative care and how decisions were reached to make such placements is of crucial importance to social service providers like SOS Children's Villages International, governments and other relevant bodies and organisations. Such evidence can provide help inform future programmes that increase the efficacy of decisions being taken.

To help address some of the gaps in knowledge as identified above, a rapid desk review on the efficacy of decision-making in relation to placement of children in alternative care in different regions of the world has been completed. This review has been complimented by the undertaking of case studies in four countries, El Salvador, Denmark, Kenya and Lebanon that included a desk review and collection of primary data.

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1 For further explanation of the term 'gatekeeping' please see: Csaky & Gale 2015

2 United Nations General Assembly 2009

3 Cantwell et al. 2012

4 Font and Fluke. 2023; Munro 1999; Przeperski & Taylor 2020; Turney et al 2012

## 2. The research questions

The aim of the research was to investigate the following:

- What does the literature say about the efficacy, including the subjectivity and objectivity, of decision-making undertaken by the social services workforce working within the national child protection system, and in particular, decisions to remove a child from parental care and place them in alternative care?
- What are the factors that influence social services workforce decision-making?
- What are the main findings and recommendations?

## 3. Research Methodology

### A rapid global desk review

A rapid desk review of literature by means of a systematic exploration of academic and other web-based databases and search engines<sup>5</sup> was undertaken. The review considered literature on social work force decision making in Africa, Asia, Latin America, and the Middle East. Studies were also sought from high income countries in other parts of the world including Western Europe, North America, Scandinavia and Australia.

The use of different search terms <sup>6</sup> have been employed in the search for literature related to the efficacy, objectivity and subjectivity of social services workforce decision making within national child protection systems in different countries and regions of the world. For the purposes of this study we included social workers, child protection officers and their equivalent within the social services work force of a country. The review predominantly considered academic articles. Information contained within a small amount of grey literature was also gathered. It is to be noted that the review only included literature written in English. To capture a relevant quantity of data, the search considered research published between 2000 and 2023.

Total articles identified and assessed for suitability = 846 academic articles + 6 reports within grey literature (+539 duplicates)

Articles excluded = 711 articles

Articles Included = 135 articles

In addition, a rapid desk review was completed in the four participating countries in the language of the country taking into consideration evaluation of social services workforce decision making within the national child protection system.

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<sup>5</sup> Including Science Direct, Taylor & Francis online, Springerlink, JSTOR and Google Scholar search engines.

<sup>6</sup>'decision making' AND 'child protection'; 'Decision making in child protection'; 'Decision making in social work'; 'Subjectivity' AND 'social work'; 'Objectivity' AND 'social work'; 'Attitudes in social work'; 'Child protection practitioners' AND 'decision making'; "Child protection assessment' AND 'effectiveness'; 'effectiveness' AND 'child protection assessment'; Factors that determine decision making in child protection'; 'decision making' AND 'child protection' AND 'Central Asia'; 'decision making' AND 'child protection' AND 'South-East Asia'; 'decision making' AND 'child protection' AND "Middle-East'; decision making' AND 'child protection' AND 'Latin America; 'decision making' AND 'child protection' AND 'country';

### **Semi-structured interviews**

Through a process of purposive sampling, 10 semi-structured interviews have been conducted in Denmark, El Salvador and Kenya and 12 interviews in Lebanon, with members of the social services workforce, judiciary and other decision makers. Purposive sampling has been utilised as it is a methodology allowing for intentional selection of knowledgeable participants in order to generate theory and understanding of a specific social process and context.<sup>77</sup> Interviewees were selected based on the researcher's knowledge of key professional stakeholders. Although all efforts were taken to ensure impartiality, we recognise that such methodology could lead to some bias in the results due to constrictions around choice, willingness and availability of interviewees.

### **Reliability and rigour**

Careful attention has been given to reliability and rigor throughout the process of generating, recording, analysing and presenting data. This incorporated careful research design and implementation including consideration of: use of varied and standardised methods for collating data, careful consideration of respondent selection; careful transcription; and awareness of respondent bias. In addition, all steps of the research process have been explained in an open and transparent manner.

### **Research ethics and informed consent**

All elements of the research process have been designed and conducted in a manner guided by professional standards and ethical principles. Informed consent has been sought from all research participants. All participants were informed of the context and purpose of the research, as well as issues related to confidentiality and use of information they provide. It was made clear to all participants that their participation in the research is voluntary and they could withdraw from the process. To this end, Information Sheets and Consent Forms were provided.

Research participants have been guaranteed anonymity and write up of research findings does not contain names or identifying features. Any personal data has been securely stored and will be disposed of in accordance with GDPR.

### **Limitations of the research**

The global desk review on the efficacy of social services workforce decision making was conducted over a very short period which placed limitations on the time to gather literature covering the breadth of relevant topics from countries around the world. A further consideration is the search only considered articles that had been published in English. This may account for the small numbers of articles that were specifically sourced from Latin America for example. We restricted our search to predominantly academic literature but we do recognise there is a considerable body of grey literature that would bring additional information to the topic of child protection systems and the impact this has on social workforce decision making.

Likewise the four country case studies utilised a rapid desk review of national literature and employed a relatively small sample size of approximately ten interviews in each country.

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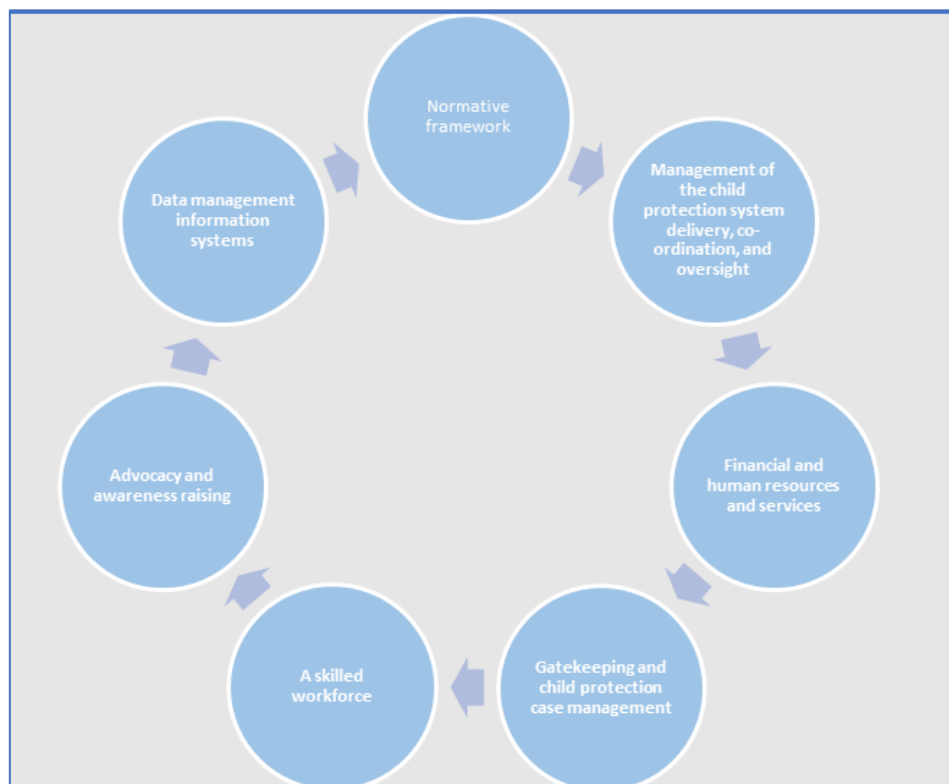
<sup>77</sup> Arber 2006; Ritchie et al. 2006; Robson 2002

## 4. The Research Framework

The research framework was developed in a manner that allowed exploration of decision making in relation to children’s placement in alternative care. The framework was based on the premise that the placement of children into alternative care is particularly influenced by decision making undertaken by those with responsibility for child safeguarding and alternative care judgements as well as any influence posed by the national child protection system they work in. A particular focus has been efficacy of decision making. It is recognised that professionals make decisions to place children in alternative care that are not always protection related but may be based solely related to access to residential ‘social care’ i.e. offers education and health services, food, clothing etc. International guidance is clear that children should not be placed in care solely for reasons related to poverty. Research respondents have made reference to children’s cases for whom ‘social care’ decisions are being made and therefore, this information has been included in this report where relevant.

A well-functioning child protection system requires a coordinated and holistic approach to investing in, developing, and sustaining, all the necessary components as illustrated in Figure 1. This includes a suitable normative framework and programmes and services built on rigorous data collection and analysis. Suitable structures and resources that allow for delivery of services that protect children and help mitigate the multi-sectoral factors placing them at risk are also required. The system should be well-resourced including adequate numbers of a skilled work force. It is important that there is well-coordinated, inter-sectoral partnership working between the State, families, communities, NGOs, and the private sector, as well as advocacy and awareness raising on child rights and protection. Gatekeeping processes and the use of case management tools have also been recognised as assisting well-informed decision making.

Figure 1. Components of a national child protection system



## 5. Findings of the global desk review

The summary of findings drawn from the global desk review has been divided into two sections. The first section includes findings from regions of the world in which many countries are low and middle income, and the second provides findings from high income countries

### 5.1. Decision making: findings drawn from literature emanating from Africa, Asia, the Middle East and Latin America

The rapid desk review included a search for literature emanating from regions of the world with a high concentration of low and middle-income countries. To this end, studies were sought from countries within the regions of Africa, Asia, the Middle East and Latin America. Findings reveal a lack of evaluation of decision making specifically as it relates to the placement of children in alternative care. There is also insufficient research across these regions focussing on the efficacy, including the objectivity and subjectivity, of social services work force decision making and whether or not decisions that are being taken, are the most suitable<sup>8</sup> for each child.

The literature does convey a growing understanding as to the importance of developing national child protection systems across the world. To this end there is a body of research focussing on the functioning of different elements of the system some of which incorporates information as to how this relates to and/or impacts social services workforce decision making.

An interesting observation is the manner in which much of the earlier critical evaluation literature emanates from a medical or education perspective, including how protection can be realised within these professions. This may be due to these two sectors being more well-established, resourced and recognised than social work as well as traditionally taking a more diagnostic view to measuring services.

#### 5.1.1. The influence of social and cultural norms

With regards the topic of objective and subjective influences on decision making and child protection, a studies from a number of countries include references to the impact of cultural and social norms.<sup>9</sup> This research clearly suggests decision making can be influenced by the social and cultural norms of the communities in which the social services workforce live and work, pressure to conform to societal expectations, and/or the inherent beliefs and bias of individual workers. Bias says Alfandari is something that 'can result in partial use of information, insufficient critical thinking and failure to consider alternative views, which may reduce the quality of decisions.'<sup>10</sup>

Osaiyuwu,<sup>11</sup> recently examined social worker's decision making in Nigeria. She noted calls for social workers 'to be self-reflective of culturally based personal perspectives, values, and norms'<sup>12</sup> whilst also

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<sup>8</sup> Please see Cantwell et al. 2012 for more information on the 'suitability' principle related to placement of children in alternative care.

<sup>9</sup> See for example Bordonaro 2012; Davenport and Halford 2023; Essack et al. 2016; Hutchinson et al. 2014; Laird 2011; Neville et al. 2022; Pulla et al. 2018; Zafar et al. 2021

<sup>10</sup> Alfandari 2017:208

<sup>11</sup> Osaiyuwu 2023

<sup>12</sup> Osaiyuwu 2023:11



understanding the 'culturally based views, ideals, and standards'<sup>13</sup> of clients.<sup>14</sup> However, her conclusions suggest that some social workers allow their own personal beliefs, as influenced by cultural norms, to influence their professional judgments and decision making. Osaiyuwu illustrates this through the issue of Female Genital Mutilation (FGM) which she says, is considered by many to be a culturally acceptable rite of passage. This coupled with a widely held view that children are the property of their parents means any intervention can be seen as unacceptable interference and is inhibiting and negatively influencing the decisions that social workers' should be making to protect children.

Research from other countries including Egypt<sup>15</sup>, Syria,<sup>16</sup> South Africa,<sup>17</sup> Palestine<sup>18</sup> and Turkey,<sup>19</sup> also convey situations where instead of 'rational'<sup>20</sup> decision-making processes, the authors note how qualitative decisions were being influenced by societal 'expectations and norms'.<sup>21</sup> This includes issues related to gender discrimination, the importance of preserving family honour, children being under the 'ownership'<sup>22</sup> of their parents, and non-interference in family life<sup>23</sup> that have prevented professionals taking the best safeguarding decisions for children, and most especially for girls. Authors have also recognised how in countries where social work is a profession predominantly staffed by females, but where the prevailing culture results in systematic discrimination against women, questions have been raised as to the manner in which this may negatively impact their ability to take control of situations and make objective decisions.<sup>24</sup> In addition, a study from Egypt illustrates how female social workers highlighted the challenges they faced when threatened by families and feelings of disempowerment.<sup>25</sup>

A study from Jordan further exemplifies the challenges social workers face when working in communities where the influence of patriarchal values and gender discrimination is predominant.<sup>26</sup> Here social work decision making undertaken within a society that discriminates against females who have sex outside of marriage has resulted in the forcible removal of children from their mothers and placement in alternative care as well as pressurise to place their children for adoption. Kim,<sup>27</sup> writing about social work in Kyrgyzstan, is critical of the local child protection system arguing it is dominated by local conventions related to prevailing gender roles. This creates a difficult position for front-line professionals who must navigate such dominant beliefs in stark contrast to the professional social work values they have been taught. One senior social worker explained how,

*"This is our [Kyrgyz] mental set. Every nation has its own [ethnic] rules [to be applied] at work [and] at home.... We, too, observe this mentality. When you are at home, in the*

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<sup>13</sup> ibid.

<sup>14</sup> See also: Driscoll 2020

<sup>15</sup> Ali 2016

<sup>16</sup> Whetten et al. 2009

<sup>17</sup> Alpaslan and Schenck 2012

<sup>18</sup> Enosh et al. 2016; Roseveare et al. 2015

<sup>19</sup> Agirtan et al. 2009

<sup>20</sup> Enosh et al. 2016:1

<sup>21</sup> ibid.

<sup>22</sup> Laird 2011: 440

<sup>23</sup> Amnesty International 2019; Murove et al. 2010; Osaiyuwu 2023; Roseveare et al. 2015

<sup>24</sup> Agirtan et al. 2009; Neville et al. 2022

<sup>25</sup> Ali 2016. See also: Alpaslan and Schenck 2012 who report on intimidation in South Africa

<sup>26</sup> Amnesty International 2019

<sup>27</sup> Kim 2022

*presence of your husband's parents you must cover your head with a headscarf. This is simply ethical. It is our [national] pride. Every nation has this. We must obey. If you obey, you are free. You will be respected, and you will have dignity. If you reject your [ethnic] mentality, you lose your dignity."*<sup>28</sup>

The issue of social stigma around the topic of child abuse has also been noted as impacting decision making, especially when there may be personal repercussions for social service workforce members within their own communities.<sup>29</sup> Dunne et al. found significant discord between the extent and experience of violence as revealed by young people in China and the reluctance of society to acknowledge the presence of abuse, especially in the cases of sexual violence experienced by children.<sup>30</sup> The authors believe this situation potentially impacted social workers' own understanding of child abuse and raises concerns as to decision making that is in the best interest of the child.

As previously noted, the academic literature on decision making and cultural influences as it specifically relates to alternative care is scarce. However, the authors of one study on alternative care in Syria illustrated possible bias when reporting on the work of some social service workers who intrinsically believed that children are 'better off living in the orphanage than in their own family' even when this referred to cases related to poverty.<sup>31</sup>

A further influence on social services workforce decision making as explored in just a small number of articles from different countries is that of tacit knowledge. Enosh et al. describe 'tacit knowledge'<sup>32</sup> as something not necessarily 'verbalized and conceptualized'<sup>33</sup> but as an understanding or opinion based on a social worker's own experience. Their findings indicate how such understanding based on perceptions of social norms translates into a worker using their intuition as to just knowing what is right or wrong rather than the social work values they were, or should have been, trained in. Overall, the literature sourced from low and middle income countries, does not explore objectivity and subjectivity and decision making from an academic theoretical perspective.

### **5.1.2. Adequacy of the national child protection system**

The literature illustrates an increasing focus on the establishment of national child protection systems in many countries around the world. This is exemplified by a recent study from some parts of the Middle East in which Neville et al.<sup>34</sup> cite a growing body of literature noting the importance of child protection system development. The study acknowledges however, the lack of research that specifically evaluates social work practice in the region. This finding corresponds closely to conclusions in the literature drawn from other low- and middle-income countries. Research also recognises how inadequacies within child protection systems impact the ability of the social services workforce to fulfil their roles and efficacy of decision making that is in the best interest of the child.

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<sup>28</sup> Kim 2022:1216

<sup>29</sup> Jalal et al., 2019; Pulla et al. 2018 Truter and Fouché 2019; Walker-Simpson 2017

<sup>30</sup> Dunne et al. 2008

<sup>31</sup> Cantwell and Jacomy-Vité 2011

<sup>32</sup> Enosh et al. 2016:1

<sup>33</sup> *ibid.*

<sup>34</sup> Neville et al. 2022

Although the desk review for this study primarily focussed on academic research, it is recognised how a significant number of studies and reports have been issued by UN agencies and International NGOs dedicated to exploring national child protection systems. The content of these studies have not been included in this report but it was felt important to note how evaluation measurements and indicators used by international organisations may not always be contextually appropriate and how they sometimes create child protection responses outside of government systems.

In the remainder of this section of this report we explore the functioning of different components of a national child protection system and the impact on social work force decision making.

### **A normative framework**

A normative framework comprises legislation, regulations, policies, statutory guidance, and strategic plans. Weak normative frameworks for child protection can seriously impact the work and decision making ability of the social services workforce.<sup>35</sup> An example being laws and policies that favour the use of residential institutions over programmes to prevent child-parent separation. In addition, adequate legislation is not in itself a guarantee that professionals are making the best decisions. For example, in consideration of global concepts of child protection, Welbourne and Dixon said countries 'can enact visionary laws intended to protect children, but they will be ineffective against entrenched social attitudes, especially if only limited resources can be provided to implement and enforce them.'<sup>36</sup> Lack of training<sup>37</sup> on content of the normative framework as well as confusion when there is a plethora of new legislation without previous laws being rescinded, can also hamper decision making. This is exemplified by Schiller whose findings 'indicate that existing South African policies, conventions and legislation do not always complement each other, but rather create challenges and uncertainties amongst social workers in this field.'<sup>38</sup> Furthermore, challenges and lack of conformity in decision making can occur when there are different legal frameworks as for example, where both civil law, customary and Sharia law are utilised.<sup>39</sup>

Research, such as that from China, suggests a child protection system characterised by 'an ambiguous regulatory and implementation framework',<sup>40</sup> whilst lacking quality assurance mechanisms and sufficient resources, can result in daily practice where actions and decision making do not conform to regulations and policies. Others have also reported on how ambiguous regulatory and implementation frameworks and a lack of monitoring and quality assurance mechanisms opens the possibility that care providers will accept children directly relinquished into their care without official decisions being made by a recognised authority.<sup>41</sup>

### **Management of the child protection system and provision of services**

Some workers feel both overall management of the child protection system in which they work as well as supervision impinges on their personal agency and restricts their decision making abilities.<sup>42</sup> This

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<sup>35</sup> Foussiakda and Kasherwa 2020; Manful et al. 2020; Osaiyuwu 2023; Pulla et al 2018

<sup>36</sup> Welbourne and Dixon 2016:827

<sup>37</sup> Schiller 2017

<sup>38</sup> *ibid.*

<sup>39</sup> Gale 2021; El-Hoss 2023; Hutchinson et al.2014; Laird 2011

<sup>40</sup> Chui and Jordan 2018

<sup>41</sup> See for example: Jabeen and Jabeen 2018

<sup>42</sup> Alpaslan and Schenck 2012

lack of control is in part attributed to restrictive bureaucratic processes as well as decision making directed by politically motivated policies that may negatively impact children. Findings in Schiller's study based on interviews with social workers in South Africa highlighted 'a trend whereby their autonomy as professionals was limited by political interference'<sup>43</sup> and 'ascribed their stress, demotivation and frustration to the fact that political agendas dominated their daily tasks and priorities'.<sup>44</sup> Lack of political will for, and subsequent poor investment in, a well-functioning child protection system has also been noted in other countries.<sup>45</sup>

Tsui et al.<sup>46</sup> writing on the experience of social workers in China in 2005, identified practice in which supervisors dominated decision making and required workers to take decisions that did not necessarily conform to their own conclusions. The study also noted social workers' reluctance to challenge this situation as they worked within a culture whereby hierarchy and respect for a supervisor's authority was paramount and customs require them to save face of superiors. Likewise research in Egypt exemplified the confines of working within a bureaucratic environment and lack of capacity to satisfactorily respond to complex situations through sensitive practices.<sup>47</sup> Social workers spoke of challenges they faced and the sense of disempowerment caused by opposition to their decisions as exerted by management.<sup>48</sup> This led to social workers preferring to leave 'decision making in the hands of the upper level of the hierarchy to avoid criticism from the managers or to be held accountable for a bad decision.'<sup>49</sup> Overall, these findings raise questions as to the ability of supervisors to adequately guide and support staff in a manner that respects the professionalism of their workforce.<sup>50</sup>

Fragmentation and division of the management of national child protection and alternative care systems within a country is seen as a further challenge.<sup>51</sup> Such division can complicate or prevent the use of standardised decision making criteria, as for example, the difference in regulations guiding decisions of child protection versus those governing children who are placed in alternative care based on access to 'social care'. This is further exemplified when education and medical systems provide for residential institutions but function separately from the child protection system and may even deny social worker involvement. A further concern is the lack of inter-sectoral decision making that would help share the burden of decision making and allow for more accurate and well-informed decisions to be made. For example, authors have written about the lack of coordination between different professionals involved in the child protection system in China and the absence of clear procedures for cooperation and mutual support.<sup>52</sup> This leads to different actors both competing between themselves or attempts to avoid taking responsibility rather than working together to achieve decisions and actions that are in the best interests of a child.

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<sup>43</sup> Schiller 2017:461

<sup>44</sup> *ibid.*

<sup>45</sup> See for example: Davenport and Halford 2023; Engle et al.2011

<sup>46</sup> Tsui et al. 2005

<sup>47</sup> Abdel-Aziz 2019

<sup>48</sup> Ali 2016

<sup>49</sup> *ibid.* See also Abdel-Aziz 2019

<sup>50</sup> Abdel-Aziz 2019

<sup>51</sup> Chui and Jordan 2018

<sup>52</sup> Chui and Jordan 2018; Zhao et al.2017

Fragmentation is also an issue as it relates to different decision makers in different levels of a child protection system. For example, in the context of the Philippines there is a reported misalignment between decisions made within the formal child protection structures and those being taken at a local level by CBOs and community based child protection committees.<sup>53</sup> It is claimed that the lack of knowledge and professionalism applied to decision making at community level means some decisions may be ill-informed or even inappropriate.<sup>54</sup>

In terms of decisions about placement of children in alternative care, this is also influenced by the lack of support services within the community that families can be referred to. In some countries this includes insufficient government and non-governmental support for families with basic necessities such as food, clothing and housing, access to employment, to social protection systems, and specialist services such as mental health and counselling, and family strengthening programmes.<sup>55</sup> This situation coupled with restrictions on time available to social service workers, can mean it is quicker and easier to decide to place a child in an alternative care facility where these are easily available, than to support them in their own family.

### **Human and other resources**

The literature clearly highlights the lack of investment in the social services workforce and how this impacts their time and ability to undertake careful decision making.<sup>56</sup> Insufficient numbers of well-trained members of the social services worker force means high caseloads and very little time to dedicate to individual cases of child protection and family support.<sup>57</sup> This situation is compounded for those social workers, or their equivalent, who must dedicate their time not only to children but all vulnerable members of the community.<sup>58</sup> Ability to spend time assessing and working with a family is also hampered when lacking basic resources by which to fulfil their duties such as transportation by which to reach clients. For example, such situations are found in the research from Egypt,<sup>59</sup> Jordan,<sup>60</sup> Nigeria,<sup>61</sup> Palestine,<sup>62</sup> the Philippines<sup>63</sup> Syria,<sup>64</sup> South Africa,<sup>65</sup> and Turkey.<sup>66</sup> Studies also suggest the ability of social services workforce professionals can be affected by their feeling of being overworked, underpaid, undervalued and other factors contributing to emotional burn out and high staff turnover.

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### **Use of child protection case management tools and processes**

Studies have considered the use of child protection case management tools and processes, and especially the element of child and family assessments that would provide evidence and inform

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<sup>53</sup> Atilano-Tang 2023

<sup>54</sup> Degenaar and Holtzhausen; 2022 Kakuru et al. 2022; Roche and Flynn 2021

<sup>55</sup> Atilano-Tang 2023

<sup>56</sup> See for example: Alpaslan and Schenck 2012; Davenport and Halford 2023; Engle et al. 2011; Mwapaura 2022

<sup>57</sup> Alpaslan and Schenck 2012; Schiller 2017

<sup>58</sup> See for example Schiller 2017; Schiller and Strydom 2018

<sup>59</sup> Abdel-Aziz 2019

<sup>60</sup> United Nations Children's Fund et al. 2019

<sup>61</sup> Osaiyuwu 2023

<sup>62</sup> Safadi 2019

<sup>63</sup> Atilano-Tang 2023

<sup>64</sup> Whole of Syria Child Protection Area of Responsibility 2016

<sup>65</sup> Truter and Fouché 2019

<sup>66</sup> Agirtan et al. 2009

<sup>67</sup> Agirtan et al. 2009; Truter and Fouché

decision making.<sup>68</sup> There is an indication that many countries are now developing child protection case management tools and procedures, sometimes accompanied by Standing Operating Procedures (SOPs). However, very few studies provide evaluation of training in, and use of, such tools or assessment. Neither is there evidence in the literature of evaluation of outcomes for children as a result of decisions informed by such assessment processes.

What is understood is that, without explicit statutory guidance that include topics such as assessing risk thresholds, decision making risks being influenced by, and reliant on, the capacity, experience and personal beliefs of individuals.<sup>69</sup> And as noted elsewhere in this report, even where appropriate tools and procedures have been developed, there are further mitigating circumstances such as lack of resources that can still influence decision making. Furthermore, Schiller and Strydom highlight how case management tools, as exemplified in South Africa, have been developed by way of adoption of policy and practice transferred from other parts of the world and may be insufficiently adapted to the context in which they are used.<sup>70</sup> In addition, they noted how the use of case management tools can inhibit the professional judgement of social workers' rather than allowing them to continue to 'use their own analytical skills during assessments and investigations.'<sup>71</sup>

### **Workforce education**

Due to time constraints, we did not explore the literature specifically focussed on quality and availability of social services workforce education in different countries. However, where the general consideration of training and ability of the workforce was identified, there are indications of gaps in learning, knowledge and skills.<sup>72</sup> An example being the lack of training impacting the ability to identify and report cases of sexual abuse in Saudi Arabia.<sup>73</sup> Lack of adequate training is thought to heighten the risk of professionals making decisions based on bias, perceptions and judgment, especially when supervision is also poor.<sup>74</sup> Furthermore, note has been taken of the need to ensure appropriate training, including on shared use of assessment tools, is available not just for social services workforce members but all relevant professionals as for example, police, teachers and health workers.<sup>75</sup>

### **Advocacy, awareness raising**

The literature sourced for this desk review did not reveal any studies that specifically correlated the topics of advocacy or awareness raising to the efficacy of decision making undertaken by the social services workforce. As this was a rapid review predominantly focussing on academic literature we do not discount the availability of studies that incorporate this theme.

### **Data management systems and evidence based practice**

The literature sourced for this desk review did not reveal any studies that specifically of data management systems to the efficacy of decision making undertaken by the social services workforce

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<sup>68</sup> Schiller & Strydom 2018

<sup>69</sup> See for example: Manful et al. 2019

<sup>70</sup> Schiller & Strydom 2018. See also Font and Fluke 2023

<sup>71</sup> Schiller and Strydom 2018:414

<sup>72</sup> See for example: Al-Saif et al. 2017; Davenport and Howard 2023; Keyes 2009; Kuit and Ryke 2021; Roche and Flynn 2021

<sup>73</sup> Al-Saif et al. 2017

<sup>74</sup> Atilano-Tang's 2023.

<sup>75</sup> Chung et al. 2012; Davenport and Halford 2023

although some mention of the importance of data systems, especially as they inform policy and evaluation of practice, was made in a small number of studies about national child protection systems.<sup>76</sup> As this was a rapid review predominantly focussing on academic literature we do not discount the availability of studies that incorporate this theme.

### **5.1.3. Participation of children and parents in decision making**

International guidance clearly states the importance of child participation in decisions that affect their lives.<sup>77</sup> Our review revealed a number of studies that included consideration as to whether or not child participation is being recognised and implemented.<sup>78</sup> However, much of this research lacked reference to the role and involvement of social services workforce professionals or the efficacy of any decisions taken as a result of participation. Furthermore, a number of studies concluded that children either do not participate at all or, their participation is tokenistic.<sup>79</sup> This has also been found to be the case for parents.<sup>80</sup>

### **5.1.4. Best interests of the child**

According to the UNCRC and additional guidance issued by the United Nations, the best interests of the child means 'the right to have his or her best interests assessed and taken into account as a primary consideration in all actions or decisions that concern him or her, both in the public and private sphere.'<sup>81</sup> The literature sourced for this study did not incorporate any specific critique of the principle of best interests of a child as a component of decision making undertaken by the social services workforce or explore the way workers themselves understand and interpreted best interests determination.

### **5.1.5. Summary of findings from low and middle-income countries**

In summary, in the literature we sourced, there is a significant absence of research that evaluates the efficacy of decision making of the social services workforce as it directly relates to placement of children in alternative care in different low and medium-income countries. Whilst some studies have given consideration to the influence of cultural and social norms, as for example, those brought about by the presence of a patriarchal society and gender discrimination, overall there is a lack of theoretical discourse around objectivity and subjectivity in decision making.

There is a growing interest in studying the functioning of national child protection systems and the differing elements it is composed of. Although some consideration has been given to ways this impacts the social services workforce in some countries, there is an overall lack of focus and in-depth evaluation in relation to this topic as it directly concerns decision making. Furthermore, although there is welcome investment in the development of elements of national child protection systems and processes that should assist optimum decision making, there are significant barriers to the social services workforce always making the best decisions possible.

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<sup>76</sup> See for example: Font and Fluke 2023

<sup>77</sup> Cantwell et al. 2012; United National General Assembly 1989

<sup>78</sup> Cudjoe et al. 2020; Ellermeijer et al. 2023; Sammon et al. 2015

<sup>79</sup> See for example: Delgado et al. 2022; Jamieson 2017

<sup>80</sup> Chung et al. 2012

<sup>81</sup> UN General Assembly General comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration (art. 3, para. 1)

## 5.2. Decision making: findings drawn from literature emanating from high income countries in Western Europe, Scandinavia, North America and Australia

The rapid desk review included studies emanating from high income countries in Western Europe, North America, Scandinavia and from Australia as they related to decision making being undertaken by the social services workforce. The definition of social services workforce was broadened beyond social workers and child protection workers, to include other decision makers such as members of the judiciary.

Research from these parts of the world included consideration of theories related to objectivity and subjectivity applied to decision making in relation to child protection. There is also exploration as to the manner in which the functioning of national child protection systems can impact the ability of workers to fulfil their roles and make the best decisions for children.

### 5.2.1. Objectivity and subjectivity in decision making

There is acknowledgement within the literature as to the complexity of decision making in real world situations concerning child protection. In respect of this topic, arguments are made as to the benefits and challenges of applying an objective or subjective approach to social work decision making. This has been pursued in studies by way of discussion, evaluation and the conceptualisation of decision making through the lens of different theoretical frameworks. This, according to Sicora et al., includes frameworks used to conceptualise intuition within social work decision making incorporating topics related to the implicit knowledge of sociological discourse, intuition as 'sense-making', internalisation of learning, and decision heuristics.<sup>82</sup> Other authors explore theories of 'tacit knowledge'<sup>83</sup> and 'rationality',<sup>84</sup> as well as methods related to more 'actuarial'<sup>85</sup> informed calculations of risk.

A segment of the literature provides a specific focus on the efficacy of 'objective or evidence-based knowledge'<sup>86</sup> and efforts to increase the accuracy, 'effectiveness, accountability, and transparency'<sup>87</sup> of social work decision making. Keddell suggests those who believe in rational based assessment frameworks see the importance of this approach in helping social workers make sense of the situations they find and how they carefully interpret and assign meaning to the information they gather.<sup>88</sup> In this respect, the use of risk assessment tools are considered important in securing what Sicora et al. describe as explicitly 'reasoned assessments that put instincts and emotions aside'.<sup>89</sup> Arguments are made therefore, that the pursual of such tools help instil rationality within social work decision making and counterpose 'decision making based on emotion and irrationality'<sup>90</sup> as

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<sup>82</sup> Sicora et al. 2021:772

<sup>83</sup> Enosh et al. 2016

<sup>84</sup> Arnd-Caddigan and Pozzuto 2009; Taylor and White 2001

<sup>85</sup> Keddell 2011

<sup>86</sup> Stokes and Schmidt 2012:84

<sup>87</sup> *ibid.*

<sup>88</sup> Keddell 2011

<sup>89</sup> Sicora et al. 2021:772

<sup>90</sup> Taylor and White 2001



influenced by personal values, moral codes, and beliefs. In other words, write Taylor and White, increasing the application of rationality helps negate,

bad decisions based on gut feelings or common sense rather than objective, dispassionate ones based on careful appraisal of the evidence and recourse to broader, research-based generalizations about problems and effective solutions.<sup>91</sup>

An important factor to be noted here, is the argument for advancing rational and objective decision making and concordant policy development that has been driven and influenced by blame of social work practice in the media following a child protection 'scandal'.<sup>92</sup>

A further body of literature specifically explores reasons why an objective approach is so important by highlighting the manner in which subjective determinants that can negatively influence social services workforce reasoning. Davidson-Arad and Benbenishty, exploring the work of different authors, found warnings regarding the fact some social workers are influenced by 'their biases, personality, values and temperament'.<sup>93</sup> In this regard, it is thought some social workers selectively look for evidence during child assessments that confirm their own personal views and ideas. Similarly, Platt and Turney, writing about 'sense-making' as it applies to the assessment of a child's situation, found evidence in the literature concerning analysis and decisions directed by 'templating'. Templating is described as evaluating children and families as they 'conform to a set of expectable features'<sup>94</sup> including those of social class, single parenthood, unemployment etc. An example being workers who have a predetermined and intrinsic sense that 'respectable families'<sup>95</sup> are less likely to abuse their children. It is also thought social workers purposefully look to identify features in a case that have frequently occurred in others so they can use that information to inform their responses. This, claims Platt and Turney, can mean decisions are subject to logical errors as identified in the research on bias and heuristics.<sup>96</sup>

A further literature review undertaken by Doyle et al.<sup>97</sup> considered the degree to which bias of social worker decision making was based on culture, ethnicity, religion and spirituality. They found research suggesting 'both personal (religious and cultural) and professional values impacted upon social workers' attitudes toward morally and ethically charged issues.'<sup>98</sup> In contrast however, their own primary research found very little such influence which in part, they attributed to the quality of training the social workers in their study had received. This was not the case in the study of Pecnik and Bezensek.<sup>99</sup> They wrote about social workers' who had experienced violence and how this influenced their perception of risk and affected their professional response to child protection cases. Findings

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<sup>91</sup> Taylor and White 2001:40

<sup>92</sup> Parton 1996. See also Stokes and Schmidt 2012

<sup>93</sup> Davidson-Arad and Benbenishty 2016: 187

<sup>94</sup> Platt and Turney 2014:1485

<sup>95</sup> *ibid.*

<sup>96</sup> Platt and Turney 2014

<sup>97</sup> Doyle et al. 2009

<sup>98</sup> Doyle et al. 2009:19

<sup>99</sup> Pecnik and Bezensek 2011

also suggested the selective filtering of 'legal regulations and professional standards'<sup>100</sup> when reaching decisions informed by social worker's own experience of violence.

This aforementioned body of research clearly points to concerns in the way decisions about children's protection and care can be negatively influenced by local social constructs and the personal bias and beliefs of the social services workforce. And though the passion of social workers for their profession is identified as a 'motivating force'<sup>101</sup> generating enthusiasm and commitment to ideals and values, nevertheless this is also viewed as 'a danger if strong commitments turn into a personal crusade.'<sup>102</sup>

In contrast studies also capture opposing arguments that suggest, although making sense of a child and family situation requires evidence led and justifiable decisions, nevertheless, some aspects of subjectivity such as intuition and learned experience is important in assessment, decision making and working with risk. A number of studies taking up the theme of rational thinking versus, intuition and heuristics, identify criticism of the movement towards practices and use of tools aimed at negating subjectivity within social work decision making. In this way, it recognised that social work judgements are complex and socially situated processes that 'require high levels of emotional intelligence and communication skills'<sup>103</sup> and 'considerable room for personal attitudes in risk assessment and intervention decisions'.<sup>104</sup> Sicora et al. for example, identify a body of thought that views purely objective evidence-informed practice as 'devaluing the tacit wisdom of practitioners', resulting in mechanized decision making, and negating the 'artistry'<sup>105</sup> of social work.

Others also see intuition within professional judgement making as part of a cognitive and emotionally-informed reasoning processes that makes use of internalised learning, and most importantly, connects workers with clients and families. For example, Keddell claims the role of the social worker becomes de-skilled, their professional judgement eroded if replaced by 'actuarial'<sup>106</sup> type practice and the regulatory quantification of risk through statistical checklists. Hardy argued that too much control over purely objective decision making removes the social out of social work.<sup>107</sup> This he exemplifies in the efforts to take the risk out of decision making in the UK, and use of 'actuarial knowledge' in social work practice utilising check lists and quantitative assessment tools, that removes any element of subjective decision making as it relates to the complex lives of 'real people'.<sup>108</sup>

According to Alfandari, several studies conducted in the UK, US and Australia indicate that even with the issuing of formal diagnostic case management tools, they are not always used as intended in day-to-day practice.<sup>109</sup> It is believed some workers 'deliberately manipulate tools to achieve wanted outcomes, and have a habit of non-completion of key information'<sup>110</sup> by inputting information into decision making instruments after decisions have already been made based on personal clinical

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<sup>100</sup> Pecnik and Bezensek 2011:540

<sup>101</sup> Pecnik and Bezensek 2011:540. See also: Khoo et al.2002

<sup>102</sup> Pecnik and Bezensek 2011:540

<sup>103</sup> Helm 2013:34

<sup>104</sup> Sicora et al. 2021:772

<sup>105</sup> Sicora et al. 2021:777

<sup>106</sup> Keddell 2011:1255

<sup>107</sup> Hardy 2017:18

<sup>108</sup> Hardy 2017 18

<sup>109</sup> Alfandari 2017

<sup>110</sup> Alfandari 2017:208

judgment. Others also claim that even with the use of 'validated measures',<sup>111</sup> social workers will still assess risk differently.

In light of the arguments for and against objectivity and subjectivity in decision making, theorists have also brought forward an understanding that elements of both may be necessary.<sup>112</sup> Taylor and White noting the growth in use of the 'managerialist and procedural, or rational and technical, as represented in the evidence-based practice movement',<sup>113</sup> acknowledge the contribution of such approaches, but argue they are unrealistic. They suggest such purely objective approaches fail to recognize the 'practical-moral dimensions of social work and the role of emotion and normative judgement in assessment and intervention.'<sup>114</sup> They note how social workers are being asked to be 'detached and impartial'<sup>115</sup> in the search for the truth in what are often complex real life situations. Circumstances that require 'a tool kit of diffuse interpersonal skills and techniques to understand unique client needs - and response - requiring reflective listening techniques and empathic inquiry'<sup>116</sup> as well as the building of productive relationships. These ideas are further exemplified in Stokes and Schmidt's examination of linking the application of more rationalised or 'denotative meanings'<sup>117</sup> with intuition, common sense, and tacit knowledge. Sicora et al. also found agreement amongst some authors that there is more to professional practice than technical know-how with importance also given to skilled intuition and 'qualitative schemas' for organising their thinking'.<sup>118</sup> A study in Canada found that in actual practice, it is possible for social workers to employ both 'a technical, rational approach to decision making'<sup>119</sup> whilst 'holding on to the humanistic and artistic components of social work practice'<sup>120</sup> when making decisions about 'risk and safety.'<sup>121</sup> In this way, arguments have been made that decision making can make use of 'assessment frameworks and predictive risk tools'<sup>122</sup> whilst also taking into account, 'the professional's store of cultural, personal, and practice knowledge'<sup>123</sup> so that social workers can 'filter a situation through his or her own thinking process, to decide which information is relevant, to discover patterns of meaning, and to value an individual's unique experience of their everyday world.'<sup>124</sup>

Overall, this reconciliation of objectivity and subjectivity might be encapsulated in the words of Platt and Turney who declare their 'position is that a balance between the rational and the intuitive is essential under conditions of real-life practice.'<sup>125</sup> They express the belief that understanding and 'making explicit how intuition appears to operate and subjecting that intuition to analysis and scrutiny have the potential to improve the decisions made.'<sup>126</sup>

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<sup>111</sup> Regher et al. 2010:626

<sup>112</sup> Helm 2016; Stokes and Schmidt 2012

<sup>113</sup> Taylor and White 2001:37

<sup>114</sup> *ibid.*

<sup>115</sup> Taylor and White 2001:42

<sup>116</sup> King and Holosko 2012:174

<sup>117</sup> Stokes and Schmidt 2012:84

<sup>118</sup> Sicora et al.2021:774

<sup>119</sup> Stokes and Schmidt 2012:94

<sup>120</sup> *ibid.*

<sup>121</sup> *ibid.*

<sup>122</sup> Helm 2016:34

<sup>123</sup> Stokes and Schmidt 2012:84

<sup>124</sup> Stokes and Schmidt 2012:85

<sup>125</sup> Platt and Turney 2011:1479

<sup>126</sup> *ibid.* See also Regher et al. 2010

### **5.2.2. Severity of case and specificity**

It is understood that the clarity around the severity of a child's case can also impact decision making. For example, the study of social workers undertaken by Khoo et al.<sup>127</sup> found more uniformity in their decision making when the case involved severe physical abuse and less conformity in cases considered more complicated such as those involving emotional harm. Platt and Turney<sup>128</sup> also found the more specific an allegation and the more severe the risk, the more likely it was a decision would be made to respond to a case.

### **5.2.3. Relationships with family members**

A further factor noted as influencing decision making is the relationship with, and communication between, professionals and the children and parents involved in a case.<sup>129</sup> For example, Burney and Platt found 'considerable evidence'<sup>130</sup> to suggest parental cooperation and engagement is an aid to decision making. Others caution against relationships that become too close and a heightened empathy for adults involved that can lead to a possible dismissal of the risks to a child.<sup>131</sup>

Cases have been documented in which workers have been threatened by family members. It is recognised that such intimidation can impact not only the time a worker decides to spend on assessment of, and interaction with, a child and family thus affecting the amount of evidence gathered, but may also subjectively influence their final decision making.<sup>132</sup>

### **5.2.4. Constraints of working in the child protection system**

Acknowledgement has already been given in this report to the way decision making can be a difficult and challenging process fraught with risks and degrees of uncertainty. It is also recognised that decisions are being made with 'insufficient, unreliable, conflicting, or missing information within a stressful and pressured organizational and political context.'<sup>133</sup> It is essential therefore, that a national child protection system is fit for purpose and provides the social services workforce, and others, with the most effective legislation, tools, and processes, to aid decision making that are in the best interests of children. However, a significant body of literature exposes how different elements of the child protection system do not always function well and, as a result, affect decision making.

#### **A normative framework**

Few of the sourced studies specifically evaluate a national normative framework as it directly impacted social services workforce decision making and alternative care. However, recognition is given in the literature to the importance of legislation and policies etc. that provide clear guidance and structure to decision making. One example being a paper by Keddell<sup>134</sup> that discusses the importance of policies as for example, when decision makers have been directed towards upholding the primacy of preventing of child-parent separation and avoiding unnecessary use of alternative care.

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<sup>127</sup> Khoo et al. 2002

<sup>128</sup> Platt and Turney 2014. See also Helm 2016; Helm and Frost 2021

<sup>129</sup> Keys 2009: 320

<sup>130</sup> Burney and Platt 2014:1484

<sup>131</sup> Keys 2009

<sup>132</sup> *ibid.*

<sup>133</sup> Stokes and Schmidt 2012:84

<sup>134</sup> Keddell 2011

## **Management of the child protection system and provision of services**

Availability of support services to which children and families can be referred has been identified as a factor in decision making. Even in countries such as Sweden and Canada where there is significant investment in welfare services, Khoo et al. found social workers bemoaning the lack of prevention services to which they could refer families.<sup>135</sup> In Denmark, research suggests that doctors when faced with more 'ambiguous'<sup>136</sup> cases of child protection, due to challenges of long waiting lists and uncertainty as to how specialist services were able to respond, became more reluctant to make referrals.<sup>137</sup>

The management of work environments that facilitate good team work, and supportive attitudes of supervisors, is also recognised as affecting decision making. For example, Helm found that 'sense-making'<sup>138</sup> as a shared process was a positive factor as it provided the social workers in his study with the opportunity for dialogue and to 're-evaluate their understandings and explore alternative frames without diminishing their own perspective.'<sup>139</sup> In this way, support of supervisors and colleagues provides the opportunity for reflective practice in which workers appraise and share gathered information on 'both rational and affective levels' whilst acknowledging and interpreting their personal 'experiences, ideas, thoughts, and feelings in a way that positively facilitate integration of practice wisdom and intuition'<sup>140</sup> into decision making.

Conversely there are situations in which professionals receive insufficient supervision and support in decision making,<sup>141</sup> or have even felt pressurised into agreeing with decisions imposed by others even though not necessarily in a child's best interest. In some cases social workers have felt such pressure is influenced by socio-political contexts, as for instance, restricted spending on certain services that is politically motivated.<sup>142</sup>

## **Human and other resources**

A constant theme reflected in the literature identifies the pressure placed on members of the social service workforce, and others, due to lack of sufficient numbers of employed professionals. One knock on effect is high caseloads per worker. In such pressurised work environments, Platt and Turney found some social workers have a tendency to reduce 'the decision-making process to a limited set of manageable strategies'<sup>143</sup> and develop 'patterns of tacit reasoning'<sup>144</sup> that helps them manage their workloads. Others report on restricted decision making in such circumstances and the likelihood of unsubstantiated decisions as well as 'general deflection strategies' that enable workers to avoid taking on additional work'.<sup>145</sup> It is also believed that heavy workloads has led to taking short cuts when

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<sup>135</sup> Khoo et al. 2002

<sup>136</sup> Merrild and Frost 2021:3

<sup>137</sup> Merrild and Frost 2021. See also Platt and Turney 2014 and cases in the USA.

<sup>138</sup> Helm 2016:20

<sup>139</sup> *ibid.* See also Stokes and Schmidt 2012

<sup>140</sup> Sicora et al.2021; Stokes and Schmidt 2012

<sup>141</sup> Alfandari 2017

<sup>142</sup> Keys 2009

<sup>143</sup> Platt and Turney 2014:1482

<sup>144</sup> *ibid.*

<sup>145</sup> Platt and Turney 2014:1486. See also Broadhurst et al. 2010; Helm 2016

filling out assessment forms whilst workers, feeling overburdened by new tools and systems, take less time being in direct contact with families.<sup>146</sup>

### **Workforce education**

Due to time constraints, we did not explore the literature that specifically focusses on quality and availability of social services workforce education in different countries. However, within studies examining the efficacy of decision making, some insight was offered as to the importance of training.<sup>147</sup>

In particular, in relation to child and family assessments, several authors believe there is a need to further develop social worker's skills that would allow for more subjective engagement with clients.<sup>148</sup> For some this means a greater focus on the role of 'intuition in judgement and decision making within social work education.'<sup>149</sup> Authors also note that although social work curricula incorporates the topic of relationship building with clients, there are shortfalls in this area of training and more attention should be given to preparing social workers to fully incorporate such skills when they take up employment.<sup>150</sup>

### **Advocacy, awareness raising**

As with our study of literature sourced from other parts of the world, we did not find research that specifically correlated the topics of advocacy or awareness raising to the efficacy of decision making and child protection and alternative care undertaken by the social services workforce. As this was a rapid review predominantly focussing on academic literature we do not discount the availability of studies that incorporate this theme.

### **Data management systems and evidence based practice**

It is recognised that evidence is essential to informing legislation and policy, provision of case management tools, as well as social services workforce development and practice. This necessary component of the child protection system was noted by O'Brien<sup>151</sup> in his study of the Family and Children's Services of Renfrew County, Canada. In particular his findings emphasize the importance of collecting and analysing the data on the outcomes of child protection strategies that allows for clearly focussed and targeted approaches to be laid out. Similarly, Solomon and Åsberg<sup>152</sup>, highlighted the manner in which data provides indicators of success or failure in parts of the child protection system can provide evidence for the development of strategic approaches for child protection services.

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<sup>146</sup> Afandari 2017

<sup>147</sup> See for example, Fengler and Taylor 2019; Khoo et al 2002

<sup>148</sup> Fengler and Taylor 2019

<sup>149</sup> Sicora et al. 2021:781

<sup>150</sup> Fengler and Taylor 2019

<sup>151</sup> O'Brien 2011

<sup>152</sup> Solomon and Åsberg 2012. See also Keyes 2009

### **5.2.5. Child participation in decision making**

There is a considerable body of literature that promotes the importance of participation of children, and indeed other family members, in any assessment and decision-making process. Due to constraints on time dedicated to the desk review, research on this topic as it specifically relates to participation of children in decisions about child protection and alternative care, and how this influences decision making, has not been pursued.

### **5.2.6. Best interest determination**

As previously mentioned in this report, according to the UNCRC and additional guidance issued by the United Nations, the best interests of the child means 'the right to have his or her best interests assessed and taken into account as a primary consideration in all actions or decisions that concern him or her, both in the public and private sphere.'<sup>153</sup> As with literature from other parts of the world, although some studies we sourced from high income countries made mention of best interests of children, there was no specific critique of the manner in which it is applied to social services workforce decision making and alternative care, or how this principle is understood and interpreted. Once again, we recognise that there might be such research available.

### **5.2.7. Summary of findings from high-income countries**

In contrast to the findings from other parts of the world, we found a more substantial body of research specifically exploring the complexity of, and theories related to, objectivity and subjectivity in social services work force decision making as it relates to child protection. The methods used for such evaluation in research are varied and have included the use of surveys, vignettes, and other qualitative research methodology. However, there are differing opinions emanating from the research as to the balance of objectivity and subjectivity that should be applied to decision making.<sup>154</sup> In this manner, a prominent issue is the long standing debate as to 'whether social work is a science or an art'.<sup>155</sup> Whilst some arguments are made for decision making that is wholly objective, and others warn against the negative influence of subjectivity, others argue that due to the nature of social work, subjectivity is an important element to assessing risk whilst maintaining evidence-based and reasoned judgements.

As with other parts of the world, there are many studies examining different aspects of national child protection system. This includes a body of research providing an exploration of the influence and impact of different elements of national child protection systems on the work of professionals. For example, consideration is given to availability of services, quality of supervision of workers, and child protection case management tools and procedures. In relation to these factors, political will as for example, in terms of resource provision, is also a considered an issue.

No research was sourced that specifically provided evaluations in relation to decision making and placement in alternative care. As this was a very rapid review we cannot say with certainty that it does not exist. Neither did we find evidence measuring outcomes for children as determined by the

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<sup>153</sup> UN General Assembly General comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration (art. 3, para. 1)

<sup>154</sup> Stokes and Schmidt 2012

<sup>155</sup> Stokes and Schmidt 2012:89

different decisions that had been taken about their lives i.e. whether or not the best decisions had been made for children. Likewise, this evidence may be available.

## 6. Four country case studies

With the aim of seeking specific information on social services workforce decision making as it applies to different geographical contexts, four case studies were completed in Denmark, El Salvador, Kenya and Lebanon. Researchers in each country explored the following research questions:

- What does the literature say about the efficacy, subjectivity and objectivity of decision-making undertaken by the social services workforce working within the functioning of the national child protection system, and in particular, decisions to remove a child from parental care and place them in alternative care in the country?
- What are the factors that influence social services workforce decision-making in the country?

In each country a desk review covering the period 2013 to 2023 was completed. This was complimented through a series of semi-structured interviews with social service work force members and other relevant personnel including judges. Guidance was developed to inform the selection of informants based on purposive sampling methodology. All interviews were conducted utilising an interview-guide.

Final reports have been produced in each country and a precis of findings can be found below.

### 6.1. Denmark

A systematic search was completed for books and articles on 'child protection' and 'decision-making' in Denmark published between 2013 and 2023 in the Danish databases "Danmarks Forskningsportal" and Soc-Index. A total of 193 hits were recorded. After eliminating non-relevant material a total of 40 articles and book chapters were chosen.

Primary data has been collated through semi-structured interviews conducted with 10 research participants including social workers, a lawyer, a social worker manager, and a social work coordinator. The findings below are drawn from the combined primary and secondary data collection process.

#### **Working within the child protection system and the process of decision making**

##### *A normative framework*

Decisions regarding placement in alternative care are based on the extensive Danish legislation which entails both substantive and procedural requirements. As of January 2024, the legislation also includes the Consolidation Act on Social Services and the Child's Act, which particularly relates to children at risk of, or in, alternative care. The European Human Rights Convention, The UN Children's Convention, and the UN Convention on Disability are also important international conventions to which Denmark is subject.<sup>156</sup>

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<sup>156</sup> Svendsen, 2017a



A substantive requirement related to decisions about child-parent separation is a term called 'legal criteria for placement in care' (anbringelsesgrundlag). There is a legal criterion that requires documentation specifying a child's legal right to development and safety is being violated. There are also procedural rules related to child protection assessments, timeliness and follow-up. The Consolidation Act on Social Services states that placement in alternative care should only be implemented when this meets the best interest of the child.

According to interviewees, legislation is a cornerstone of all child protection cases. In their study Svendsen and Nielsen,<sup>157</sup> confirmed that social workers include consideration of the legal criteria for placement in alternative care during the assessment process. The legal criteria for placement in care must be made explicit in assessments and backed by evidence. When this is not the case, the various committees established in Denmark at a municipal level with responsibility for taking the final decision regarding placement of a child in alternative care will not approve a recommendation for such action. Social workers interviewed for this study, claim this requirement influences early decision-making in that, if they felt a placement would be in the child's best interest but the evidence supporting the legal requirements for placement was insufficient, they would decide not to present the case to the local authority committee, but look for suitable preventive measures in the interim.

#### *Social service provision*

Provision of social services are organised at the municipal level, with a special unit under the Child and Family Department in charge of social work. Initial referrals of concern for a child come into these units. Those that make such reports include teachers, nurses, neighbours and, more seldomly, parents or children themselves. Responsibilities of those working in these units include decision-making regarding preventive family interventions and recommendations for placement of children in alternative care. Initially social workers have the responsibility of screening and acting upon referrals within a 24 hour period.

#### *Assessments and use of child protection case management tools*

In cases of violence or sexual abuse, the social workers immediately make contact with the child and the police. After having brought the emergency case to the attention of their manager, the decision is taken whether or not to remove the child to a temporary place of safety in alternative care while the police investigate the case. Depending on the result of a police investigation, the child may be directly placed in more permanent alternative care, or a social assessment of child and family may be initiated.

If an initial referral suggests suspicion of maltreatment or a situation that prevents a child's development, social workers initiate a structured assessment of child and family (*undersøgelse*) using analytical assessment tools. The process includes participation of the child and their family. It also involves other relevant professionals such as teachers, health visitors, and psychiatrists if the child or parent/s are in treatment. As explained by a social worker:

*"We shed light on the case, all the way round involving all those who know something about the child, and then, of course, we compare that information with what we know from research in relation to children and their well-being".*

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<sup>157</sup> Svendsen and Nielsen 2017

Other specialists can be involved but in most cases, the assessment of parental competencies rest on the professional judgement of social workers, in part due to psychological assessments being expensive and time-consuming. Although, according to interviewees, when a psychological assessment of parental competencies is conducted, this adds significant weight to the assessment process. The support needed for a child may be obvious without a thorough assessment and in such cases, municipalities may conduct a shorter assessment (afdækning). However, for cases involving decisions about placement in alternative care, long and thorough assessments are required. The assessment of the child's needs must consider the following six factors: development and behaviour; family conditions; education factors; health factors; friendships and other relevant relationships.

According to interviewees, a prime concern when assessing the legal criteria for placement in care is the child's development and parental competence to support that development. Social workers need to provide evidence that efforts have been made to improve such competencies where this was an option. Social workers also assess the quality of the relationship between the child and parent. Assessing parental competencies is challenging. As one social worker explained,

*"Sometimes you can't put your finger on what it is about because the family is very closed, or the child does not really dare to tell, and it may take some time before you figure out, what is really at stake here. In other cases, it is clear as day. Already during pregnancy there may have been some conditions that make you think that they will not be able to take on the parental role. i.e., cases with drug abuse or violent relationships"*

#### *Support services and prevention of separation*

In Denmark, emphasis is placed on prevention of child-parent separation and in many cases the decision to place a child in alternative care only takes place following a substantial period of family support. Preventive measures range from brief consultations with parents and the child to ongoing extensive family support. The decision to place a child with disabilities in alternative care might also follow years of collaboration between families and the social service authorities. In these cases, the challenge may not be parental competence, but the special needs of the child that cannot be adequately met in the home even with available social support.

The Danish child protection system prescribes for interventions that vary in degree and are guided by a so-called 'stepped model' that invites decision-makers to test the effectiveness of less intensive and cheaper preventive interventions as a first step. From there, they can gradually increase the intensity of preventive measures if proven necessary. Interviewees said decisions to step up the level of interventions do not always keep pace with the increasing problems parents are facing. Meanwhile if prescribed interventions are failing, stress builds within the family making it even more difficult for them to make the changes necessary for their child's development and well-being. And according to some interviewees, if eventually a decision is made to place a child in alternative care after years of failed preventive interventions, the trauma of the child has also increased. In this sense, there is a feeling that some decisions to place a child in alternative care are being made too late in efforts to meet political and strategic imperatives.

Critiques of the stepped model are accompanied by an uncertainty about the actual effects of preventive measures and the impact of personal opinions as to what is in the best interests of a child. As an interviewed social work manager said:

*Well, it also has something to do with the fact that there may be people in this workplace who don't think that children get a better life from being placed in care or something like that. There may also be some people who don't think adoption is a good idea and some who are in favour of it. And there's also the personality aspect of it, right? And values. But of course, you could say that as a department manager and team leader, I'm expected to comply with the political intentions.*

As this quotation illustrates, the value of preventive work as well as alternative care options requires further debate in Denmark and is also seen as creating space for subjectivity in decision-making.

#### *Decisions relating to alternative care*

In terms of final decision makers and a child's placement in alternative care, there are two different processes to be followed. If parents agree to the placement of their child in alternative care, following a decision of a social work manager based on a social worker's assessment, the case goes to a municipality 'visitation committee'. Most municipalities have such committees that are comprised of civil servants at managerial level, social work team leaders, and often lawyers. The committee has responsibility for final decision regarding interventions for children and families including those about alternative care. Social workers submit a written assessment, perhaps 5-20 pages long, and are also required to make an oral presentation. However, social workers interviewed for this research feel the process is like being in an exam.

In cases where parents, or the child, do not agree upon the plan for child-parent separation, the case may be brought to a 'Children and Youth Committee'. This is also at municipality level and comprises appointed local politicians, a judge, and one or more psychologists. Based on the evidence presented to them in the social worker reports, they evaluate the case and decide whether the recommendations should be enforced despite parents' or children's lack of approval. In this process the child and the parents will each be granted a lawyer who will help them speak to their case. Hence, this process requires a significant resources and sufficient evidence that the child is struggling.

As is noted elsewhere in this report, the process by which decisions are passed from the social worker to their manager and then on to committees can leave social workers feeling it removes much of their responsibility in the decision making process and does not necessarily improve the efficacy of decision making.

#### **Time taken to reach decisions**

As noted above, emergency decisions are taken immediately. Other decisions are based on assessments that should take no longer than 4 months although it has been noted how they are often delayed.<sup>158</sup> Final decision with regards placement of a child in alternative care might not be reached until months or even years after the initiation of a case as a primary consideration is supporting families with the aim of preventing separation.

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<sup>158</sup> Ankestyrelsen 2022

## **Efficacy of decision-making**

Efficacy of decision making is a topic that is explored within the Danish literature. Though the Danish child protection system is well regulated, established and resourced in comparison to other countries in the world, it still holds risks of inadequate efficacy in relation to decision making. Although steps have been taken to reduce human bias, an overall conclusion is that subjectivity is still playing a role.

Decision efficacy relates to the belief that a decision made was the right one. In relation to child protection, this has been described as a delicate matter since decisions have important consequences for parents and children, whilst at the same time, often being based on little knowledge and high degrees of uncertainty.<sup>159</sup> This has been noted as being the case in Denmark, despite attempts to support decision-making through assessments that seek to balance risks and protective factors and include a holistic perspective of the child and family.<sup>160</sup>

Uncertainty about decision efficacy exists due to the lack of evidence for positive long-term effects of out-of-home care. One influence that has changed the processes governing decision-making in Denmark is several cases in which municipalities did not take adequate action and did not remove children despite numerous referrals and awareness of risk.<sup>161</sup> The response has been an introduction of systems of control to ensure compliance with the law, increased monitoring of casework, stronger procedural elements, and intensified managerial supervision. As such, social workers' responsibility for timeliness and adequate information is monitored and automated while the responsibility for decision-making is pushed upwards to the managerial level. Whether this leads to higher levels of decision efficacy has not yet been studied.<sup>162</sup> It is reported however, that to ensure children's needs are well identified, social workers continue to use and justify informal rationales in social work risk assessments aside from the standard procedural requirements.<sup>163</sup> In 2024, the Child's Act, a new law pertaining to children in placement, comes into effect. The new law's political goal is, among other things, to de-bureaucratise however, given that it contains more than 200 paragraphs, it thought unlikely this will translate into less bureaucratisation.

Information gathered in interviews demonstrates how social workers in Denmark do not equate bureaucratisation with efficacy of decision making. Instead, they describe bureaucratisation as something that safeguards them. For example, when decision are passed up to managerial levels, they are relieved of responsibility of being the sole decision maker. Most interviewees do describe a high degree of decision efficacy in relation to decisions they are personally involved in with influences including the fact that:

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<sup>159</sup> Wilkins, 2015

<sup>160</sup> Villumsen and Søjbjerg 2023

<sup>161</sup> Lyneborg and Damgaard 2019

<sup>162</sup> *ibid.*

<sup>163</sup> Villumsen & Søjbjerg, 2023

- they are experienced
- they have further education on top of their bachelor's degree in social work and continuous training at the workplace in e.g., the new Child's Act, how to conduct difficult child interviews or other methods
- they are well oriented in research and reports from the National Board of Social Services and applied research institutions
- some have worked on prevention with families for some time and know them well, and that matters for the decision efficacy
- they are working in units with a highly skilled manager that supervise their work
- they evaluate their assessments while conducting them with colleagues and their manager
- they base their assessment on perspectives from multiple informants.

Interviewees also described the uncertainty with regards decisions making amongst newly educated and young colleagues with only a BA degree and no practical experience. They argue that efficacy of decision making comes with experience and the awareness that one's own norms and values are not relevant measures when evaluating a child's needs.

### **Objectivity and subjectivity**

In relation to the process of decision making described above, the question of subjectivity in Danish child protection has been dealt with in two ways. Firstly, through organisational means to avoid human bias and secondly, structured support through the use of decision making tools to avoid human bias.

In terms of organisational means the social workers interviewed for this study said they value the system of group discussions in which colleagues might ask questions or challenge decisions, and in which the level of concern is measured collectively. They emphasise how these group discussions create a joint decision making process. A recent study by Villumsen & Søjberg<sup>164</sup> illustrates how such group decisions are characterised by confirmation bias and anchoring bias. Confirmation bias occurs when the social workers endorse decisions that confirms their initial assessment. Anchoring bias becomes apparent as decisions are determined by a certain condition, such as a diagnosis. Additional heuristic rules are noted as being present in decision-making processes. Ebsen et al.<sup>165</sup> identified three overarching heuristics in all investigated cases. These were: (i) Form and maintain the first impression. (ii) When in doubt or disagreement, wait. (iii) Avoid parents. These heuristics help social workers and managers in either ignoring or emphasizing specific information.<sup>166</sup> They serve to simplify decision-making processes in the midst of high complexity in terms of child protection legislation<sup>167</sup> and organisation of social work with children and families.<sup>168</sup> However, in this manner, group discussions as organisational means to avoid human bias may have changed and collectivised decision-making practices in Denmark but has not omitted human bias.

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<sup>164</sup> *ibid.*

<sup>165</sup> Ebsen et al. 2023

<sup>166</sup> *ibid.*

<sup>167</sup> Svendsen 2017b

<sup>168</sup> Ebsen et al. 2023

In terms of structured approaches applied to decision making, there is increased interest in support for the use of risk assessment frameworks and tools. Such support holds the promise of reducing variability and human bias. Most municipalities use the assessment model Integrated Children's System (ICS), which is equivalent to the Assessment Framework in the UK, and balances the focus on risk and protective factors from a holistic perspective.<sup>169</sup> Some municipalities apply the Signs of Safety (SoS) model either on its own or together with the ICS model. A study examining the weighting of risk and protective factors in the risk assessment in Danish municipalities shows that the SoS model pushes the social workers towards a more protective-oriented assessment compared to using the ICS whilst both being more child-friendly than earlier models.<sup>170</sup> However, a further study also revealed how approximately one-third of the social workers do not find the tools helpful in ensuring a holistic view of the child but requires them to categorise information according to the 'boxes' they must fill in.<sup>171</sup> All social workers interviewed for this study use ICS and most also use SoS. They find the latter particularly helpful when conducting network meetings. Some also described how they complement these tools with specific approaches, such as a Solution-Focused Approach or more research driven approaches to resilience, or the inclusion of children's perspectives.

### **Other factors impacting decision making**

Other factors influencing decision-making within social services in Denmark include economic bias, human resources, and involvement of children and parents, with the latter topic being the most investigated in former research and appeared most important for the decision-makers interviewed for this study. In addition, interviewees pointed out the availability of alternative care placements as factors affecting decision-making. For example, due to economic considerations, some municipalities have begun to exclusively utilise institutional care within their own municipality as it is the cheaper option. To social workers, this is a restriction that impacts their recommendations

#### *Economic resources*

Economic considerations impact child protection decisions due to efforts by government to reduce overspend by local authorities. This can result in a conflict between budgets made available for interventions and what support is actually needed to improve children's well-being. All the social workers interviewed for this study said economic considerations are becoming more influential with regards family and child protection interventions. Local authority budgets run annually and social workers said they want extended budget periods to mitigate this unfortunate tendency for short term economic considerations that influence decision-making in child protection. One interviewee said if *"it is the end of the year, so we cannot afford to place"* children. Another explained, *"It seems as if the more expensive an intervention, the more managers must be involved in the decision-making"*. A further interviewee said she must complete the assessment report and recommendations only after the decision has been made by a committee deciding on a child's case. A social worker manager said,

*I don't think that finances are very much in control for us in relation to placements. But of course, as head of department, it's also my job to ensure that we help as many children as possible [within the budget]. And it's also part of my job to say, okay, where*

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<sup>169</sup> Sørensen, 2018

<sup>170</sup> Sørensen, 2018

<sup>171</sup> Sørensen 2016a

*should we spend the money? And yes, when you ask like that, I can see that I have sometimes thought, hmm, was that the right place to spend the money? Would it have been better to have done something else? And maybe cheaper, right? And we might have gotten just as much out of it, or better.*

### *Human resources*

Interviewees referred to the impact of high caseloads per social worker in some units. This they believe, may lead to less well-documented assessment reports and inadequate work with the family during the assessment process.

### *Participation of parents and children*

According to Danish Law, consent should not be a factor in determining whether or not a child needs to be placed in care. It is imperative however, to consider both the child's and the parents' viewpoints during the decision-making process. It is understood that most placements in Denmark are conducted with parental consent.

Several studies have highlighted how children have not been involved to a sufficient extent in decision making and the quality of involvement has not been high enough.<sup>172</sup> There is however, a growing emphasis in Denmark on parents and children having a greater say in life decisions and this will be further enhanced by legislation that came into force in January 2024. Interviewees concur that older children's opinions matter a great deal when it comes to child involvement. When dealing with younger children, social workers take special note of the child's apparent level of unhappiness as crucial information.

Social workers spoke about the importance they place on collaboration with parents and how this is key to successful preventive interventions or decisions about placement in alternative care. As one social worker describes,

*"You need to involve the family and the child or young person in the whole process of going out and meeting and visiting various places".*

### **Workforce education**

Social workers in Denmark have a bachelor's degree consisting of three years study in an institute of higher education and one semester in an internship. Social workers and the social work coordinator, and manager interviewed for this study all agreed that training is very important. They all answered with a solid 'no', when asked if the education in social work in Denmark is sufficient to create a good enough level of decision efficacy. They argue that the education social workers receive is general, covering a broad range of social work, and the section on child protection is too short to adequately prepare students for the difficult assessments and decisions they are to make in real life. The interviewees also expressed a desire for more internships and more mentoring in the workplace for newly graduated colleagues. One social worker described the uncertainty of newly educated social workers and the importance of both life experience and practice experience for decision efficacy,

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<sup>172</sup> Ankestyrelsen 2011, 2021; Bengtsson and Henze-Pederse, 2022; Ebsen 2001; Egelund 1997; Egelund and Sundell 2001; Jensen 2014

*"When you arrive as a new graduate, your alarm system is probably activated more quickly, and that is why you need colleagues and a manager to discuss your concerns with, so we do not make a decision that is not the right one. Well, I was in my mid-30s when I graduated as a social worker and had some life experience and some earlier work experience. So, I think I was actually relatively well equipped when I started. And yet, I read through my first case load, and I thought, okay now they can't get any worse. Then came the next case, and I thought, okay, they actually can. Pretty quickly I became very aware that it's not what I think is right. You can be a family in many ways, so it shouldn't be based on what I think is the right set of values that I recommend a certain intervention... [Over time] you get a sharpened awareness in a different way. And that's what we must be extremely aware of with our very young colleagues. Because they don't have any life experience to draw upon".*

Others described how efficacy of decision making is a result of professional proficiency that comes from mentoring, being in a workplace that stimulates professional discussions about case analysis, practical experience, and life experiences. But they also recognise the importance of combining these skills with a profound knowledge rooted in theory and research. In addition they see the need for ongoing training as they undertake their work to conduct assessments and analysis, and work with children and families. This would not only help support them as they present their reasoning for a placement to the decision making committees, but also as they explain reasons for placements in alternative care to parents.

There are no special education requirements to become a Children and Youth Committee judge. To the interviewed judge, this does not pose a real problem since judges do not ask the children questions. Moreover, albeit the judge is the chairperson in cases about enforced care placements, the vote of the judge does not count any more than those of the other committee members. According to the interviewed judge, their role as lawyers is purely to ensure that the decision is made in accordance with the law.

## **Conclusions**

To conclude, the findings from this study demonstrate that even in a well-resourced and -regulated child protection system, human bias and inadequate decision efficacy may persist, and hence a continued attention to such is necessary in the further development of child protection systems also in countries like Denmark. There is also a suggestion that in attempts to significantly invest time in preventing child-parent separation, sometimes the decision to place a child in protective care comes too late. Furthermore economics plays a role in deciding what support can be offered to children and families.



## 6.2. El Salvador

### Findings from a literature review

During a search of academic and grey literature in Spanish and English, a total of 23 articles and studies were sourced of which 14 were considered to be totally relevant to this research. The scoping of literature in El Salvador reveals a lack of studies that explore factors influencing decision-making in relation to child protection and alternative care. The available literature predominantly focuses on specific thematic areas including those associated with natural disasters, migration, and different forms of violence.

In terms of legislation, the focus in the literature is a previous child law with some recognition of the more recent, '*Ley Crecer Juntos para la Protección Integral de la Primera Infancia, Niñez y Adolescencia*' adopted in early 2023. As yet there is no evaluation of the application of the new law. Juntas de Protección (Child Protection Boards), are the principle structures within the child protection system whose personnel play a key role in the decision-making process for children and families. According to the law, they are responsible for safeguarding the rights of children and overseeing protection measures at the local level. They are responsible for applying case management tools and processes to decision making. However, there is an insufficient number of Boards situated across the country, especially in less populated rural areas.

The literature highlights a series of factors that impact the ability of these Boards to undertake effective decision making. This includes concerns that, despite having established a system of standardized protocols for processing child protection cases, the Boards have not been able to meet established timelines due to the high volume of cases. There is also a lack of structured protocols related to child protection that could be used within other professions. Overall, has resulted in the creation of improvised and unstructured protocols for the functioning of the child protection system.

### Findings from primary data collection

Primary data has been collated through semi-structured interviews conducted with 10 research participants including two members a lawyer and a social worker of a Child Protection Board, five judges, three members of a family court technical team, a social worker, a psychologist, and an educator.

As noted above, primary decision makers relating to child protection and alternative care in El Salvador are members of the government Child Protection Boards ('Juntas de Protección de Niñez y Adolescentes') (known forthwith as Boards), and judges. As also acknowledged by an interviewee, the Boards are one component of a wider child protection system that comprises "*the Police, the Prosecutor's Office, the Ministry of Health, the Ministry of Education, and the Judicial Body, through its specialized court(s). It is a big Protection System. All the actors involved in child and adolescent protection are there.*" Although not linked together through any online data system, different professionals can be asked to provide information for a child protection case.

Interviewees did not refer to those who initially report a case of concern about a child but once a referral is made, the first step of decision making in relation to protection and alternative care is under

the responsibility of the senior staff on the Boards. Decisions are based on information gathered by an inter-disciplinary team attached to the Boards consisting of three members: a lawyer, a social worker, and a psychologist. These teams conduct an assessment that considers information on the situation of a child from an educational, psychological, and social perspective. Information is gathered through home visits and interviews with those concerned as well as gathering information from schools and other relevant sources. Social workers said they gather their information through visits and interviews with the child and family whereas psychologists said they also conduct personality tests and make clinical observations.

*"This diagnosis focuses on identifying the social, psychological, and educational aspects surrounding the children by visiting their homes and communities. Interviewing and observing the family, ways of interaction, and surroundings in their communities and schools."*

The assessment results are provided to a Board and helps inform a decision whether or not this is a child protection case that should be passed to a judge and a legal ruling. However a number of interviewees said the preliminary recommendations of the technical teams are not always followed.

*'Not always the technical teams, what we can recommend are not always taken into account. Because we do not decide, but we recommend for the decision, but they cannot always take it into account.'*

A judge can request further assessments through the services of a multi-disciplinary team comprising social workers, psychologists, and educators that are attached to the court. It is understood they can also gather information by conducting visits to the child's home and interviews with the child and family members. They can request information from other professionals and adults who know the child. A report is then issued and given to the judge for their consideration.

One notable concern is the lack of standardised diagnostic assessment tools for gathering and sharing information across sectors that would help facilitate decision making. According to interviewees, what does influence judicial decision making is the recommendations given by members of the Boards as well as guidance contained within national laws, the Constitution, international agreements, and human rights that require consideration of children's best interests. Our findings suggest there is a unified recognition and understanding that, as reflected in law and policy, decisions should be based on the best interests of the child. However, no-one interviewee provided a definition of best interests.

### **Time taken to reach decisions**

Overall interviewees agree that response and decisions in the case of emergencies and children at imminent risk are responded to in a timely and urgent manner.

*'But the judge gives the comprehensive protection measure immediately when there is a situation of imminent danger.'*

There are time restrictions placed on the completion of initial assessments and information being passed to the courts. However, if according to one interviewee, sometimes the completion of a case

can accept to a year. This would suggest some children are waiting far too long for a decision to be made.

*'Our procedure cannot last more than 1 year if a child has no family members. We must inform the court within 15 days. After informing the specialized searcher, we could request an extension that would be 30 or 90 days. It depends on the case's complexity and the professionals' analysis. But for no reason could this case spend 1 year with us.'*

Some interviewees said the short deadlines for the initial information gathering process, and all the data that has to be collated, is placing them under pressure thus implying a possible impact on the quality of information gathering process. One interviewee said they tried to prioritise cases where children are more at risk. Judges also noted how waiting for assessment results can delay immediate decisions and actions.

*'I think they are taking too long; they should act immediately. The bureaucracy of the procedures has a lot to do with the delay.'*

### **Objectivity and subjectivity of decision making**

Judges agreed that they are very reliant on the assessment information and recommendations they receive when passing judgement. In terms of the objectivity, one interviewee working with the a Child Protection Board indicated that decision making is an objective process that,

*"...will always be based on technical studies. It will not be based on subjective criteria or some other whimsical decision."*

Judges said they take decisions as guided by the law as well as the use of 'sana crítica' or 'sound judgment'.<sup>173</sup> 'Sana crítica' is a method that applies the rules of logic, psychology, and common experience, expressing, rationalizing, and justifying the probative value and the decisions made. What is noticeable here is it is not the workers who have the first hand contact with families that take the decisions.

*'...the judge must verify the information to make a correct decision using his own sound judgment (sana crítica).*

*'Those contributed to the process, based on Law and own sound judgment (sana crítica), are valued.'*

*'...and most of all, pure analysis in social reality.'*

Judges emphasized how decisions must be grounded in what they see as being the actual circumstances of the case. However, it is indicated that aspects of subjectivity are applied as judges said they also base their decision on their own common logic and their experiences in the court.

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<sup>173</sup> 'Sana Crítica' defines the system of evaluating evidence that prevails in El Salvador.

Interviewees also said the decision making process can become more complex and negatively impacted when lawyers become involved. Although they are basing their cases on legal prerogatives, nevertheless they bring in a subjective approach due to their primary focus on wanting to win a legal case. It is believed this leads to distortion of the facts and putting forward evidence that is specifically biased and in favour of their clients.,

*'There are cases where there is manipulation of information about reality. ... So there are times, very often, lawyers propose things that are not, they even give wrong addresses so that one does not get to the place so that one does not find the place and interview the people.'*

*'It should not (influence). But in El Salvador, as in any country, power always tramples on the weakest... If the one with power loves the child, even if he is bad, he keeps the child. He only has to prove that he has the conditions, and the judge will rule in his favor. It's all in the evidence.'*

Interviewees denied any bias in decision making due to such issues as gender and ethnicity for example. They said bias was not possible as it is prohibited in legislation.

*'There is a Convention, which is the Convention on the Rights of the Child. In it, the child's Best Interest is determined above all rights. In this context, added to the individual guarantee that we are all equal before the law, without distinction of race, ethnicity, social class, etc., a boy or girl could never be separated for these reasons. Nor can it be separated by poverty.'*

However, an example of how this lack of bias may not always be the case is illustrated in circumstances concerning same-sex marriages. They are illegal in El Salvador, and there is still a social stigma against members of the LGBTQI+ community who are deemed to be morally wrong based on cultural and religious norms. As a result issues related to gender identity are taken into consideration when deciding where to place a child. For example, even if the only family member capable and willing to take care of the child is homosexual, they would not be considered a suitable carer.

### **Making the right decisions**

When interviewees were asked whether they believe the correct decisions are being made in respect of child protection and alternative care, some said yes whilst others questioned this. For example, someone said when a rapid emergency decisions is taken, due to the speed of the initial process a 'shock decision', this might be questioned afterwards when conducting a more in-depth analysis of the situation. Others simply said 'no'; the right decision is not always reached.

*'The right decisions are not always made. Human beings make mistakes sometimes.'*

Additionally, they said, human error may play a role. They also said it takes time to determine if the right decisions have been taken.

### **Other factors impacting decision making**

Lack of human resources are placing those working on child protection assessments under pressure. This means teams collating and responding to evidence feel particularly burdened by the size of their caseloads, especially when they have tight deadlines to meet and a plethora of information to collect

for each case. Additionally, some interviewees cited the bureaucracy of procedures they must follow as impacting their work.

*'...the number of files people handle anywhere, because those boxes are files (behind us are boxes stacked to the ceiling of stored files). So family and childhood are cases that are always saturated.'*

*'So, there are times that the deadline and the amount (of personal) are very short'*

*'Most social workers have more work and cases to view simultaneously, and they are overworked and burden'.*

Financial resources are also impacting the ability to fulfil child protection worker roles. For example, the lack of money to travel and visit children and families, especially when they are located in more remote and rural areas.

*'Scarce human, technical and budgetary resources; and the inefficiency of available resources.'*

*'The complete consolidation of an interior takes us less than a week of work if you have a vehicle. Right now, we don't have it. For example, I am going to go out on my personal motorcycle, ...to a school...'*

### **Workforce education**

Training is considered a necessary aspect of working in child protection. Some interviewees indicated that workers do receive constant training from the organisations they work for.

*'My coordinator is excellent in that sense; she is constantly making calls to go to training; recently, we did a diploma in the Growing Together Law, the new law provisions. She's constantly sending us (information of training). That makes what we can execute more dynamic and more effective.'*

However, others said the training is insufficient and they feel that additional opportunities to improve knowledge and skills would be beneficial.

*"I think training falls short, and even more so now with the new judges and appointed officials who have little or no training and awareness in this regard.'*

*'I think it could be reinforced with courses or seminars.'*

Constant training is seen as a crucial component to implementing policies and keeping up to date on the current laws and procedures. It is recognised that lacking the correct knowledge might result in an inability to make the most suitable recommendations.

*'But training and updating are necessary. Because otherwise, we can also violate rights in a recommendation, which we give incorrectly (by not being up to date).'*

It was also mentioned that more training of judges that increased their understanding and sensitization in the experiences of children would help them make the best decisions.

*'But I feel that the sensibilization part, I think there is a lack of training for judges and prosecutors.'*

## **Conclusions**

In conclusion, there is a lack of research in El Salvador that specifically evaluates the efficacy of decision making, and especially in terms of objectivity and subjectivity in relation to child protection and alternative care decision making. Evidence from interviews suggest subjectivity is brought into decision making but it is not clear to what degree this negatively or positively impacts decisions. Furthermore, there is a lack of research that evaluates the impact of decisions being taken and the ensuing outcomes for children as a result. Overall, the findings from the interviews suggest those responsible for different elements of information gathering and decision making do understand the principles of children's best interest especially as this is promoted by legislation and policy. However, their ability to make decisions is negatively impacted by the lack of child protection case management diagnostic tools, a shortage of workers, high caseloads, and insufficient financial resources to facilitate their work.

## **6.3. Kenya**

### **Findings from the literature review**

A total of 317 articles were sourced of which, following a screening process, 15 were considered relevant. Findings suggest that there is a paucity of academic literature on the topic of decision-making and alternative care in Kenya. The literature does show how various stakeholders are involved in decision-making processes related to child-parent separation in Kenya including Children Officers and social workers from government agencies, non-governmental organizations (NGO and the judiciary. The Department of Children's Services under the Ministry of Labour and Social Protection plays a primary role in terms of oversight and implementation of the national child protection system.

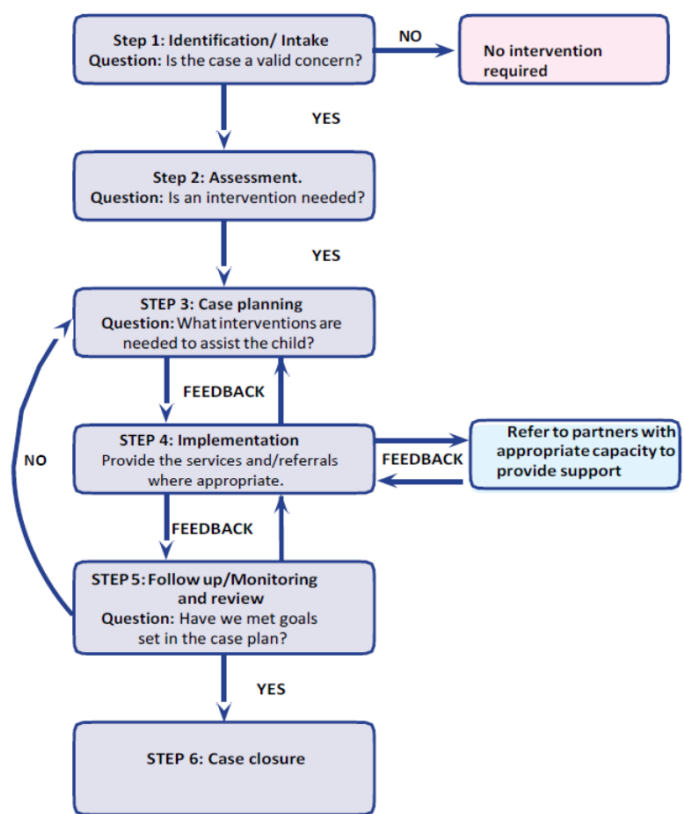
The principal child protection law in Kenya is the Children Act of 2001 (and revisions in 2022). According to Nyong'o<sup>174</sup> this Act and Alternative Care Framework (2014) emphasize the best interests of the child and prioritise family unity. Initiatives also include the establishment of a National Council for Children's Services and development of a Framework for National Child Protection System promoting linkages between different sectors and actors to provide coordinated interventions and responses using statutory mechanisms.<sup>175</sup> Kenya also has a framework for response to child protection issues as shown in Figure 2. It is notable however, that with all reported cases, decision makers must assess whether the case involves a child in need of protection or is in conflict with the law.

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<sup>174</sup> Nyong'o 2016

<sup>175</sup> Republic of Kenya, National Council for Children's Services 2011

Figure 2. Framework for response to child protection cases in Kenya



Although this framework and policies exist to safeguard children, enforcement is challenged by such factors relating to policy, legislation, services and capacities, among others.<sup>176</sup>

It has been recognised that social workforce decision-making process is impacted by bias. For example, findings of Choi et al.<sup>177</sup> revealed judicial decision-making in Kenya to be marked by bias and tribalism. Through an examination of over 10,000 cases (not specifically child protection related) in 39 High Court Stations their findings revealed significant evidence of ethnic bias in judicial decision-making in Kenya. Shen-Bayh and Choi<sup>178</sup> also found ethnic bias in the Kenyan courts in their study.

Lack of coordination and collaboration between different actors is also impacting delivery of effective provision of services. Furthermore Nyang'au,<sup>179</sup> highlights the need to strengthen inter-agency collaboration, invest in training and capacity building, improve research, and promote community engagement. The absence of well-trained professionals is leading to ineffective workforce practice has also been recognised. Patrick et al.<sup>180</sup> noted various inappropriate child protection decisions have been made in Kenya, including unnecessary placement of children in institutions. They believe social workers should be better trained to take more appropriate decisions and interventions for children. And overall, Oloo and Ondimu<sup>181</sup> identify several challenges with regards support for children and

<sup>176</sup> Republic of Kenya, National Council for Children's Services 2011

<sup>177</sup> Choi et al. 2022

<sup>178</sup> Shen-Bayh and Choi 2022

<sup>179</sup> Nyang'au 2019

<sup>180</sup> Patrick et al. 2020

<sup>181</sup> Oloo and Ondimu 2017

ensuring that they remain within their families including limited resources, inadequate infrastructure, cultural norms, and lack of coordination among stakeholders.

### **Findings from primary data collection**

Primary data has been collected by means of ten semi-structured interviews with five Children's Officers, two magistrates and three social workers.

Interviewees indicated that those primarily involved in the decision making process relating to child protection and alternative care in Kenya are NGO and government social workers, government employed Children Officers and Magistrates (judges). It was noted that children for whom decisions are usually made include those who have been abandoned, orphaned, abused, trafficked, are removed from both parents as a result of divorce custody cases, and those living in extreme poverty. All interviewees referred to decision making in terms of child protection cases however, however, there with very little mention of issues related to children with special needs or to poverty.

### **Process of information gathering and analysis**

Decisions are first made by those who report a concern about a child. This might include family members, neighbors, police, medical officers, someone from another government agency, NGO, or a local Chief. Children Officers and social workers then have the responsibility to undertake child protection assessment, or what has been described as a "*social enquiry*". Assessments consider the risks to a child, their home environment, and the people and "*capabilities of those who are around the child*". It might involve meeting teachers, local Chiefs, religious leaders, and neighbors. In this way, multiple people can contribute information to the assessment if undertaken in a rigorous manner. It is important to note that the participation of the children themselves was scarcely mentioned in interviews.

In the case of emergencies, decisions are usually taken immediately to remove a child from risk and a more in-depth assessment then follows. In all cases when a concern has been reported, following an assessment, the level of risk will be determined by the Children Officer and a decision made whether to pass the case to the court. There was no information that would indicate why decisions to refer certain cases were made except that workers rely on guidance within government policies. In some instances a decision can be made to place a child in alternative care by other "authorized officers" albeit be it on a temporary basis. This is usually in cases of emergencies and placement is often made into a rescue shelter. Local chiefs, police, medical officers and probations officers are amongst those with the power to do this. They have to inform a Children Officer when they take this decision.

Information also points to decisions being made outside of any administrative or legal process including the private arrangement of parents to put children into the care of extended family (informal kinship care) as well as directly relinquishing their children into a residential care facility. It is then the decision of the care provider to decide whether or not to officially report this case and it is thought this does not always happen. This said one respondent, "*in a sense it is illegal*". The number of residential institutions throughout the country that do not register with the government is also related to this concern as they are not monitored.



A member of the judiciary confirmed the value and importance of the assessment information that is passed on to them,

*"We use information from the stakeholders in the justice system who bring the children to us to ask who is this child, who is their parent, if they have one, where do they live... we always ask for a comprehensive report because the court wouldn't know and it cannot investigate. So, the officers, the police officers, children officers, and other actors, even chiefs, nyumba Kumi."<sup>182</sup>*

However, there are indications of frustration by those providing the assessment reports when their recommendations are not followed in addition to which, they do not always understand what the magistrate based their decision on.

In answer to specific questions about use of assessment tools that help inform decisions, most interviewees spoke of a government issued case record sheet. One respondent confirmed this as well as stating that the Children's Officer's is also used to determine whether or not a child should be separated from their family. References were also made to the national Care Guidelines and the amended Children's Act 2022 requiring different assessment forms to be completed including a child assessment form, a family assessment form, and a placement form. Some of these tools contain diagnostic scales. However, mention was also made of a Poverty Probability Index and an NGO social worker referred to their organisation's own procedures. It is understood a new assessment tool is under development as current tools do *"not capture all parameters that you would want to look at when you are considering in terms of assessment."* Although these responses indicate assessment and diagnostic tools are being used, it also implies lack of standardization in these processes.

In terms of analysing assessment information and making decisions, most interviewees indicated that case conferences with colleagues is one process that helps them with this. Decisions might also be undertaken by speaking with a supervisor.

*"Then after discussing now, you know, you like, you get your own perspective based on what you have gathered. So you also hear from others, your colleagues."*

Magistrates said legislation provides them with a clear process for analysing the issues and finding solutions. They also recognise that the information they receive may not always be correct, or particular parties may try and hide information from them or be untruthful.

*"If it happens not to be the whole truth, then the decision will be wrong."*

There appears to be an overall understanding of the principle of decision making that is in the best interests of a child and some acknowledged the importance of trying to keep children with their families. There are also indications that decision making in emergency situations is an easier process.

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<sup>182</sup>Kenya has instituted a concept named "Nyumba (house) Kumi (10)" which is a community/neighbourhood accountability structure. It is expected that households group in batches of 10 and choose a leader. Where it works well, the members meet regularly to discuss issues affecting their neighbourhood.

### **Time taken to reach decisions**

There were mixed responses to questions about time frames and decision making indicating an arbitrary time period in which final decisions for children and families are actually reached. Answers ranged from one minute to one year. It is understood complexity of a case might be a factor. In an emergency a decision should be immediately. A number of interviewees said in other cases involving child protection, the process is supposed to be completed in between 14 to 21 days.

### **Objectivity and subjectivity of decision making**

Findings differ in relation to the degree to which interviewees believe objectivity and subjectivity is being applied to decision making. Some believe reporting of cases of concern as well as the decision-making process are influenced by subjective factors including bias and personal feelings. One interviewee provided the example of cases initiated being by neighbours simply because they have some sort of grievances against a particular family. Other example involve cultural norms coming into play as in situations when the child of a woman who enters a new relationship is automatically seen by the community as being in some form of danger and proceedings are activated to place them in residential care. In addition, a "*perception*" that children should be automatically removed from any bad situation in the family and are better off in alternative care is thought to be influencing some workers opinions.

Other interviewees said although there are guidelines and procedures to follow, "*the issue about culture does interfere with this decision making*" and that social norms and religious beliefs, "*someone's natural biases and orientation*", empathy for clients, and worker's own personal experiences can impact decisions. It was acknowledged that workers are "*natural human beings with natural inclinations, and biases*". Others recognise that workers "*always make those decisions from our hearts, because of our feelings, then automatically most of the time they are not sustainable.*" One interviewee thinks it is actually important to attach some subjectivity to the process of assessments: it is not just a matter of filling in a check list but of building relationships with clients as an important way of understanding situations.

Subjectivity is also being applied to situations where children are directly relinquished into care without any formal process. These may be "*arbitrary*" decisions "*based on perceptions*" as for example a care provider who accepts a child brought in by a "*well-wisher*". This form of decision making is compounded by the care provider's lack of will or capacity to carry out an assessment or 'social enquiry'. In this respect decisions are not "*driven by full investigation of the facts*" nor the undertaking of "*full due diligence to this child*".

Some interviewees acknowledged the importance of objectivity. Factors that help maintain objectivity include shared decision making with colleagues, sufficient training and the application of laws and policies.

*"So even the magistrate has to be guided by the law for them to make a decision. And that is why we have to request, even if the magistrate, for example, feels like these kids are not comfortable with the report that I sent, then they have a right to ask for a report from a different person but you cannot make a decision based on your own personal*

*opinion, based on your culture, based on your religion, you cannot make a decision. You have to follow the law to make a decision about moving a child or rescuing a child."*

Overall, it is evident from interviewee responses that there is some realisation as to the role objectivity and subjectivity can play in decision making. It is also clear that bias and cultural and social norms do play a role in the decision making of some.

### **Making the right decisions**

When asked if all the decisions being taken were the right ones, overwhelmingly the answer was 'not always'. With regard the decision of judges,

*"They don't always make good decisions all the time."*

*"Most of the decisions are good, but some are made in error."*

*"So I can't say the best decisions are made always concerning placing of children in alternative care."*

This was the same response in relation to the decisions of Children Officers,

*"Not always, not always."*

*"No. Okay. My no is very fast. Not all the time."*

### **Workforce education**

There are differing opinions regarding the adequacy of training that child protection decision makers receive. The majority of interviewees are of the opinion that current formal training is inadequate and does not prepare them sufficiently. In contrast, there are those who think training is helpful and has been crucial in their ability to analyse and make recommendations. Some say there is a significant amount of on-the-job training and mentorship and is a good way to learn their craft as it is based on real-life experiences. Interviewees also think the longer someone has been employed and experience interaction with children, the *"better off trained they are."* However, some workers are being hired without the relevant training and knowledge for the positions they undertake. Overall, it is thought lack of capacity is impacting the ability to collate and analyse information and make the best possible decisions. There is also a recognised need to standardise and harmonise training between all the different professions involved in child protection referrals, assessments and decision making.

### **Other factors impacting decision making**

Further challenges that affect the decision-making process have been highlighted in the interviews.

#### *Human and other resources*

A serious challenge is the insufficient numbers of workers and high staff turnover resulting in high caseloads. There is also a shortage of resources to fulfil child protection roles as for example, lack of transportation. This, said one respondent, means *"the government will not just allow you to have their people transport that child for place of safety."* Others admit not having the time and resources to make home visits.

*“So sometimes you just sit on your desk and call. So you call the chief, you call maybe who else, and then you just do your report without much of investigation. Yeah... Then that one you may end up maybe placing a child who does not need to be placed or maybe not placing a child who require placement.”*

Pressure brought about due to insufficient social services staff numbers *“could affect the decision of whether to admit the child or not”* or result in other compromises in the quality of their work. Instances include ill-informed decision making by those working in the courts due to skipping information and recommendations in the assessments they are provided. There is also a sense of lack of time and being overwhelmed and demotivated which also impact decision making.

*“sometimes as human beings, you sometimes get overwhelmed situations, then some of our decisions sometimes are also subjective.”*

*“And then all of a sudden you would hear no, the court has decided that this child is given to this particular family and there is no, there is no further case investigation. In such cases, I always think that the decisions were arrived at hurriedly and all the parties were not rightly involved.”*

## **Conclusions**

In summary, diagnostic tools for decision making are recognised as important to gathering comprehensive information and make informed about a child that is in their best interest. However, there are different tools being used in Kenya suggesting lack of standardisation of processes that inform decisions. Other factors such as lack of staff time and other resources are leading to only partial assessments. The lack of child participation in decision making is noticeable and there is a notable consensus that decisions are not always the right ones. Although the importance of objectivity in decision making is recognised, subjectivity in terms of influences relating to cultural and social norms and bias is impacting some decisions. In addition, child protection workers and other relevant personnel feel they would benefit from additional and shared training.

## **6.4. Lebanon**

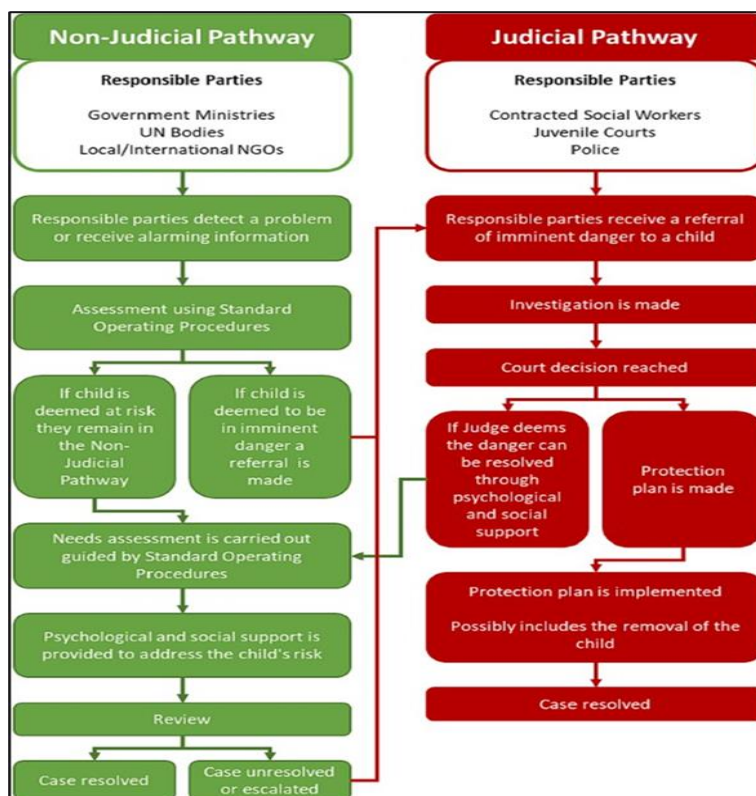
### **Findings from the literature review**

A total of 30 articles and studies were sourced of which 8 were considered as relevant to this research. Findings suggest that there is a paucity of academic and other literature on the topic of alternative care and more specifically decision-making and alternative care in Lebanon. No studies directly discussed the objectivity versus subjectivity of the decision-making or its efficacy. In the main, studies focus on the functioning of the national child protection system as well as information regarding Standing Operations Procedures (SOPs) for child protection case management.

In 2002, the Lebanese government approved Law 422, which saw the beginning of the country's first state-managed child protection system that granted unprecedented authority to civil juvenile courts, judges, and the work of social workers to investigate child maltreatment cases and create care

plans.<sup>183</sup> It is noted however, that the legislation provides front line social workers only a limited role in the final decision-making process as it relates child protection. The Ministry of Social Affairs (MOSA) holds a mandate for management of the national child protection system and alternative care. In 2015, Standard Operating Procedures (SOPs) for child protection case management were developed offering two possible inter-sectoral decision making processes through the use of child and family assessments (Figure 3).<sup>184</sup>

Figure 3. Decision making pathways



As depicted in Figure 3, one pathway requires a decision making process focussing on whether or not a child is in imminent danger and a need to remove them from their family. This process requires a final decision regarding placement in alternative care to be made by a judge. The second pathway allows for decisions regarding placement in alternative care for reasons of social care e.g. placements that offer accommodation, food, clothes and access to education and health services etc. and does not require a judicial process. The SOPs provide indicators of risk and guidance as to the different stages of assessment and decision making process as well as denoting the roles of responsible personnel at each juncture. By law all entities in Lebanon involved in child protection should apply the SOPs.

Alternative care in the form of residential child protection centres are managed by the MOSA. Alternative care provision that offers residential social care in Lebanon are run by NGOs many of which are faith-based organisations. The MOSA can decide to 'sponsor' i.e. pay an allowance towards, the placement of a child in some of these care settings. In terms of decision-making, findings in the

<sup>183</sup> El Hoss 2020; El Hoss 2023; El Hoss & Brown 2022

<sup>184</sup> Republic of Lebanon Ministry of Social Affairs 2015

literature suggest that all alternative care settings have clear admission criteria and procedures as well as exclusion criteria used to justify the refusal of a child. However, the administrative measures put in place to monitor alternative care settings are insufficient and frequently below internationally recommended standards. In addition, there appears to be some confusion over the delineation of roles and responsibilities between the care settings and the MOSA social worker.

Overall, the literature suggests that the decision making process, including the use of case management assessments, is not always well executed. This is attributed in part to such factors as the limited number of government social workers, lack of sufficient financial resources, insufficient time to carry out assessments, inability to seek children's opinion, deficits in specialised knowledge and expertise of professionals, and poor or no use of entry criteria that regulates admission to alternative care.<sup>185</sup> Furthermore, decisions are still being taken to directly place some children in alternative care without the use of assessments.

### **Findings from primary data collection**

Primary data has been collated through semi-structured interviews conducted with twelve research participants including three NGO social workers, five judges, and four senior personnel at the Ministry of Social Affairs (MOSA). Overwhelmingly those who participated in the study believe they are making decisions that are in the best interests of the child. However, findings suggest it is not clear that all stakeholders understand what "the best interest of the child" consists of, or more importantly, how that is assessed. There does seem to be an understanding that a priority is for children to remain within the biological family or, if that is not possible, within an 'alternative' family setting.

### **Working within the child protection system and the process of decision making**

Social workers from both government and NGO bodies confirmed that they conduct assessments, particularly when there are child protection concerns, and take into consideration the family circumstances including living and financial conditions as well as the situation of the extended family. One social worker said they are in contact with the child, their family, the school, police, the mayor and the mukhtar. However, a staff member of an NGO care provider implied a necessity to conduct a second more in-depth assessment when receiving details of the initial investigation and referral. The assessment is based on government issued SOPs or non-standardized tools that vary by organisation. This suggests non-standardisation of case information collection and decision making across the country. Assessments and recommendations are then passed by the social worker to those working in a senior management role in the MOSA who hold decision making responsibility, including whether or not the case should be forwarded to the court. These senior staff do not meet the children involved.

There appears to be a difference in the depth and rigour of the assessment and decision making process particularly as it applies to protection cases as opposed to cases related to poverty and social care. With regards the latter, one interviewee said these cases are often at the request of parents, no-one meets the child, and a swift decision making process involves an evaluation of the family circumstances conducted through a desk-based review utilising a "social assessment model" which relies on documents for evidence. There are instances in which a social worker might conduct

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<sup>185</sup> Child Frontiers 2017; Gale 2021; El Hoss 2020

a broader investigation if the documents submitted are unclear but home visits are rarely done. Social workers can include a separate non-standardized document in an annex to express their opinion and justify their decisions. Assessment tools also differ according to the case e.g. orphans and difficult cases vs. children at risk or requiring monitoring and protection. Decision making is seen to be more straightforward in the case of obvious emergencies, orphans and abandoned children. Decision making also rests with the alternative care providers who can decide whether or not to accept a child. Research participants suggest there is concern due to the lack of any formal control on, or body undertaking the responsibility to oversee the work of, alternative care providers. This means they are left to make decisions and work as they wish.

There are distinct processes for the official placement of children with disabilities into alternative care. This is undertaken by the Department for the Affairs of the Disabled within the MOSA. It is understood requests for placement usually come from parents and various physical and intelligence tests are undertaken as well as a 'social study' of the family through interviews and sometimes school reports but not a home visit.

### **Objectivity and Subjectivity of decision making**

Interviewees said decisions are made objectively based on gathered information. Social workers said one way objectivity is maintained is by way of collaborative decision making. However, they also said that even when they use the issued SOPs, they also rely on their instincts and experience which implies aspects of subjectivity do enter into decision making. Furthermore, some interviewees admit that remaining impartial is not easy. Even though they try to remain professional and objective, they realise they are affected by the cases. As one interviewee said,

*"In the end I am a human and I get affected by the cases I deal with, I find myself particularly sensitive when a father is physically abusing a child. But I try to maintain professional and to ensure that my decisions are made objectively and in the best of the child."*

Social workers recognise the importance of judges being able to question their recommendations but also point to occasions when they felt the final judicial decision was not in the best interest of the child. Members of the judiciary said they have confidence in social workers' knowledge and previous experience in the field, trust the assessments they provide and use them to inform their own decision making. Judges also said the law provides them some leeway in their decision-making which means they can also rely on their personal experience.

### **Making the right decisions**

Participants appear to hold different views as to whether or not the right decisions for children are always being taken. Since social workers do not make the final decisions, they felt they should be less vocal about whether the right ones are being made. The judges, on the other hand said they are more confident about their decision making in relation to child protection cases. They believe their decisions cannot be simply classified as right or wrong but it is more about making the appropriate decision given the available information. All members of the judiciary said they make decisions on a case by case basis and are grateful decisions can always be reassessed and reversed when new

information surfaces. Conversely they also recognise that they are not able to know whether their decisions were always the most suitable for a child unless the outcomes and impact are assessed.

*"Was this decision beneficial to the child or did it damage him more?"*

*"The time will tell us through the social worker assessment if the decision taken was the right one or not. But according to the law the decision taken is the right one. It is not the decision that is right or wrong but the application of it. So, to know if we made the right decision, we must evaluate the effect of this decision on the child. Was this decision beneficial to the child or did it damage him more?"*

### **Time taken to reach decisions**

With respect to the time needed for decision-making, there are differing opinions amongst participants. If the child's safety is not an issue, it is understood a social worker should take the time necessary to review the situation carefully and make decisions based on a comprehensive assessment. Answers varied greatly in terms of cases once a report is presented to the court. One interviewee working closely with the courts said the exact duration is determined on a case-by-case basis and contingent on the unique circumstances of each case. Some interviewees confirmed that in high risk cases final decisions can be taken within 24 or 48 hours. For other cases it might only take 1 to 2 weeks for a decision whilst others said this could extend up to 1 year. The process can be impacted by the complexity of a case and whether assessments contain all the information a judge requires to take a decision or further investigation is needed.

### **Other factors impacting decision making**

#### *Human and other resources*

Shortages in the workforce is seen as highly relevant in that it impacts the time available to undertake the role of assessment and decision making.

#### *Available alternative care placements*

Many interviewees are concerned about the lack of available alternative care placements. One interviewee said,

*"As I don't have enough logistic and human resources around me, I think I take the most appropriate decision I can based on the available data. But of course, it is not the ideal decision."*

Judges said decisions are also influenced by the difficulty of placing some children in family settings as for instance children over the age of 6-7 years old as well as those with behavioural challenges and mental health issues. It is always easier to place newborns in alternative families. Decisions to place children with extended family are also affected by the presence of health and/or financial issues and other familial problems. In all the aforementioned cases decisions are usually made to place the children in residential institutions.



It is to be noted that during interviews, some respondents referred to 'foster care' and placement with 'alternative families'. Apart from kinship care it is unclear what they were referring to as foster care is not currently legislated for or made available within the formal alternative care system.

#### *Civil and religious courts*

Findings also suggest a difference between the decisions arrived at by the civil courts and those made in religious courts. Family and personal affairs are usually governed by religious courts and different religions have different laws. As one interviewee said,

*"We are just not sure to what extent or if at all the religious courts are taking the best interests and actually resorting to Law 422 when making a decision. So that is a big concern".*

Current laws also impose decisions,

*"According to Lebanese law, the father is the legal guardian of the child. Therefore, in cases of divorce, if the father wishes to place the child in a care centre and the mother objects, unfortunately, we are obligated to comply with the father's decision".*

It was further noted how decision making might be improved if levels of risk were better defined in the legislation. A given example was how the law is currently more prescriptive about physical danger but less so about emotional abuse.

#### **Participation of parents and children**

Only one social worker referred to decisions being influenced by a child's wishes. They said that if a child is unwilling to be placed with 'alternative families' they cannot be compelled to do so. In such cases, they said they must undertake additional efforts to prepare the child for the move and explore alternative solutions that align more closely with the child's preferences and well-being. Not all judges talk to the child involved in a case or consult with a parent/s.

#### **Workforce education**

Concerns were raised by all participants regarding social workers, MOSA personnel, and judges, regarding lack of sufficient training including how to use of tools and resources to help them make the right decisions. Senior personnel in the MOSA believe that the social workers receive good training at university but need refresher training on new tools and procedures. Social workers voiced concerns about the level of training some professionals receive.

#### **Conclusions**

In summary, there is a lack of research that measures the efficacy, including the objectivity and subjectivity of decision making in relation to placement of children in alternative care in Lebanon. The law, the economic crisis and the courts are seen as presenting obstacles to decision making in Lebanon. For example, the lack of clear guidance on risk thresholds, absence of legislation that forbids relinquishment of children directly into alternative care, and paucity of family support services. Although social workers' say their main objective remains to keep the child with their parents, the findings suggest that without enhanced and systematic use of appropriate child

protection SOPs, ongoing decisions will result in the placement of many children in alternative care due to the poverty, and/or to secure their education. To enhance the skills of decision making, further investment is also needed in the numbers of, and training for, all relevant decision makers.

## 7. Conclusions

Decision making is recognised as a complex process and that members of the social services workforce including social workers, child protection officers, judges, and other relevant decision-makers, often have to make difficult decisions in challenging and sometimes emotional situations.

The findings of this study indicates a significant lack of research that evaluates the efficacy of social services workforce decision making as it specifically relates to placement of children in alternative care, and most especially a paucity of evidence emanating from middle and low income countries. Furthermore, discourse and empirical research that take a more theoretical approach to exploring objectivity and subjectivity in social services workforce decision making overwhelmingly emanates from high income countries.

Overall however, the findings of this study do illustrate an acknowledgement, from researchers and practitioners, that objectivity and subjectivity is a relevant topic in relation to the efficacy of decision making. In some studies, and particularly those emanating from low and middle income countries, this topic is informed by an exploration of the way cultural and social norms, as for example those related to gender discrimination, and bias based on religious and other beliefs, can influence decision making. Decisions are also impacted by the individual characteristics of professionals including their cultural backgrounds, professional experience, knowledge, and personal history. Some recognise how the 'personal' is brought into their work. This is mostly regarded as having a negative impact on judgements when for example, bias has an adverse effect on decisions that should have been made to meet the best interests of a child rather than comply with a worker's personal prejudice. On the other hand, some interviewees believe efficacy of decision making is obtained through objectivity as aided by shared decision making with colleagues and supervisors as well as careful adherence to legislation. Although it has also been recognised that the complexity of legislation can be a hinderance.

As noted above, theoretical exploration of objectivity and subjectivity in social services workforce decision making is far more prominent in high income countries. This incorporates an array of differing opinions. For example, there are arguments highlighting the importance of objectivity and issues of 'proceduralization', the use of 'diagnostic formulations',<sup>186</sup> and risk assessment tools for decision making taken within a 'legalistic and economic rationalist framework'.<sup>187</sup> Others believe this devalues the importance of subjective skills such as those of intuition, learnt experience, and an ability to develop and sustain effective communication and relationships with clients. In recognition of this dichotomy there are those who have studied ways to reconcile these opposing arguments by suggesting reasoning and sense making can be informed by both objective and subjective aspects of decision making. This entails exploration of ways to forge the use of technical-rational models of

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<sup>186</sup> Taylor and White 2001:41 Stokes and Schmidt 2012:89

<sup>187</sup> Keddell 2011:1254

decision making with more complex and nuanced understanding in relation to risk threshold determination<sup>188</sup> that embraces 'tacit knowledge'<sup>189</sup> and professional experience. In this way, it is suggested that workers should not remain detached, nor the artistry of social work decision making be negated, but whilst utilising a capacity for reflexivity and rationalisation of their decisions and actions, also embrace their knowledge and experience. This should be tempered with recognition of, and safeguarding against, prejudice that can result in biased and ill-informed decisions. In summary, there is a recognised need for social work practice that incorporates assessment and decision making tools and processes to assist in upholding social work values of fair, unbiased and evidence based decision making whilst incorporating the positive aspects of gained experience and knowledge.

As recognised in the Danish case study, decision efficacy relates to the belief that a decision was the correct one. Most interviewees, especially in El Salvador, Kenya and Lebanon, believe that the decisions being taken about children are not always the right ones. They said evaluation of previous decision making is needed to help understand whether or not this is the case.

Information in the country case studies indicates a dichotomy for social workers, or their equivalent, in that often the final decision making process is passed on to others, usually supervisors/managers and judges, thus relieving them of some of the responsibility whilst on the other hand, they feel they are the ones forging a closer relationship with children and their families and a better understanding of their situation. There is also some frustration when their recommendations are not accepted with no reasoning provided as to why.

There is a growing recognition around the world as to the importance of national child protection systems. Information in a body of literature and findings drawn from the four country case studies provides evidence that decision making is impacted by the functioning of different components of such systems. This includes such factors as adequacy of the normative framework to guide decision making as well as appropriate use of child protection case management tools, and most particularly assessment procedures. The lack of standardised tools used by all relevant organisations and professionals within a country has also been raised as well as inadequate guidance that would assist in the assessment and analysis of children's situations. Most especially, in some parts of the world there is a noted lack of guidance on, and understanding of, risk thresholds and best interest determination. Furthermore, especially in low and middle income countries, there is a notable lack of participation of children and/or parents in assessments and decision making processes.

Decision making is also influenced by the capacity of the workforce in terms of numbers, professionalism, training and quality of supervision they receive. An under-resourced workforce with limited capacity, can lead to high caseloads and time constraints impacting the ability to undertake rigorous assessments and work closely with children and families. Lack of necessary resources, as for example, transportation to reach families, is also a factor hampering the role of workers in many countries. Poor access to relevant or adequate multi-sectoral training and capacity building is an additional concern. In some countries this includes insufficient training placements as part of social work education. Combined, these factors affect the quality of gathering and analysing evidence used

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<sup>188</sup> Platt & Turney 2014:1478

<sup>189</sup> Enosh et al. 2016

to inform decision making and the ability to fulfil professional roles, especially when also impacted by underpayment, burn out and demoralisation of workers. In addition, authors note the lack of investment in services, even in high income countries, that would help mitigate the challenging circumstances families are facing and how this can affect ultimate decisions for children. In this respect, in many countries, lack of family support services coupled with easy access to alternative care provision, some of which does not require any judicial or complex administrative procedures, is an influencing factor.

The literature also notes the influence of the political context and the will of governments to invest in child protection, social services, and other service provision. Political will can also direct decisions that require adherence to political rhetoric and ideology rather than what is in the best interests of children. Furthermore, there are noticeable gaps in the literature concerning the relation between data collection and management to inform legislation and policies that guide decision making and linkages to advocacy and awareness-raising particularly as it might influence political and community understanding of, and decisions about, child protection and alternative care.

In conclusion, the aforementioned constraints that affect the decision making of the social services workforce can come at a high cost, and errors in judgement may have a lasting negative impact on children's lives when it is decided to remove them unnecessarily from parents and place them in alternative care.

## 8. Recommendations

Below are a list of recommendations informed by findings from the rapid desk review and four country case studies.

- Further research is needed, most especially in low and middle-income countries, that explores the efficacy of decision making that takes into consideration the influence of objectivity and subjectivity as it relates to child protection, and most specifically, placement in alternative care. Studies that evaluate the impact of previous decision making would particularly aid professionals in understanding whether the right decisions are being taken or not.
- Evaluation and studies on the functioning of different elements of the child protection systems should specifically incorporate consideration of how the role of social services workforce members and their ability to make the right decision for children making is impacted.
- Adequate national normative frameworks should include legislation and statutory guidance that provides the social services workforce with clear direction and instruction on decision making. Legislation and policies should not be of such complexity that they are too difficult to understand and utilise or, require any bureaucratic process that hinders the efficacy and timeliness of decisions. Evaluation and streamlining of the normative framework is necessary in countries where there has been intensive development of new legislation and policies without rescinding previous directives. When developing legislation and policies etc., consideration should always be given to the necessary financial investment needed for its implementation including sufficient

service provision. In addition, legislation should govern the decisions that can be made by all care providers and strictly monitored.

- Participation of children in decision making should be mandated within national legislation. This also requires building of professional knowledge, understanding and skills with which to apply this approach.
- The principle of best interests of the child as a primary focus of decision making should be defined and mandated within national legislation and policy. Detailed guidance and training should be provided to ensure the principle is understood and upheld.
- Further development and use of child protection case management tools including standardised assessment frameworks that are used by all relevant professionals is required within many countries. Such tools should allow for a comprehensive, participatory, and inter-sectoral approach to information gathering and analysis that considers all aspects of a child's life and is not just seen as a box ticking exercise. Some believe consideration of subjectivity, as for example that of learned experience, should be carefully built into the assessment process but in a manner that recognises the importance of rational judgements in line with social work values of fair, unbiased and evidence based decision making. In addition, there is a need to promote better communication among decision-makers and opportunities and mechanisms for collaboration.
- Consideration should be given to the necessity of different levels of decision making in a country, the competency and relevance of participation at each level, ensuring close communication between all those involved, and transparent and shared justification of reasons decisions have been taken.
- Training is seen as a key issue in attaining efficacy of decision making. In many countries this requires improved training on understanding of law and policies, use of multi-sectoral participatory assessments, and techniques for analysis of evidence to inform decision making. Skills are also needed in building relationships with children and their families. This training should be standardised so that all relevant professionals involved in child protection and alternative care decision making attain the necessary and shared knowledge and skills. Efforts are needed to mainstream topics of child protection and safeguarding into the university and colleges of higher education curricula for different professionals, and most especially for social workers. Furthermore, there should be increased opportunities for internships as a component of social work courses so that skills such as working with families and decision making in real life situations can be obtained before taking up employment.
- There is an urgent need for significant investment in the employment of adequate numbers of qualified and well-remunerated social services workforce members. In addition, in many countries, necessary resources such as transportation, computers etc., that will aid the work of social services professionals is required.

- Working environments should foster professional reflection and learning and a solid knowledge-base grounded in research to promote competency in making the right decisions. This should also include highly supportive supervision and less-pressurised working conditions.

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