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Negotiating 'Professional Agency': Social Work and Decision-Making within the Ontario Child Welfare System

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This article explores how social work as a discipline has helped to negotiate professional agency in decision-making within the restructured child protection system. The narratives of child protection workers affirm that a restrictive climate does exist in child protection agencies and that it indeed shapes the way they make their decisions. This study uses institutional ethnography as the methodology for exploring the decision-making practices of child protection workers. Three forms of data collection were used: experience as data, documentation reviews and in-depth interviews.

Keywords: child protection, social work, decision-making, institutional ethnography

Introduction

The massive child welfare system restructuring and resultant standardized Ontario Risk Assessment Model (ORAM) that have emerged in recent years in Ontario have had profound impacts upon the ways in which social workers within

the system practice. Loss of professional autonomy due to the proceduralization and standardization of practices has been of particular concern to social workers as they struggle to adjust to a system that does not trust them to make sound decisions and that, in many respects, moreover, puts procedures in place in an attempt to restrict their freedom (Powell, 1998).

In this article, we explore how social work as a discipline has helped to negotiate professional agency in decision-making within the restructured child protection system. We use the term 'professional agency' when we talk about the capacity child protection social workers have to exercise their social work knowledge, skills and clinical judgement when making decisions in the context of their everyday child protection practices. The narratives of child protection social workers affirm that a restrictive climate does exist in child protection organization and that it indeed shapes the way decisions are made. The restructured system has been designed specifically in an attempt to remove the professional agency previously awarded to social workers. However, our research shows that within that structure, child protection workers continue to exercise considerable professional agency in their complex decision-making processes.

Research findings reveal that social workers within the restructured child protection system continue to be active subjects in the processes of decision-making, contrary to the notions of worker disempowerment that currently prevail in this area.

Decision-making in Child Protection Practice

Decision-making in child protection is a complex activity that is always fraught with uncertainty. One of the issues that complicates decision-making is the dilemma that social workers face of trying to balance the child's safety and best interests with the desire to support the family and uphold their right to privacy and freedom from intrusion. Further complicating decision-making is the fact that child abuse is not a static concept but one that has been variously defined across time and context (Cradock, 2004; Gold et al., 2001). Additionally, child protection social workers also experience considerable

pressure as their decisions have come under intense scrutiny by the public, particularly the media (Mennen and O'Keefe, 2005; Smith and Donovan, 2003). They have been accused of being neglectful on the one hand, and overzealous in their interventions on the other (Corby, 2003). Such allegations are more than simply media panic, however. The existence of these two extremes in workers' interventions has been confirmed in research (Platt, 2006).

Several studies document the origins and nature of decision-making errors (i.e., failure to protect children from harm) in child protection practice. Most authors tend to concur that errors often arise as a result of workers' utilization of various mental shortcuts and rules-of-thumb to simplify the complex and varied information they are confronted with in their practice (Gambrell, 2005; Munro, 1999). Others highlight how group-based cognitive biases lead to unfortunate decisions and outcomes in group conferences (Prince, Gear, Jones and Read, 2005). Some also caution that the use of professional judgments drawn on intuition or common sense must be curtailed because they are often prone to error (Schwalbe, 2004). Despite some evidence that individual workers' judgments are internally consistent and do not reflect a haphazard approach (Daniel, 2000), numerous studies find a lack of consistency in decision-making among professionals (Britner and Mossler, 2002; Rossi et al., 1999). This reality provides some justification for the widespread perception that standardized assessment tools are necessary to assist workers' processes of decision-making. However, a worthy counter-perspective is that some degree of error is inevitable and that workers must instead be assisted to consider an increasingly complex host of factors in order to improve their decision-making (Daniel, 2000; Holland, 1999).

Processes of decision-making in child protection have changed considerably since the introduction of system reforms in several countries. Predominantly, these reforms have involved the institutionalization of risk assessment tools. Such tools have been imposed as a way of reducing the uncertainty and fallibility of child protection work through bringing so-called scientific order and consistency to the decision-making practices of social workers (Cradock, 2004; Schwalbe, 2004). To

date, however, there is no agreement on whether the standardization of the system actually results in better decisions. While some authors believe that decision-making tools can facilitate a more efficient, consistent, and timely child protection system (Corby, 2003; Leslie and O'Connor, 2002), others comment on the lack of empirical support for the tools and the paucity of evidence that they actually lead to better outcomes for families (Leschied, Chiodo, Whitehead, Hurley and Marshall, 2003; Schwartz and Kaufman, 2004). Indeed, another perspective in the literature is that errors can actually arise from the very reforms that were introduced to improve decision-making in child protection. The new systems have been criticized for their tendency to construct clients in narrow and forensic ways (Khoo et al., 2003), which may then allow some to escape the attention of the system (Jones and Gupta, 1998). The systems have also been criticized for lacking the capacity to address the complexity of clients' lives, which end up being reduced to numbers (Cradock, 2004; Holland, 1999). Moreover, the new systems' focus on acute incidents and events can lead to a failure to detect chronic problems in families such as neglect (Daniel, 2000; Platt, 2006).

Some authors claim that the drastic overhauls of child welfare systems have constrained the professional autonomy and discretion of social workers practicing in child protection (Khoo et al., 2003; Munro, 1999, 2005). In particular, because system reforms have led to the proceduralization and routinization of practice, child protection workers are restricted in their ability to work in ways other than those that have been prescribed for them (De Montigny, 2003; Parada, 2004; Swift, 2001). Additionally, workers may experience lost autonomy with regard to decision-making because many system reforms introduced in contexts of mistrust, fear and scrutiny resulting from the deaths of children, encourage them to follow procedures even when their professional judgments dictate other solutions. Doing so may mean overlooking important contextual factors (Munro, 2005).

Other researchers are confident that workers are able to retain their professional autonomy in decision-making in spite of the proceduralization of practice (Leslie and O'Connor, 2002; Smith and White, 1997). Still, there is no literature that explores

precisely how workers are able to exercise their autonomy in relation to their everyday decision-making. While there is literature that advocates the need to focus on the everyday decision-making processes of workers as opposed to institutional protocols and policies, this has not been done specifically with regard to their negotiation of professional agency. The research presented here aims to address this latter gap in the literature. Further, it should be noted that while literature exists regarding similar experiences of the restructuring of child welfare and other social services in other Canadian provinces and in Britain as well as other international jurisdictions the focus here is exclusively on the Ontario experience (Dominelli, 2004; Kijerski and Herbert, 2000; Parton, 1998).

Method

This study uses institutional ethnography as the method for exploring the decision-making practices of child protection workers. This method of inquiry investigates the links among different levels of interaction, namely the everyday experience of people placed in particular settings, the organization of those settings, and the processes that are expressed in governance and administrative protocols (Campbell and Gregor, 2002; Smith, 1987). The exploration does not start from theoretical positions, but with the identification of an area of everyday practice that constitutes the experience to be explored. The study concentrates on two areas of child welfare practice: 1) screening processes and 2) the investigative (i.e., intake) process in child protection.

Three forms of data collection acceptable to institutional ethnography were employed. First, following Campbell's (1998) recommendation regarding the use of experience as data, Parada, the first author, reflected on his years of experience within the child welfare system as a front-line social worker and as a supervisor. This reflexive work involved examining the disjunction between what the institutional protocols and statements have stated are the practices of social work in the restructured child protection system, and the local everyday realities of child protection workers. As an institutional insider, Parada was able to investigate the everyday world as

it is put together in the practices and activities of actual [social workers] (Smith, 1990).

Second, two kinds of documents were reviewed by the authors as data sources for this study. The first category consisted of print materials that provided context and background for child welfare reform in Ontario. Documents from the [Ontario] Ministry of Community and Social Services included the *Ontario Child Mortality Task Force Final Report* (Ontario Association of Children's Aid Societies, 1997), the *Child Welfare Accountability Review* (ARA Consulting Group, 1998), and the Provincial Protection Standards (Ontario Ministry of Community and Social Services, 1999a). Three reports from the Ontario Ministry of the Solicitor General on inquests into the deaths of children receiving services from Children's Aid Societies were also reviewed (Acheson, 1998; Bennet, 1998; Porter, 1998), as well as the new *Child and Family Services Act* (Ontario Ministry of Community and Social Services, 1999b). The second set of documents reviewed included those introduced to guide the practice of the child protection system. The Ontario Risk Assessment Model (Ontario Ministry of Community and Social Services, 1999a) and the new funding formula (Ontario Ministry of Community and Social Services, 1998) were analyzed in depth for an understanding of the restructured regime of practices. Even more important for the purposes of the study was an effort to recognize how these documents shape the activities of social workers (Parada, 2002).

Third, in-depth interviews were undertaken with a small sample of child protection workers (eight social workers and two supervisors) who spoke as individuals, not as representatives of the agencies for which they were working at the time of the interviews. A semi-structured interview schedule, geared to elicit answers related to actual practices was developed. The first few participants were recruited through professional networks. Following this, the remaining participants were recruited through a snowball sampling process, wherein each interviewed social worker recommended other colleagues as possible participants (Neuman, 2003). In total, twenty-five social workers in the Greater Toronto Area were contacted and ten responded. There were eight women front line social

workers with experiences ranging from two to seven years and there were two male child protection supervisors each with approximately ten years of experience in the system. The interviews were audiotaped and transcribed for analysis. Themes and sub-themes were developed through a process of immersion in the data, as the authors engaged in repeated cycles of reading and rereading the interviews to reach a point of saturation (Borkan, 1999). A research assistant also coded all the interviews using the qualitative software package NVIVO. The authors then identified and discussed themes suggested by the social workers in relation to the decision-making processes.

There are limitations to this study. First, most of the experience on which the authors reflect in the analysis and writing of this article has been taken from urban agencies in Ontario. No attempt was made to reach rural and Northern and Aboriginal child protection agencies that may be undergoing a restructuring process quite different from the one analyzed here. Moreover, because the sample of social workers and supervisors who were interviewed is small, we are not able to generalize from these data. As with any qualitative study however generalization is not the goal.

Screening and Intake Decision-making Processes under ORAM

The practices of social workers in the child protection system in Ontario are required to adhere to the *Child and Family Services Act (CFSA)*, provincial legislation that outlines the legal definitions of child abuse and neglect and determines the grounds for child protection intervention. The decision of whether the child protection system will become involved with a case is therefore based entirely on the dictates of the law. Additionally, there are specific decision-making tools that child protection workers are required to use in their work that define the limits within which decisions are made. These tools are the Eligibility Spectrum, the Safety Assessment document, and the Risk Assessment document.

When someone who is concerned about a child calls a child protection agency, a screening social worker is responsible for using the Eligibility Spectrum to assign the call an eligibility

code that directly determines whether the call falls within the legal child protection mandate. The Eligibility Spectrum also prescribes what actions, if any, must be taken in response. The Eligibility Spectrum is an expansive manual that outlines every possible scenario of child abuse or neglect that could be described by a caller. For example, if the caller reports that a child has a bruise on her back that she has said her caregiver gave her the previous night, the screening worker consults the manual, finds the specific situation, and applies both the corresponding numeric code referring to the nature of the harm (e.g., physical harm by commission) and the alphabetical code referring to the severity of the harm (i.e., from A to F). The Eligibility Spectrum outlines all actions for the screening worker, including what circumstances qualify as severe enough to warrant opening a case, and the amount of time (i.e., 12 hours or 7 days) within which an intake worker must investigate the case.

Once the screening worker assigns an eligibility code, he or she must consult with a supervisor who will either approve the code or assign a different one based on the referral information. Depending on the code ultimately assigned, the referral will result in either a Report Received Full Investigation Required (RRFIR), whereupon an investigation will ensue, or a Report Received Full Investigation Not Required (RRFINR), whereupon a service note will be made with no subsequent investigation.

When a case has been opened, an intake social worker investigates the concerns by visiting the family, typically in their home, and interviewing the children and their caregivers. The worker's decision-making process at this point revolves around the immediate safety of the children if they are to remain in the home. The Safety Assessment, a decision-making tool that with 12 categories of possible concern is used to directly guide the questions the intake worker asks the family members. Based on the answers to these previously determined questions, the tool then guides the intake worker's decision-making in terms of whether or not the child is 'safe' or 'unsafe' to remain in their home for that night. The worker must complete the Safety Assessment document within 24 hours of seeing the family and must also consult with his or her supervisor to gain approval on decision they have made.

If an intake worker decides that the child is safe to stay in the home based on the Safety Assessment, but also believes there are still ongoing protection concerns that the family may need support with, the case is transferred to the Family Services department for ongoing support. The intake social worker must fill out the Risk Assessment document, which is used as a longer-term predictor of risk to the children, within 30 days of the initial referral. The Risk Assessment is a lengthy document, one that goes into a deeper analysis of the family's circumstances than the Safety Assessment document. For example, the Risk Assessment contains categories pertaining specifically to the caregiver, to the child, and to the family dynamics. Issues such as the caregiver's mental health as well as their own experiences of abuse must be assessed by the intake social worker.

If the worker decides in the initial interview that the child is safe and the protection concerns have not been verified, she will close the case in consultation with her supervisor. If in the initial interview with the family however, the worker's Safety Assessment decision is that the child is not safe to remain in the home, she must consult with her supervisor and begin the process of apprehending the child. At this point, court proceedings become involved and the worker is required to fill out a number of court documents.

The Role of 'Professional Agency' in Child Welfare Workers' Decision-making Processes

As stated earlier, we use the term "professional agency" to mean the extent to which child protection workers bring their own knowledge, skills and clinical judgement into their decision-making processes. We further conceptualize the notion of social worker's 'professional agency' as including those creative and productive actions that influence how social workers react when faced with complexity. We recognize that social workers may respond to their particular case situations in unanticipated and innovative ways, some of which may hinder and others which may reinforce or encourage change and support to clients' needs. Although we are aware that an analysis of power relations reminds that any understanding of

professional agency must be placed in the context of structural, institutional, and/or intersubjective constraints, we agree with Butler's notion of agency that recognizes that subjects are not merely passive "ciphers of power" (Lloyd, 2005, p. 91).

When we interviewed child protection workers, the most striking quality of their narratives was that they seemed to have two distinctly different ways of speaking about their acts of decision-making. The first, which was predominantly employed at the beginning of interviews, was characterized by a focus on textbook definitions and rote learning of protocols, such as those connected to the legislation and documents described above. The second speaking style, which did not tend to emerge until later in most interviews, was representative of a more fluid and holistic process. The type of decision-making reflected in the first instance is governed by strict protocols with apparently little professional agency involved. In the second instance, however, decision-making is much discretionary nature.

We discovered that social workers have learned the child protection system very well "by the book," but this knowledge also allows them to adapt the system's tools to bring in additional decision-making factors. As a result, their decision-making processes are more complex than what is implied in the child protection manuals. Workers actually exercise greater professional agency in their work than the rhetoric surrounding the restructured Ontario system would suggest. It is important, however, not to place too great an emphasis on the separateness between the theory and the practice of decision-making, as both of these seem to be intertwined for the workers who participated in our study. These findings demonstrate that workers base their decisions very much on established protocols but they also draw upon their own social work skills and practice wisdom to adapt the tools they are required to use.

The capacity to use social work skills in decision-making

Contrary to what is often cited in the literature about the stolen professional judgment of social workers in the restructured system, the narratives of the workers we interviewed reflect an enduring determination to continue utilizing their social work assessment skills when it comes to processes of

decision-making. These workers carefully consider the system's guidelines when making decisions, but their own judgment often takes precedence as long as they believe it can be supported by a "rational" argument. In certain situations, the rules are placed aside, adapted, or contested by the individual worker. For example, one worker commented on the freedom he experiences to present arguments against following eligibility guidelines, based on his own assessment of a situation:

If the ORAM is saying one thing, that's when the worker has to justify it should be another. So if the ORAM is saying [the information in the call] is just below the intervention line, that is where the worker's "assessments" have to come in. And they have to justify why they think we should turn this into a case, or turn it into an urgent case when the ORAM says it shouldn't be. And that is based on your conversation with the referral source, the history you gather, that type of thing. (Interview 8, Intake worker)

Another worker commented on the interplay between the rules and the worker's ability to use their assessment skills, given the constraints of the system:

You are somewhat boxed in [in the child protection system]. You have to follow certain guidelines. I think the one that has the greatest of impact, I would believe, is the Safety Assessment because you are using that to determine whether a child stays in the home or whether a child leaves the home. The forms do not give you a lot of opportunity to move away from it. They ask a certain question you have to answer within. [However], the form that really allows you to use your social work skills is the Risk Assessment because it does a lot more about assessing the family. It allows you to use your brain more. (Interview 5, Intake worker)

The value that this worker places on being able to "use your brain" in child protection is one demonstration of how despite all of the changes in the system, workers are still active agents who make their own decisions regardless of the structure imposed upon them. In response to a question of whether

social workers are actually able to make decisions based on their social work knowledge, a supervisor said the following:

I don't think decision-making here [in a particular child protection agency] is routine. But, I think that we have worked extremely hard to create that culture of "Let's really think about what we are doing. Let's critically examine why we open a case versus why we don't open a case." You have to use [the system's tools] as a framework and then look at the family and then think of everything you learned in social work and then come to a decision. Domestic violence is a great example. A mother and a father are involved in a domestic [dispute] and the child is present. So we believe that the child is at risk of emotional harm. So we open a case because of that. However, when you start thinking about social work, then you start thinking, okay, [the woman] just got assaulted by her husband. She did everything she could to prevent the assault. However, now, as a victim of domestic violence, we are blaming her for being a bad mother because she got assaulted. Do we re-victimize somebody? So there is huge analysis that goes into all those types of decision-making processes. (Interview 3, Supervisor)

One of the most striking manifestations of the workers' capacity to continue using their social work skills concerns the understanding they have developed about decision-making tools such as the Risk Assessment. Participants' interviews reveal that workers have discovered ways of simultaneously using decision-making tools—which have typically been constructed as entirely prescriptive toward practice—and maintaining their professional agency in relation to clinical decision-making. As one participant said, "As professionals who have a very difficult and very responsible job to do, we can't blindly do things because a book tells us to" (Interview 3, Supervisor). Indeed, it is clear by the workers' narratives that they do not mindlessly or mechanistically fill out forms but rather use considerable clinical judgment in their decision-making processes. Significantly, they often tend to use the decision-making tools to corroborate the decisions they have already made:

I think that the worker makes their decisions before they use that tool. I think the purpose of the tool is [just] a guideline of things you should be looking at. (Interview 8, Intake worker)

We fill [the Risk Assessment] out. The tool helps to clarify. It helps to articulate the issues and concerns. But it is not a tool that is used very often to make that decision. (Interview 4, Supervisor)

One of the participants we interviewed offered an explanation as to why workers consistently use the decision-making tools, particularly the Risk Assessment, in this after-the-fact way:

The ability to use the Risk Assessment for its intended purposes is very difficult. I think that the purpose of the Risk Assessment is that it is a decision-making tool. So, you have a problem. You need to make a decision. So, before you get to the decision, you complete the Risk Assessment to help you decide something. [But] that's a very difficult thing to do because as you are getting this information, you are going to start to make a decision over here. And then after you get this information, now you have to go back and fill out this document. Instead of helping you make the decision, maybe what the document does is it verifies your decision for you. (Interview 3, Supervisor)

Participants demonstrated their commitment to "keeping the social work" in child protection decision-making in another way as well. They spoke in different ways about going beyond the limits of the *ORAM* documents and procedures when faced with the need to make a decision, in order to reflect on social work issues. As one worker said, "You often go well beyond the questions that are listed [on the documents] for your own perception of what is happening in the family" (Interview 8, Intake worker). Another participant spoke about the fact that she uses social work theory to guide her actions when intervening with families:

I know this may sound kind of geeky, but I have some

of the theory in my head that I like to use. I don't know whether other workers go through it or not, but I do. I process in my head "How was my approach?" And "How could it have been different?" If the parent was out of control and I walk out of there I think to myself, "What could I have done that would have made it different?" You know, if they are going through certain things, I use theory. I use a lot of the concept of the cycle of violence. (Interview 2, Intake worker)

Other participants talked about the importance of understanding client families in their social, political, economic and cultural contexts, an approach which can mean maintaining a structural analysis of their struggles and problems, in spite of the more individualistic focus of the prescribed tools:

[Interviewing families] becomes a matter of style. And I think that the kind of information you get will depend on your style and your ability to understand the social conditions, for example, in which people live, the oppressive nature of their existence for example, [or] the horrific nature of the referral information. I mean, all of these things will influence, or you need to be aware that they can influence, your intervention. And that creates a style that you investigate with. (Interview 7, Intake worker)

Considering the context of family life in decision-making also includes the cultural background of the family, an aspect of social work assessment that critics have argued is missing entirely from the current child protection system:

People bring with them very different cultural backgrounds and that is what part of the assessment is. You find out what background they are from, how do they raise this kid. That gives you an idea of why they are raising the kids the way they are. (Interview 2, Intake worker)

Practice Wisdom as an Important Aspect of Decision-making

The second main theme that emerged from these interviews is the participants' descriptions of their level of experience in the child protection system as highly determinant of how they make decisions. For example, some spoke candidly about how nervous they were about making decisions when they were new to the job, and how they followed each protocol to the letter out of fear of making mistakes. They contrasted that behaviour with how they operate on the job today, as workers with experience and an in-depth understanding of the workings of the child protection system. One participant described how that process can unfold:

[Workers] are supposed to be a very A, B, C, D. But in real life, it just doesn't happen that way. We have a flowchart that says: call comes to the agency; eligibility worker takes the information; eligibility worker consults on the case; eligibility worker documents the information. So there is a very step-by-step process. What happens, however, is that as people become more experienced, and as they become more comfortable, they develop their own style of working. Nobody is going to work according to some sort of rigid structure once you are very familiar with the job. (Interview 3, Supervisor)

Once workers have experience with the system, they start to make decisions based on their practice wisdom, rather than simply blindly following the dictates of the institutional protocols.

Some participants talked about using their intuition or gut instinct to guide decisions. One worker explained the gut factor as a sensory experience of "viewing how [the family] interacts, listening to how somebody talks, and listening to tone of voice" (Interview 6). These types of sensory observations provide information the worker subsequently uses to make decisions. This approach seems to be an ability that develops as the worker becomes more experienced in the child protection system:

I guess the longer you work here the more you can assess these things more quickly. So if I am out there and looking around and hearing what the kids say, you sort of get in the back of your mind [the feeling that] this [case] can be closed or this can be transferred. (Interview 6, Intake worker)

Another worker echoed this sentiment when asked about the factors guide their decisions making. The gravity of the decisions workers make in the field is quite evident in her response:

When you are out there, you are doing the investigation, you are seeing what's going on. And again, "gut," meaning, if you feel that the mom or the dad is going to allow the alleged perpetrator back into the house, right there, you know you either have to find an alternative caregiver for this child, or the child has to come into foster care. So in terms of the decision of whether a child is removed, that determines it. (Interview 5, Intake worker)

Another key issue related to experience in the child protection system is the participants' description of consultation with supervisors as an activity that is adapted to the needs of the particular worker, depending on their level of familiarity with the system procedures. Interestingly, participants generally reported either having or being a supervisor who trusts the judgment of workers and permits them to exercise professional agency in their decision-making processes. Thus, although in theory consultation is used as a site of surveillance of workers' decisions, in practice this aspect is not prominent. The participants recognize the need to have official consultations in order to meet system guidelines, but they do not generally "buy into" the monitoring purpose of the consultations, as illustrated by the following participant:

I have workers that work quite autonomously. For them, the consultation isn't so much about getting approval as it is about just making sure that the accountability piece is taken care of. Some of them were coming from the previous system and were autonomous and have

been able to adapt to some level because there has been a certain trust within that supervisory relationship that they can go out, they can do their work, they can still call in and inform the supervisor of what they are doing. And they still tend to be able to make decisions. (Interview 4, Supervisor)

Apart from treating consultation as a formality that must be completed in order to comply with system regulations, workers and supervisors also appear to be actively using consultation in the same collaborative way that it was used before the system restructuring took place, as shown by the following exchange:

Participant: [My supervisor and I] occasionally have disagreements about transferring a case.

Interviewer: Oh, so what happens when you have a disagreement?

Participant: More discussion, more information gathering, and those sorts of things, so that you make a more informed decision, or so that one person can prove that their opinion was right or better or whatever. So, yes, there is the freedom to argue about it, with my supervisor at least. (Interview 6, Intake worker)

The degree of freedom a worker has with his or her supervisor is closely related to the worker's level of experience in child protection. Below a supervisor and an intake worker describe the differences in the decision-making processes among workers and supervisors, depending on the individual worker's experience in the field:

Decisions are, ideally, jointly made. I think, if we were to be honest, it would vary. I think there are workers who have confidence and experience, who have been here for a long time, who will go out, who will do their assessment, will make a judgment and call me. And so in that sense, I think they make their own decisions. At the end of the day though, I need to sign off and say, "Yes, I agree." There are other workers who call, who may not be as clear. They may have a sense, and they may have some idea about what they think, and they

need me to guide them a bit. And I think that is the function of experience. (Interview 4, Supervisor)

I think the longer you have been in it gives you more autonomy as well. You know, if you have only been working here for nine months or something like that, your supervisor is not going to give you the autonomy you would have at three years, [so] that I'll go in and check and say this is what I saw. You know, if the child is safe, okay, fine. Whereas if you are a newer worker, the supervisor is going to sit down with you and go over the factors, I think, more closely. (Interview 6, Intake worker)

Discussion and Implications

Social work practice in child protection is not a science or an exact practice, despite many recent attempts to engage in so-called outcome and evidence-based practice (Leslie and O'Connor, 2002). Social workers in this study were able to exercise their autonomy, professional agency, through their use of intuition, but that common sense approach was also likely grounded in internalized institutional assumptions of practice.

There is an interaction between a structured system that attempts to curtail the non-standardized practices and active social workers with agency to make decisions based on their own social work knowledge (Parada, 2002). The context in which social workers act is not simply an external horizon. Their actions also affect the social context. Social workers describe feeling safe in knowing there is a structure while at the same time some room to make their own autonomous decisions. As one participant noted:

Social workers will always make decisions regardless of the structure. You fit the structure into your thinking, you don't fit your thinking into the structure. Now we can just explain it better. (Interview 3, Supervisor)

Workers also described feeling a sense of freedom in how they approached the system. They were able to maximize the

usefulness of having a rigid structure, while also working to humanize that structure and keep the social work element in child protection. Perhaps one of the most important decisions social workers deal with then, is not the decision to open a case or to apprehend a child, but the decision of how to approach the system itself to ensure it can be used in the most compassionate and flexible way possible to assist and meet the needs of families.

I feel very, very happy that I have a system in place where I can pass on liability. You are checking things with the supervisor. But more than that, it is kind of a reflector for you. They challenge your decisions. But at the same time, that check and balance frees you to make decisions so that you don't just make decisions with no check and balance. It creates a sense of freedom for me in the field. But, yes, I think there is fair autonomy. (Interview 7, Intake worker)

Conclusion

The Ontario child welfare system is under a new transformation agenda which aims at bringing a certain level of flexibility to the system. Differential response models, alternative practices to court orders, admission prevention, kinship care, and customary care are among the new changes being introduced into the system. Concomitantly, new forms of decision-making processes will be introduced into the system that will allow families, child protection workers, and others to be involved in deciding what is best for the child. Perhaps the acknowledgment of the implications of a blind following of standards in itself is not a measure of better protection of children and better service to their families. As an Ontario Ministry of Children and Youth Services document notes, "A high standard compliance rate however does not mean that children are better protected or their well being...improved" (Ontario Ministry of Children and Youth Services, 2005).

Social worker professional agency in decision-making which includes lessons learned from social work education will remain an important component in the functioning of the system. Worker participation in the new community-based

service model will require active actors with knowledge beyond a simply forensic and narrowly conceived practice. The system is once again bringing social work knowledge to the practice of child protection. Once again social work as a discipline will be required to engage in new forms of negotiation within the newly 'transformed' system.

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