Child Welfare Social Workers' Decision-Making Challenges Associated with Clinical Practice, Organisational, and Sociopolitical Factors

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Abstract

Child welfare social workers must make critical decisions every day. Some decisions are clinical in nature, such as assessing for the risk and safety of their clients or the general public, assessing their own safety, and coping with constant exposure to traumatic events. Additionally, child welfare social workers make daily decisions to meet ever-increasing workload and organisational productivity demands as well as confront tensions or challenges within their agencies – due to real or perceived institutional self-interest. Whether decisions are clinical, organisational, or even sociopolitical in nature, social workers have a high burden of responsibility and decision-making. Using a qualitative design, the authors explored factors that influenced the decision-making of child welfare social workers who are primarily tasked with the assessment of risk and safety in children. Interview data were collected on 124 child welfare social workers through focus groups over a period of 2 weeks. Results indicated three primary factors that appear to influence social workers' decision-making. These include issues related to clinical practice, organisational culture, and sociopolitical factors. The current study suggests that social worker safety risks in clinical practice, an organisational culture of fear and stress, and real-world sociopolitical factors such as fear of liability may negatively impact social workers' ability to make decisions when assessing for risk and safety of children.

Keywords: *Child welfare social worker; Social worker decision-making; Organisational culture; Social worker stress; Social worker liability*

Introduction

In the child welfare system, child welfare social workers (hereafter, social workers) are tasked with making high-stake decisions regarding the safety and wellbeing of the children they serve. As such, this field of study could benefit from a deeper understanding of the factors influencing social workers' experience in making decisions during critical incidents. In the course of a day, social workers make countless critical decisions to determine a child's level of safety, whether removal and court involvement are warranted, and/or if out-of-home placement is necessary. When social workers experience anxieties, fears, and uncertainties during the decision-making process, they may be less likely to make trauma-informed decisions based on best practice standards. Social workers not only make complex decisions in stressful circumstances, but they also must make numerous sequential decisions throughout the course of a day for each of their cases. This noteworthy responsibility for near-constant decision making each day on the job necessitates examination and inquiry. In this paper, the authors will discuss and investigate factors related to the decision-making challenges of social workers in their everyday work.

Literature Review

Social workers must consider a number of crucial factors when involved in the decision-making process. To be effective in the field, they must understand that contact and surface-level conversation with families are not enough of a basis for decision-making. Social work demands an in-depth level of engagement (Jacobsen, 2013). A substantial amount of scholarship has already addressed issues surrounding social workers' complex decision-making dilemmas. While many scholars have focused their attention on social workers' difficulties in dealing with the complexities of child protection work (Hood, 2014; Mitchell, 2011; Munro, 2011; Preston-Shoot, 2010), Whitney (2017) stressed the importance of understanding the meaning of resilience – given the level of difficult factors to process in this line of work. Resilience is not about eliminating anxiety, fear, or uncertainty. Rather, it is the ability to face challenges and make the right decisions in the field with confidence. Furthermore, Kettle (2017) noted that social workers face a challenge of making critical decisions every day, sometimes based on incomplete information. He examined the process of social workers decisions specifically as it relates to threshold judgments where a previous trajectory may necessarily shift toward a new decision in response to the needs of the child – he used the phrase "tipping point." The reality of the high-stakes decisions being made during or after the tipping point help to crystalise how crucial a role that social workers play in child welfare. After all, decisions at these critical moments can result in the removal of the child(ren) from the parental home, an action with significant impact. Given this, one might agree that the field of mental healthcare ought to be particularly interested in the experience of social workers as they make decisions in these scenarios. Specifically, the field may benefit from a better understanding of the environmental factors that could be impeding the process.

Numerous studies into the process of making tipping-point decisions, among others, have focused on social workers' risk of physical harm when working to assess the safety and well-being of children in their parental homes. Burry (2002) pointed to the fact that threats of

and actual incidences of violence against social workers are on the rise. Additionally, scholars found the baseline risk of violence towards social workers who are completing home assessments or visits to be very high (Beaver, 1999; Knight, 1996; Mace, 1989; National Resource Center on Child Abuse and Neglect, 1997; Newhill, 1996; Rey, 1996; Tully et al., 1993). Schultz (1987) has extensively documented the extent of social workers' risk of violence from their clients. Schultz contends there are many recent emerging factors present in this new (or current) millennium contributing to this phenomenon. Further, Schultz (1987) asserted that a spike in violence perpetrated by women, violence attributed to the deinstitutionalisation movement, and social control issues are factors that can lead to violence against social workers (p. 240). Additionally, Driscoll et al. (1995) carried out a cross-sectional study of workplace assault focusing on the prevalence of client violence against social workers. The results suggest the social worker victims of violence are likely to report anxiety, depression, and low levels of job satisfaction.

Although a certain percentage of social workers' experience violence, scholars have also focused on social workers' exposure to the same traumatic threats as the families they serve (Dekel & Nuttman-Shwartz, 2014; Tosone, 2012). Special attention has been devoted to the problems that arise from shared traumatic reality (STR) (Nuttman-Schwartz & Sternberg, 2017). Tosone (2012) defined STR as the effective, behavioral, cognitive, spiritual, and multi-modal responses that social workers experience because of exposure to the same collective trauma as the individuals they serve. Moreover, Nuttman-Shwartz and Sternberg (2017) studied case descriptions of events. For example, descriptions of *violent* events that emerged from social workers in the field, which they labelled "under fire" events, described stressful fieldwork. Emergent themes from the study pointed to the fact that social workers found themselves in situations oscillating from events that become routine, to events involving extreme trauma and loss (Nuttman-Schwartz and Sternberg, 2017).

In addition to exploring social workers' exposure to traumatic events, Geisler et al. (2019) explored how environmental factors, psychosocial safety climate, and the perceived quality of work serves as a predictor of social worker retention, work engagement, job satisfaction, and organisational commitment. Ayre (2001) explored the contribution of media to the creation of the climate of fear, blame and mistrust because information is readily available and accessible regarding social workers' work. In addition, the role of social media and the increased public awareness of the role of social workers in ensuring the safety and wellbeing of children has played a role in cultivating a culture of fear and stress.

Despite these well-known phenomenological experiences of a prototypical social worker, scholarship exploring the factors that influence decision making by social workers in the field assessing the risk and safety of children is limited. In this paper, we seek to explore the experiential factors influencing social worker decision making as they protect the well-being of children and support the needs of families.

Research questions

In this paper, we seek to answer this overarching question: "What are the experiential factors that influence social workers' decision making in assessing for risk to and safety of children?"

The current study focuses on the experiential factors that are reported to overwhelm and pose challenges to social workers in their child welfare responsibilities. Social workers must make critical decisions every day. Not only that, but these critical decisions are being made for a large volume of cases and, often, in an environment of complex clinical and organisational constraints and/or competing needs. Attempting to balance these competing decisions and interests may result in poor- or low-quality decisions in the critical moments of a case.

One area of interest within this study is examining how social workers assess for child wellbeing when they are exposed to danger or "client violence [towards social workers]" in the field. For the purpose of clarity, the term client violence towards social workers refers to situations where the social worker is attacked by a client verbally, physically, or threatened while at work (Kanno & Newhill, 2009). As a result, social workers have reported experiencing secondary traumatic stress (STS), a lesser-known term for serious burnout (Diaconescu, 2015). As documented, social workers experience aspects of STS or vicarious trauma from two areas: knowledge about the traumatic event and from the process of helping the traumatised or suffering individual(s) (Brown & O'Brien, 1998; Chong, 2000; Iliffe & Steed, 2000; Kanno & Newhill, 2009; Straker & Moosa, 1994).

In addition to the issue of exposure to traumatic events, the authors were interested in the impact of role strain on social worker decision making. When workers do not have sufficient resources to accomplish their tasks they are more likely to become overwhelmed. The burden of expectations and work demands may be so overwhelming that role overload or strain occurs (White et al., 2015). Due to such overload in work expectations and demands, the workforce tends to cope by practising *leaveism*. Leaveism describes the phenomenon of workers using flextime, annual leave, rest days, sick days, holidays, and other leave entitlements to take work home that cannot be completed during normal working hours in order to catch up (Hesketh et al., 2014).

Through investigation of the effects of STS, being overwhelmed by work demands from a lack of sufficient resources, and coping through the practice of leaveism, we were compelled to believe that social workers' decision making is essential to explore. In the course of any given day, social workers make a number of high-stakes decisions as they assess for risk and safety. Making high-stakes decisions can be effortful and deplete resources (Vohs et al., 2005). This matters to a significant degree because social worker decisions are a matter of public interest, given the impact they have on access to care, services provided, and even the fates of children in their care (Proctor, 2002).

Methodology

For this study, a large cohort of social workers were invited to participate in focus groups from a highly populated and ethnically diverse county in Southern California. Participants were randomly selected from line staff with a job classification of child welfare social workers. These social workers were selected using SAS statistical software for participation and random assignment into the focus groups. Participants were offered the opportunity on a volunteer basis and were allowed adequate time and ability to freely determine their interest in participating. The group assignments resulted in a total of 124 social workers who participated in one of five focus groups of approximately 25 social workers per group. Participants were from one of the following staff units: investigative services (IS), continued services (CS), and planned placement (PP) units. Of the five groups, three were made up of a random assignment of all staff classifications, one was made up of only IS staff, and one was made up of only CS staff.

To ensure confidentiality and open discussion, participants were repeatedly assured they would not be identified in any analysis and reporting. During the focus groups sessions, to support candid discussion, speakers' names, ages, ethnicities, titles, or job locations were not recorded nor disclosed. Focus group questions centred around seven topics: assessing for risk and safety; management of competing priorities or demands; quality of supervision received; dissemination of policy; helpfulness of trainings; barriers to documentation; and organisation and tracking of critical information. The design of the questions balanced data quality, staff engagement, and flow of the discussion. To support data quality, the questions were phrased to be open-ended and without judgment. Focus group participants were also given handouts with rating scales to provide additional opportunities for participant feedback in a more private manner for those who preferred to share through that method. As such, engagement was supported by including questions where responses could be provided verbally or in writing and providing opportunities for feedback either immediately or after the focus groups to a secure e-mail address. One moderator led each focus group, and one scribe per session recorded notes from the focus group.

Using a qualitative analytic method, the authors analysed the emerging themes. Data from each focus group were analysed for word order. Phrases and keywords that were shared amongst group participants were also identified, and word clouds were examined, and colour coded with appropriate grouping labels (Saldaña, 2009).

Findings and Discussion

Based on the findings, we identified numerous experiential factors influencing social workers' decision making. These factors clustered around three main themes: clinical practice, organizational culture, and the sociopolitical component of doing investigative work.

Clinical Practice

Throughout their responses, social workers expressed concern about their decision-making abilities related to two clinical practice challenges. These perceived challenges include *threats to personal safety* and *exposure to traumatic events*.

Threats to personal safety: Social workers described the process of assessing for risk and safety as "a lot of weeding through" what is being said in order to evaluate whether there is an actual safety threat. However, while evaluating for child risk and safety, workers described an additional layer: assessing for their own risk and safety. Social workers described their exposure to violence along a spectrum, from verbal assault to actual battery. One worker noted, "a dad showed up with [a] machete in his hand." Another worker reported, "people have told me they will shoot me." Threats to their personal safety progressed to actual battery as one worker described a co-worker of theirs was attacked with a butcher's knife. In addition, social workers reported going to "areas where law enforcement (deputies) do not want to go unless in a team with 3-4 cars". Social workers risk their personal safety by going into such areas alone. One might surmise that decision-making may justifiably be encumbered when one's physical safety is perpetually at risk.

Exposure to critical/traumatic incidents: Social workers experience critical incidences, which often lead to secondary/vicarious trauma. One worker described experiencing suicides, and drownings within their caseload. When this was reported, "no supervisor debriefed me after [the incidents]". Another worker expressed, "I had a drowning. No one tells you what to expect. I did it and went through it. Looking back, I was on my own … No one asks if you are ok with what you saw." Further, another worker stated, "people have told me they will shoot me." Many workers wrestle with such incidents or the thought of such incidents stating "if something happens, we lose sleep. We are afraid at night." Another worker exclaimed "as [a] human being, how do you live with a child dying on your watch?"

Organizational Culture

Culture of fear and stress: Perspectives from managers are crucial to understanding the context of fear and stress within the organisational culture that is often complemented by external or sociopolitical threats of legal action (more details on sociopolitical impacts of liability in later section). One manager reported:

> It started a couple years ago in terms of talking with the staff in group meetings and saying they could lose their home, their car, and [sic] sued personally. Coupled now with the domino effect of seeing all these things come to fruition and staff are on leave, and seeing them in the media and newspaper, and some contingency cases going through litigation. That has created an environment where staff and workforce are fearful.

Within that organisational culture of fear and stress, social workers view certain decisions through the lens of organisational self-interest. One worker noted, "County Counsel see things from a legal aspect, and we see things as a safety concept. County Counsel is worried that we don't get sued. I'm worried because I want the kid to be safe." Another worker reflected, "sometimes decisions are made based on the department, not in the best needs of the child."

The culture of fear and stress within the organisation has changed social workers relationships with management. One manager described how the management–social worker relationship has changed:

It's a whole different level of liability. There's been stress and yeah you work all the time. And you're only as good as your staff. But to feel for the first time in years now that at any time on that one case where you could have somehow been named but the supervisor didn't catch it because you can't touch everything, and the supervisor recorded a hallway conversation, and you didn't catch that – any one of us could be on leave calling in every day.

This type of organisational culture and the perceived self-interest of human services organisations prioritising the avoidance of lawsuits over the needs of the public appears to directly fan the flame of the fear and stress of social workers who cannot help but allow that fear and stress to negatively impact their daily decision making.

Role strain from work demands: On an organisational level, numerous workers reported being overwhelmed as a result of not having sufficient resources to accomplish their tasks. One worker described the volume of work without consideration for other job duties, explaining "when I first started it was 20 kids, now 40 kids. They don't consider interview, travel time, etc. I don't have enough hours in the day." As a result, another worked described a very high level of stress, saying, "You don't know where to start sometimes. Then you [get] an email that they need this, but your head is focused on this. What is going to keep me from getting in trouble and written up? … Some deal with it better than others." In addition, another worker expressed, "the expectation for each referral … there is only so much we can do. I can spend all day on the phone following up. I still need to do this. You walk in and have no idea what the heck to do." These experiences of role strain from high work demands unfortunately appear to impact many workers.

Leaveism from work demands: In order to meet work demands, workers often engaged in leaveism: working overtime, on weekends, and taking vacation time in order to catch up and/ or meet work demands. One worker noted, "I am working 7 days a week. It's like slave work." Another social worker reported working late on weekends or days off, with no additional compensation. Many workers described taking work home with them and making phone calls in the evening. Even on vacation, one worker noted, "I just went on vacation and worked 5 hours on my vacation." Another worker stated,

> This job cannot be done in the 9 hours we get. This Department does not understand that. You know if you get that call in the field that something has to be done tomorrow. I am always writing reports and making calls at home. The report has to get done.

In agreement, another worker added,

> Completely agree with you. We take work home a lot. I work on the weekend just to catch up so that I cannot be behind. Reports, contacts, returning, texts, or phone calls. It is normal not to take a lunch.

Fatigue from long hours: Workers talked about working long hours and attempting to make decisions on limited sleep. One worker noted, "you are stuck and can be up for 24 hours and have to come back." Another worker added, "you are here until midnight. It is almost double shift. You get some rest and come back. Have to be back at 8am." In addition, another worker asserted, "we come in tired we can't make decisions that affect families on 2 hours of sleep".

Sociopolitical

Threats of liability: In addition to the organisational culture of fear and stress within the human service organisation, workers are also worried about being vulnerable to legal action. One social worker expressed being frightened about being sued, "especially with everything that has been in media." Another worker described being worried about kids dying and this hitting the news media outlets. Given the threat of liability, one worker noted, "I know a lot of people are looking for other jobs. Worried that everything we are being asked for, we will get sued." In addition, another worker noted the pay scale is too low for the level of liability. With threats of liability looming, one worked noted:

> This job has caused me so much stress that I had to be put on medication to not have panic attacks. You are constantly thinking of this job. When kids end up with their parents for the night, you wish they do not end up on the news.

In addition, another worker "worries everyday about a kid that is no longer in caseload", while another stated that their biggest fear is if something happens to a child on their caseload.

Practice Implications

The culture of fear coupled with high stress levels experienced by social workers as indicated by data from the focus groups has an influence on worker turnover and retention. Due to increased caseloads resulting from more and more social workers quitting or going on "stress leave," social workers are unable to adequately perform job responsibilities. They cannot spend quality time with the families that come to the attention of the agency, nor accurately assess for safety and risk, identify needs, family strengths, and resources to help these families mitigate safety and risk concerns. The larger implication of this is the fact that workers fail to maintain their health and wellbeing as many are experiencing burnout, compassion fatigue, and STS due to the scope and severity of increased workloads.

A child welfare agency is only as good as the people who provide services and manage service delivery to the families and children they serve. Data from our focus groups indicated that social workers view workforce development strategies to be poor. This is due to the large geographical area the agency is covering and the fact that there are no satellite training facilities for the whole workforce. The agency experiences challenges in building a stable and effective workforce, especially when it comes to hiring, training, supporting, and retaining committed high performing workers. Social workers have pointed to the difficulty of hiring quality workers and terminating poor-performing social workers. Because of the lack of quality social workers, the small number of dedicated social workers have high job dissatisfaction, leading

to failure to mitigate some of the stress that comes with working in an overwhelming, high-pressure environment. Further, from the data collected, line staff indicated their mistrust of leadership and the fact that some decisions made might lead to further incidences of liability (e.g., cajoling administrative staff with field experience into helping with backlogged referrals even though they have long been detached from the fieldwork). Ill-informed leadership decision-making such as this increases social workers' anxiety in the age of liability, where the perception is that anyone can sue the social worker(s) and or the child welfare agency itself at any time.

Conclusion

In this study, we explored how various factors of social worker clinical practice, human services organizational culture, and sociopolitical threats of liability influence social worker decision making. After examining these elements, our deductive qualitative analysis identified numerous experiential factors. The factors clustered around clinical practice, organisational culture, and the sociopolitical threats of liability when doing investigative work.

In reference to the clinical practice component, when social workers were exposed to traumatic stressors from personal threats and traumatic events, they perceived the quality of their decision-making in assessing a child's wellbeing to be of lower quality. In addition to practice-level factors, participants identified organisational culture as a major factor as well. When human service organisations cultivate a culture of fear and stress and fail to adequately support workers, workers report becoming overwhelmed. In spite of these challenging work conditions, social workers continue making critical decisions at high frequency, every day on the job. As a result of these stressful conditions and high demand for critical decision making, many workers experience role strain and cope with this by practising leaveism. Another critical factor influencing social workers' ability to make informed and sound decisions were the sociopolitical threats of liability. The threats of liability and media exposure infused workers' decision-making processes with fear, along with thoughts of leaving the job altogether.

Several limitations were present in this current study. In order to ensure anonymity and comfort for all focus group participants, no personal demographic data was collected (i.e., gender, ethnicity, age, etc.). While this decision was intentional and done for good reasons, nonetheless, we do miss out on an opportunity for more robust interpretations of the data. In addition, although the study provided a representative sample, it is a representative sample of child welfare social workers working within a certain context (i.e., local jurisdiction in a county level). It is not representative and cannot generalise or account for social workers working in other areas such as hospice or a hospital setting. This study was not designed to generalise findings for all social workers; however, it provides insight into the demands child welfare social workers face during casework decision-making processes.

Future research in this area is critical. Several important themes that emerged in the current study include role strain, client violence toward social workers, leaveism, and more. Each of these concepts, if examined, could provide deep insights into the unique experiences of a social

worker and result in helpful recommendations for policy changes. Additionally, a longitudinal study investigating the aforementioned factors over an extended period of time could be illuminating in the pursuit of supporting and strengthening social workers' decision-making.

Although previous findings have already addressed issues surrounding social workers complex decision-making dilemmas, STS, and burnout, our study provided a representative sample from a large, ethnically diverse, Southern California county. This sample was taken from a representative set of social workers and therefore was not skewed toward any one subset of workers. The themes that emerged from this sample are relevant truths which provide more depth and understanding of the unique experiences of child welfare social workers in their pursuit of protecting vulnerable youth. By grappling with these themes and the real-life impact they have on the personal and professional lives of these public servants, we may be better equipped to respond with actionable steps toward improvement. The current study outcomes point to the need for human service organisations and, in particular, Child Welfare agencies to reconsider procedures, policies, and workplace culture in order to achieve better outcomes for social workers, as well as the children and families that they serve.

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