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The influences of training and experience in removal and reunification decisions involving children at risk of maltreatment

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The influences of training and experience in removal and reunification decisions involving children at risk of maltreatment: Detecting a 'Beginner Dip'

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Abstract

The question of the extent to which qualifying education prepares social work students to become effective practitioners has long been debated. This article reports the quantitative findings of the UK arm of a four country comparative study that sought to explore one critical quality of a competent social worker – their ability to make decisions about individuals at risk, and to take appropriate action. The study involved 202 social work practitioners working with vulnerable children and 228 students enrolled on a social work qualifying programme. Participants were presented with a factorial survey using a case vignette of alleged child maltreatment and asked to determine whether maltreatment was substantiated, assess risk and recommend an intervention. The impact of case characteristic relating to the mother's wish with regard to removal, and the child's wish in regards to reunification were assessed. The study found that beginning practitioners made significantly different decisions compared to students and more experienced practitioners. This beginner dip should be seen as indicative of a necessary part of a process of abandoning and amending 'context free' rules and developing 'situational rules' as beginning practitioners learn to integrate both technical and practical knowledge in forming judgements and making decisions.

Keywords: Assessment; Children in care; Decision making; Professional development; Readiness to practice

Introduction

The extent to which qualifying education prepares students to become effective social work practitioners has long been debated. It is recognised that this issue is complex, fraught with difficulties around measurement of the concept of "readiness" and influenced by the complicated interface that is sometimes caricatured as being between the ideals of academia

and the realities of practice. In contextual terms newly qualified social workers (NQSWs) are being required to practise in a more complex, complicated, diverse and demanding world than their predecessors (Northern Ireland Social Care Council, 2013). Within the United Kingdom, and particularly England, there has been a growing debate about whether the qualifying education and preparation for social workers is of sufficient quality and rigour to ensure that individuals entering employment are safe and competent to do so (Northern Ireland Social Care Council, 2013; Croisdale-Appleby, 2014; Grant *et al.,* 2014; Narey, 2014).

Following the death through maltreatment of Peter Connelly in London in 2007, and the subsequent outpouring of criticism by both politicians and the media, two reviews into the protection of children were commissioned by the government in England. The authors of both reports expressed concerns about the quality of specialist social work practice with children and families, and the need for improvement (Laming, 2009; Munro, 2012). In response in 2009 the government established the Social Work Task Force which recommended a single reform programme for social work in England, to be overseen by the Social Work Reform Board reporting to ministers. Moriarty *et al.* (2010) have observed that over half of the Social Work Task Force's fifteen recommendations for improving social work relate to qualifying education. This led to an ambitious reform agenda, designed to improve social work practice at all levels, one of which was the preparedness for social work practice of new graduates. Similar debates have been initiated in the United States (Craig *et al.* 2016), Scotland (Grant *et al*., 2014) and Northern Ireland, where the Assembly government charged the Northern Ireland Social Care Council (NISCC, 2013) with reviewing new graduates' preparedness for practice. After consulting with service users, employers, academics and policy makers the review concluded that "…respondents in the current study were extremely positive about the calibre of NQSWs coming out of university. They were described as confident, capable and competent with a repertoire of social work skills alongside a substantial knowledge base" (NISCC, 2013, p. 57). In contrast in England the debate has been more contentious. Responsibility for social care and social work is divided between the Department of Health, with overall responsibility for services delivered to adults, and the Department for Education, with overall responsibility for services for children. There is a belief that social work is viewed and treated differently within both Departments, and that ultimately the expectations of what social workers do may be becoming so diverse that the nature of a generic course to prepare individuals to work in very different contexts and ways is potentially anachronistic. This is reflected in the commissioning of separate reports from each Department basically asking the same question – is the education and preparation of qualifying social workers fit for purpose? (Croisdale-Appleby, 2014; Narey, 2014). The second issue is that Government has started to backtrack on the moves over the previous twenty years to bring the qualifying education of social workers into

universities. The last five years has seen a range of initiatives introduced in England to broaden the range of types of qualifying programmes in social work. The most controversial of these, Frontline, has been perceived by some as an attack on the traditional structure of social work education, in spite of the many improvements driven by the Social Work Reform Board over the preceding period (Moriarty and Manthorpe, 2013). At the heart of these debates lies an increasingly explicit message – that the current preparation of qualifying social workers is not fit for purpose, and that graduates are not 'job ready'. In this study which surveyed child protection practitioners and students in Israel, Northern Ireland, Spain, and The Netherlands using both quantitative (dominant) and qualitative (less dominant) methods we seek to explore one critical quality of a competent social worker – their ability to make decisions about individuals at risk, and to take appropriate action based on their assessment. This article reports the quantitative findings from the study.

Decision Making

Interest in studying the types of decisions made by students in training and those of established professionals has been undertaken to examine potential differences. The results from such studies may be useful in establishing, for example, protocols in relation to the mix of education and experience necessary to take more complex decisions. Such differences may, in some professions, be measured against an objective standard, for example, diagnostic accuracy in medicine, in identifying a specific disease from a range of presenting symptoms. Where an objective standard is available studies often focus on measurement of the added value of years of experience in clinical practice settings or the potential impact of innovation in clinical training. The results of such studies sometimes yield unexpected results. For example research by Dawes and colleagues (1989) (see Osmo and Benbenishty, 2004) casts doubt on the veracity of clinical judgement, when comparing the decisions of experienced clinicians with those of beginners.

In the social sciences, however, establishing an external measure against which to compare the decisions of students with those of more experienced professionals is more problematic. Essentially this is because judgements based on a particular set of circumstances to support a case decision, whilst probabilistically informed in the same way as are a range of symptoms, are usually characterised by a greater degree of variability, especially in combination, to render prediction of outcomes less reliable. Consequently, studies examining decision making by students and professionals in relation to child protection issues, tend to concentrate on identifying differences in how variables are weighed and evaluated, the

consistency with which this is done and possible implications for practice outcomes (Minkhorst *et al.,* 2016).

Child abuse is, of course, a particularly problematic phenomenon in this regard, with studies demonstrating variations in how professionals in this field define abuse (Spratt, 2000; Hayes and Spratt, 2014) and in how they evaluate risk to children (Wulczyn, 2004). Additionally, the emotive component in child protection decision-making has particular influence (Morrison, 2007), with responses often influenced by particular events such as a critical report into the death of a child (Parton, 2011). Consequently, it is important that comparative in-country research studies are carried out at the same time as the influence of such events may distort responses above and beyond cohort effects.

Comparative studies do suggest that experience as a child protection professional does have some effect on decision making. For example, in a study utilising a vignette questionnaire, Drury-Hudson (1999) found that beginning social workers had a restricted knowledge of risk factors associated with child abuse and had difficulty attributing weight to such factors when compared with their more experienced peers. Similarly, Davidson-Arad and Benbenishty (2016) in a sister study to the one reported here, found that experienced Israeli professionals differed from students in their decision making with regard to removal and subsequent reunification decisions, but not with respect to risk assessments. Caution needs to be exercised, however, in making undifferentiated comparisons between training and training plus experience. Studies reporting on case decision making related to levels of professional training indicate that where different levels of qualifying training are available, this may influence decisions made. For example, Ryan and colleagues (2006) in a study in the United States, found that professionals trained to Bachelors level were more likely to keep children in state care for longer periods than was the case with those trained to Masters level.

As the study reported here is part of an international project in decision-making, results already reported give us some indication of patterns of decision-making. Davidson-Arad and Benbenishty (2016) examined a range of potential differences in professional and student decision-making, including decisions on removal to state care. They found that there were no significant differences in removal recommendations between student and professional respondents in the Netherlands (Minkhorst *et al.,* 2016) and Israel (Davidson-Arad and Benbenishty, 2016). Minkhorst and colleagues (2016) examined whether the wish of a child to return home after a period in foster care influenced reunification decisions. A moderate effect was found with the influence of the child's voice being equally acknowledged by both professional and student groups, with no significant differences apparent in decision-making patterns between the two groups.

In this study we examine the decisions made by recently qualified practitioners (beginners) and compare these with those made by two other groups, more experienced practitioners and students still on qualifying courses. As with our colleagues in Israel and the Netherlands, our hypothesis was that differences between the groups would be detectable in relation to in and out of home care decisions. Moreover, that beginning practitioners would be found to occupy a position somewhere between the two other groups, indicating the presence of a trajectory from judgements based solely on training to those informed by training plus experience.

Method

Design

The study focuses on presenting a case vignette of alleged child abuse to students and professionals who are responsible for working with vulnerable children and their families in four countries: Israel, Northern Ireland, Spain and The Netherlands, and asking for their assessments and recommendations for intervention (for a full discussion of the methods see Benbenishty *et al.* 2015). The focus of this paper is on the quantitative findings from the Northern Ireland respondents.

Vignette

The vignette is a composite derived from real cases and a version has been used in previous studies (e.g. Arad-Davidson and Benbenishty, 2008). The original vignette was reviewed by all participating countries and was slightly modified to ensure its relevance for the countries participating in the study (e.g., the original Israeli vignette mentioned military service, compulsory in Israel, and this information was not included in the modified vignette). Each country conducted a pilot and following further discussion the vignette was finalised.

Briefly, the vignette consists of two parts. The first part (1,310 words) describes a family, consisting of a couple and their three children (ages 6, 4, and 2), prior to any professional intervention. The local child welfare agency receives a call from a teacher who is worried about Dana (6yrs). She reports that Dana has worrying physical marks and previous injuries. Dana is quiet with unexplained outbursts of rage. The family has few ties within the community and lacks a supportive extended family network. They are struggling financially due to unemployment. The case study had two decision points: an initial judgment of whether Dana was at risk, and whether she should be removed into State care. The second decision

point, two years later, is in the second part of the vignette (160 words) and requires participants to decide whether Dana should return to the care of her family.

Participants were presented with one of four randomly assigned versions of the case vignette, related to the mother's attitude toward removal, and then later, Dana's views about whether she wishes to return to live with her birth family. In one version of the vignette the mother voiced strong objections to Dana's removal to a foster family, whereas in the alternative version Dana's mother did not voice an objection. At the second decision point, there were again two alternative scenarios presented – in one Dana wanted to return to her birth family, and in the second she wished to stay in her foster placement (Table 1). The questionnaires were distributed randomly within each of the participating groups, with at least fifty returned questionnaires for each of the four variations in each country.

(Insert Table 1)

Sample

Convenience samples were recruited in the participating countries. The Northern Ireland sample consisted of 202 social work practitioners engaged in working with vulnerable children and families in both statutory (73%) and voluntary organisations (23%), and 228 students enrolled on social work qualifying programmes at (UK university). Students were recruited via invitations in class, while the qualified practitioners were recruited through email invitations and a half day conference on child welfare research. All the students were in the final year of their qualifying programme and had undertaken teaching in relation to social work with children and families and child protection. Some, though not all of the students, had completed a childcare placement at the time of the survey. As such we cannot state that the sample is representative. All procedures were reviewed and approved by the ethical review committee of (UK university). The gender and age profile of the sample are presented in Table 2, and is similar to the overall composition of the social work workforce in Northern Ireland (Department of Health, Social Services and Public Safety, 2013).

(Insert Table 2)

While all qualifying social work education in Northern Ireland is at undergraduate level, the majority of the students already possessed either a Bachelor's degree (n=123) or a higher degree (n=12). The majority of practitioners (59%) had children, compared to students (24%),

with most practitioners having more than three years experience of working with children and families (n=143; 70.8%), and 87 practitioners having ten years experience or more (Table 3). We subdivided the practitioners group into those who with less experience of working with children and families (beginners), i.e. less than 4 years (n=46) and those who had more experience (experienced) (n=143). In Northern Ireland social workers can be appointed as Senior Practitioners once they have more than three years post-qualifying experience. A minority of participants did not supply details of their experience (n=13).

(Insert Table 3)

Measures

Each participant completed a questionnaire. The first section gathered demographic information including background and professional experience. The next section included the "Child Welfare Attitudes Questionnaire", a modification of a questionnaire used in previous studies by some of the co-investigators (Arad-Davidson and Benbenishty, 2010).

Based on their reading of the case vignette in part one, participants were asked to substantiate the maltreatment suspicion and assess whether the child has been maltreated at home on a five point likert scale with 1 = strongly disagree to 5 = strongly agree. Participants were asked, in light of the information presented to them, how would they assess the level of risk of physical and emotional harm to the child if she stayed at home. This was assessed via a five point likert scale from 1 = no risk to 5 = very high risk.

Study participants were then asked to recommend an intervention in the case. They were presented with six alternative options (see table 4). These options were on an ordinal scale moving from the least intrusive (refrain from further intervention) to the most intrusive (place the child with a foster family, even without parental consent, either with the agreement of parents or using a court order if necessary). Respondents were asked to provide free text rationales for their decision, and an analysis of these responses is published elsewhere (Spratt *et al.,* 2015) and a summary of the main issues is presented later in this article.

(Insert Table 4)

Analysis

We analysed the results as three groups – students (n=228); beginners (n=46); and experienced (n=143). Care was taken to ensure that the analysis was undertaken in ways that reduced the potential for bias, such as ensuring that the statistical analysis and the interpretations drawn from this were undertaken by the researchers independently of each other, and then compared. Any differences of interpretation were then debated between the three authors.

Findings

Firstly, we checked the extent to which the three groups assessed that Dana was experiencing maltreatment. It was apparent that practitioners and students assessed Dana as primarily experiencing emotional and physical neglect, and emotional abuse (Table 5). The beginning practitioners were consistently the group that rated the risk to Dana as lower compared to the students and experienced practitioners, and to have the greatest range of views as expressed through the standard deviation from the mean. However, in comparing means using a one-way between-groups ANOVA the differences were not found to be statistically significant, although Levene's test for homogeneity of variance was not met for the variables 'emotional abuse' or 'physical neglect'.

(Insert Table 5)

Overall, participants rated Dana as being at risk of experiencing emotional harm (mean: 4.64; standard deviation: .581) more than physical harm (mean: 3.94; standard deviation: .712). Overall all groups believed that direct social work intervention was necessary, with 60% of the total sample recommending that Dana be supported at home while professionals worked with the child and her family. Beginning practitioners were more likely to recommend admission to care as the most appropriate intervention, compared to experienced practitioners and students (Table 6).

(Insert Table 6)

Over half of all participants in the study recommended that Dana remain at home with direct social work intervention and the provision of additional resources (e.g. after school care; attendance at family centre). However over a quarter of participants recommended that Dana be admitted to care on a voluntary basis (i.e. with parental agreement), and a tenth recommended admission to care by use of a court order (Table 7).

(Insert Table 7)

Consideration was given to the factors that influenced decision making in terms of Dana's mother's attitude towards support. Approximately half of the respondents in each of the three groups had received a questionnaire in which it stated that Dana's mother was against admission to care, while the other half of each group received a version stating that Dana's mother had no strong objection to her admission to care. For both experienced practitioners and students there was a noticeable increase in the proportions of participants who recommended admission to care if Dana's mother did not raise a strong objection. However, the proportion of beginning practitioners who recommended an admission to care when Dana's mother had no strong objection to her admission to care actually decreased (Table 8).

(Insert Table 8)

However, when the risk assessment of future harm was considered alongside mother's attitude to care, a differentiated picture emerged. When Dana's mother agreed to her voluntary admission to care this corresponded with both students and beginning practitioners perceiving that the child was likely to be at lower risk in the future if she stayed at home. However, experienced practitioners had a higher level of concern for Dana when they knew that her mother was not objecting to her admission to care (Table 9).

(Insert Table 9)

Finally, in the second part of the vignette participants were asked to make a decision about whether Dana should be reunited with her birth family, or stay in foster care while continuing to work with her birth family towards reunification. The assessment was that Dana had benefited from her period in foster care which had enabled her to form a good relationship with her foster parents, who also became attached to her. Her relations with her peers were also good. Dana's outbursts of anger had greatly reduced, and she was doing well in school. In contrast, there did not appear to have been comparable changes within Dana's family, who refused to accept the support that was offered to them, and consistently ignored Dana and the foster family. In the follow-up discussion after two years, it became clear that Dana's mother was strongly demanding that Dana be returned home and that the family were "ready to go to court to get her back."

Again half of the participants received a vignette in which Dana expressed a wish to return home, while the other participants received a vignette in which Dana expressed a wish to remain in foster care. The vast majority of participants recommended that Dana remain in foster care for a further period of time (Table 10).

(Insert Table 10)

Discussion

The results do not support our hypothesis that where differences between students and experienced practitioners were found, that beginning practitioners would occupy a position somewhere between the two groups, providing indication of a trajectory from judgements based on training to those made on training plus experience. Rather, the results demonstrate that the care decisions made by both students and experienced practitioners are similar, with those made by beginners differing from these two groups. This raises a number of interesting questions. The first of these concerns the added value of experience over initial training in decision-making. Davidson-Arad and Benbenishty (2016) in their study in Israel, using the same research instruments, found similarly that students and professionals made, 'much the same intervention decisions…. [arguing that] The many similarities reflect a similar professional culture shared by students and professions at different levels of expertise' (p 13). Likewise, Minkhorst and colleagues (2016) found no differences between Dutch professional and student respondents in relation to reunification decisions (although they did not separate practitioners into sub-groups by experience). Are there other possible explanations for this congruency in results? One possible explanation is that experience adds little or no additional

value when weighing complex information with respect to ensuring a child's safety and meeting their welfare needs. Faced with complex decisions on how best to act, respondent groups were equally split when faced with the decision with regard to where Dana's needs might best be met, with 61% deciding that she should stay in the care of her parents and 39% electing to have her removed into state care. The same levels of disagreement are not apparent, however, with the respect to the reunification decision, where 94% or respondents opt for Dana to remain in state care. These results in this study are representative of those found across the participating nations in the international research project. It could consequently be argued that the analysis of variables at the first point of decision making are too complex to permit a conclusion that is clearly pointing in one direction and is unambiguously supported by the facts. The default to remaining in state care in the reunification decision is evident in the prevailing homeostasis where the risks of returning to home care may be calculated to now outweigh the risks associated with the primary decision of whether or not to remove to state care. The authors have speculated elsewhere (Spratt *et al.*, 2015) that when such natural experiments occur, the thinking patterns underlying decisions may be cast into some relief, with indication of biases evident in how evidence is selected and weighed. The important point here is that both students and experienced professionals appear to act and think in similar ways. This is not, however, the case with beginning professionals, as our results indicate.

This raises a second question. Why are the decision patterns of beginners not similar to those of both students and professionals? Whilst we had hypothesised that differences between the beginners and the other respondent groups might be apparent we expected that this would, following the line of reasoning adopted by Davidson-Arad and Benbenishty (2014), be located within the socialisation process of moving from student to experienced professional. There may, however, be other explanations to help explain variations in patterns of decision-making evident in the beginners group.

Beginning Social Workers

Research into the experiences of NQSWs indicates that the move from student to newly qualified professional, and on to experienced professional, is not an upward trajectory characterised by a development from judgements and decisions based on training to those made on training plus experience. It is, rather, a transition which can be understood as a process of moving from one stable state to another stable state via a period of uncertainty and instability (Nicholson and West, 1988; Bridges, 2009). In this paper the focus is on the transition from social work student to competent social work practitioner, and the model of

skills development provided by Dreyfus and Dreyfus (1986) is helpful in understanding the processes involved. They identified two types of knowledge and skills required to develop professional competence; firstly, technical knowledge, based on facts and rules, and secondly, practical knowledge, based on practice experience. Following this, they outlined a model consisting of five levels of skill moving from 'novice' to 'expert'.

At the first level, 'novices', which we can equate with social work students, will have developed a number of 'context-free rules' for decision-making based on technical knowledge by which they have learned '…to recognise a range of objective facts and features which are relevant regardless of context.' (Donnellan and Jack, 2010, p 28). At the next two levels; 'advanced beginner' and 'competent ', some of these context-free rules will be abandoned and some will be adapted into 'situational rules' based on practice experience and the development of practical knowledge. In terms of social work, practical experience will be gained through practice learning, or field placements, and subsequently in the work setting as an NQSW. At the 'competent' level, practitioners are developing a highly structured and conscious process of decision-making in which they select interventions after analysing, ordering and prioritising the information at their disposal. At the fourth level; 'proficient', the decision-making process remains highly conscious although practitioners will begin to rely more on their experiences of similar situations and the patterns which have emerged. It is only at the final level; 'expert', however, that professional analysis, decision-making and intervention become fully integrated and largely intuitive in nature.

The model developed by Dreyfus and Dreyfus (1986) was based on a study of a wide range of professionals. It has, however, been developed further by Fook *et al.* (2000) who undertook a five year longitudinal study of social workers in Australia, starting from the beginning of their training and into their initial period as qualified practitioners. The findings demonstrated that it was only in their second and third years of practice following qualification that participants were demonstrating more confidence and clarity about the social work task. The authors, however, distinguished between those who were 'competent' and those who were 'proficient'. Competent practitioners focused on the 'here and now' and on not making obvious errors in their decision-making. Proficient workers, on the other hand, used sophisticated situational rules in their decision-making, taking a holistic view of each situation and giving consideration to the impact that they, as an individual, might have on it. In addition to the skill levels identified by Dreyfus and Dreyfus (1986), Fook *et al.* (2000) proposed a 'pre-student' level, taking cognisance of prior learning and experience that students brought to their professional training. They also divided the 'expert' level into 'experienced' and 'expert' to distinguish between the practice of experienced practitioners that might be routinised and the practice of expert professionals characterised by imagination, creativity and innovation.

According to the Dreyfus and Dreyfus (1986) model, the beginning practitioners in our study can be viewed as being engaged in a process of abandoning and amending 'context free' rules and developing 'situational rules' as they move from a reliance on technical knowledge to an integration of both technical and practical knowledge in forming judgements and making decisions. As noted, this transition brings with it feelings of uncertainty and instability and, therefore, to the 'beginner dip' which we have identified in terms of having the confidence to make decisions about individuals at risk and to take an appropriate course of action. As Keen *et al.* (2009, p 6) note, this transition involves:

"…a process of moving from the culture of an educational establishment to the organisational culture of the workplace…a process of seeing oneself as a graduate practitioner; a process of developing an awareness of your own expectations and what they mean; and a process of understanding the expectations of your new employer and colleagues as well."

The impact of this transition upon beginning practitioners is evident in research into the experiences of NQSWs. Donnellan and Jack (2010), for example, undertook a study in the south west of England involving thirteen NQSWs. The researchers noted that their interviews with these workers unearthed powerful feelings likened to 'being thrown in at the deep end before you had been taught how to swim' (Donnellan and Jack, 2010, p 35) and indicated a significant gap between their expectations and experiences on their final placements and the realities of practice during their first year in employment. The disparity between generalist social work training and the complex realities of child protection work were also noted by Healy *et al*. (2009) in their study examining retention of beginning child protection workers in England, Sweden and Australia with the authors noting that 'new workers were often unprepared for the emotional intensity of the work' (Healy *et al.,* 2009, p 306). Bates *et al.* (2010) researched the experiences of twenty two NQSWs in England. Three quarters of the participants felt that their qualifying training had provided them with the knowledge and skills required for their employment although they stressed the importance of practice placements in helping them to acquire the necessary 'practical knowledge'. One quarter of the respondents, however, did not feel adequately prepared in terms of practical knowledge or skills in the areas of '…assessment, report writing, record keeping and court skills.' (Bates *et al.,* 2010, p 167).

Finally, Moriarty *et al.* (2011) undertook a literature review examining the experiences of newly qualified professionals in nursing, teaching, social work and allied health professions. They concluded that the uncertainties and sense of instability experienced by social workers as they transition from student to qualified practitioner are also shared by other newly qualified professionals with professional confidence and competence being attributes that are

developed gradually over time rather than being instantly acquired upon the completion of professional training.

Conclusion

As noted by O'Connor and Leonard (2014), child welfare decision making is influenced by a range of factors including organisational structures, the availability of resources and the practice of individuals. Like many professions, social work wishes to see a seamless progression from qualifying training through to professional practice and later career progression, as evidenced by the Professional Capabilities Framework in England and the National Occupational Standards for Social Work in the rest of the UK (Taylor and Bogo, 2014). However, this linear path has been challenged by some critics as being autopoetic or self-referential, and for failing to engage with the needs of employers at the expense of the interests of the profession (Narey, 2014). However, this is not necessarily straightforward, and other factors beyond the initial education of social workers may intervene along the way. For example, the review of graduates' readiness to practice in Northern Ireland highlighted that "Employers also have a responsibility to develop a learning culture which will allow newly qualified social workers to consolidate and extend their knowledge and skills as competent and confident professionals" (NISCC, 2013, p.59). Ferguson (2012) has posed the question 'why is child protection so difficult?', and argues against seeing the difficulties that social workers experience in taking action in individual cases "…as in any simple way an individual failure of character, or personal or professional inadequacy" (p 143). Recent debates in the UK, and in particular England, have seen a particular form of scapegoating of the initial education of social work students as the loci of all that is wrong in social work practice in child protection (The Children, Schools and Families Committee, 2010). However, others, such as the Local Government Association (2014) recognise that the challenges facing both child protection work and social work are multi-faceted and systemic, and require a broader overview and range of integrated responses. This has been reinforced by independent studies that have sought to see the initial education, and subsequent recruitment and retention of social workers, as elements of a whole that are mutually interdependent. This whole includes academics, who must, as O'Connor and Leonard (2014) highlight, support students (and practice educators) to understand better the process of professional development, and the significance of the passing of time in the transition from novice to different levels of expertise as a practitioner, which includes the key components of knowledge development, values, skills, emotional capacity and confidence. In our summary of the rationales provided by the research participants in this study (Spratt *et al.,* 2015), respondents indicated that reasoning

strategies they utilised to support their decision making suggested that they tended to selectively interpret information either positively or negatively to support pre-existing underlying hypotheses. This finding is in keeping with the literature on 'confirmation bias' and highlights how any measures taken to improve decision making judgements need to address a range of interconnected issues. In the international context some jurisdictions require social workers to have Masters level qualifications before engaging in some forms of work, whereas in England the move is toward a much more defined statement of the knowledge and skills required by child and family social workers as the basis of a new accreditation system (Department for Education, 2015).

In this article we have highlighted the need to see the initial move into practice as more complicated than otherwise understood. Whilst a superficial assessment might question whether social work graduates have been adequately prepared for the move into professional practice, a more nuanced consideration reinforces the view that we should expect a 'beginner dip' as they make the transition into practice. Rather than seeking to avoid this 'beginner dip' through further tinkering with social work qualifying education, we argue that this dip should be seen as normal and to be expected. The challenge is for employers to recognise that NQSWs need a period of adjustment as they move from novice to competent and then to expert. This will not only require time but also will require an investment in practitioners as a developing resource, one that should be supported, nurtured and prized. Finally, it is of note that as role and form of social work evolves and changes there is a need to ensure that educators, employers and the users of services continue to dialogue about the content of qualifying curricula, the standards of attainment required for those moving into practice, and the supports that should be available to those beginning their careers in practice (NISCC, 2013).

References

Arad-Davidson, B., & Benbenishty, R. (2008) 'The role of worker's attitudes and parent and child wishes in child protection workers' assessments and recommendation regarding removal and reunification', *Children and Youth Services Review*, 30(1), pp. 107-121.

Arad-Davidson, B., & Benbenishty, R. (2010) 'Contribution of child protection workers' attitudes to their risk assessments and intervention recommendations: A study in Israel', *Health & Social Care in the Community*, 18, pp.1-9.

Bates, N., Immins, T., Parker, J., Keen, S., Rutter, L., Brown, K. and Zsigo, S. (2010) 'Baptism of Fire: The First Year in the Life of a Newly Qualified Social Worker', *Social Work Education*, 29 (2), pp.152-170.

Benbenishty, R., Davidson-Arad, B., López, M., Devaney, J., Spratt, T., Koopmans, C., Knorth, E.J., Witteman, C.L.M., Del Valle, J.F. and Hayes, D. (2015) 'Decision making in child protection: An international comparative study on maltreatment substantiation, risk assessment and interventions recommendations, and the role of professionals' child welfare attitudes', *Child Abuse and Neglect*, 49: 63-75.

Bridges, W. (2009) '*Managing Transitions: Making the Most of Change.* (Third Edition)', Philadelphia, Da Capo Press.

Craig, S.L., Dentato, M.P., Messinger, L. and MvInroy, L.B. (2016) Educational Determinants of Readiness to Practise with LGBTQ Clients: Social Work Students Speak Out. *British Journal of Social Work*, 46(1), 115-134.

Croisdale-Appleby, D. (2014) *'Re-visioning social work education',* London, Department of Health.

Davidson-Arad, B. and Benbenishty, R. (2016) 'Child Welfare Attitudes, Risk Assessments and Intervention Recommendations: The Role of Professional Expertise', *British Journal of Social Work*, 46(1), pp.186-203.

Dawes, R.M., Faust, D. and Meehl, P.E (1989) 'Clinical versus actuarial judgment', *Science*, 243 (4899), pp. 1668–1674.

Department for Education (2015) '*Knowledge and skills statements for child and family social work.*' London, Department for Education.

Department of Health, Social Services and Public Safety (2013) '*Northern Ireland Health and Social Care Workforce Census: 31 March 2013'*, Belfast, DHSSPS.

Donnellan, H. and Jack, G. (2010) '*The Survival Guide for Newly Qualified Child and Family Social Workers: Hitting the Ground Running*', London, Jessica Kingsley Publishers.

Dreyfus, H. and Dreyfus, S. (1986) '*Mind Over Machine: The Power of Human Intuition and Expertise in the Era of the Computer*', New York, Free Press.

Drury-Hudson, J. (1999) 'Decision making in Child Protection: The Use of Theoretical, Empirical and Procedural Knowledge by Novices and Experts and Implications for Fieldwork Placement', *British Journal of Social Work*, 29(1), pp. 147-169.

Ferguson, H. (2012) 'Why child protection is so difficult' in Lynch ,D. and Burns, K. (Eds) '*Children's Rights and Child Protection: Critical times, critical issues in Ireland'*, Manchester: Manchester University Press.

Fook, J., Ryan, M. and Hawkins, L. (2000) '*Professional Expertise: Practice, Theory and Education for Working in Uncertainty*', London, Whiting and Birch.

Grant, S., Sheridan, L. and Webb, S.A. (2014) *Readiness for Practice for Newly Qualified Social Workers*, Glasgow, Glasgow Caledonian University.

Hayes, D. and Spratt, T. (2014) 'Child Welfare as Child Protection Then and Now: What Social Workers Did and Continue to Do', *British Journal of Social Work*, 44 (3), pp.615-635.

Healy, K., Meagher, G. and Cullin, J. (2009) 'Retaining Novices to Become Expert Child Protection Practitioners: Creating Career Pathways in Direct Practice', *British Journal of Social Work*, 39 (2), pp.299-317.

Keen, S., Gray, I., Parker, J., Galpin, D. and Brown, K. (Eds). (2009) '*Newly Qualified Social Workers: A Handbook for Practice*', Exeter, Learning Matters.

Laming, Lord (2009) '*The Protection of Children in England: A Progress Report*', London, Department of Education.

Local Government Association (2014) '*Helping Social Workers, Improving Social Work*'.

Minkhorst, F. A. M., Witteman, C., Koopmans, C.,Lohman, N. and Knorth, E. (2016) 'Decision Making in Dutch Child Welfare: Child's Wishes about Reunification after Out-of-Home Placement', *British Journal of Social Work*, 46 (1), pp.169-185.

Moriarty, J. and Manthorpe, J. (2013) 'Shared Expectations? Reforming the Social Work Qualifying Curriculum in England', *Social Work Education*, 32(7), pp.841-853.

Moriarty, J., Manthorpe, J., Stevens, M. and Hussein, S. (2011) 'Making the Transition: Comparing Research on Newly Qualified Social Workers with Other Professions', *British Journal of Social Work*, 41(7), pp.1340-1356.

Moriarty, J., Manthorpe, J., Stevens, M., Hussein, S., Sharpe, E., Orme, J., MacIntyre, G., Green Lister, P. and Crisp, B. R. (2010) A depth of data: research messages on the state of social work education in England. *Research, Policy and Planning*, 28(1), pp. 29–42.

Morrison, T. (2007) 'Emotional intelligence, emotion and social work', *British Journal of Social Work*, 37(2), pp.245-263.

Munro, E. (2012) '*Munro Review of Child Protection'*, London, Department of Education.

Narey, M. (2014) '*Making the education of social workers consistently effective'*, London, Department for Education.

Nicholson, N. and West, M. (1988) '*Managerial Job Change: Men and Women in Transition',* Cambridge, Cambridge University Press.

Northern Ireland Social Care Council (2013) '*Readiness to Practise: A Report from a Study of New Social Work Graduates' Preparedness for Practice: An Analysis of the Views of Key Stakeholders'*, Belfast, NISCC.

O'Connor, L. and Leonard, K. (2014) 'Decision Making in Children and Families Social Work: The Practitioner's Voice', *British Journal of Social Work*, 44, pp.1805-1822

Osmo, R. and Benbenishty, R. (2004) 'Children at risk: Rationales for risk assessments and interventions', *Children and Youth Services Review*, 26(12), pp.1155-1173.

Parton, N. (2011) 'Child Protection and Safeguarding in England: Changing and Competing Conceptions of Risk and their Implications for Social Work', *British Journal of Social Work*, 42(5), pp.854-875.

Ryan J. P., Garnier P., Zyphur M., Zhai F. (2006) 'Investigating the effects of caseworker characteristics in child welfare', *Children and Youth Services Review*, 28(9), pp.993-1006.

Spratt, T. (2000) 'Decision Making by Senior Social Workers at Point of First Referral', *British Journal of Social Work*, 30, pp.597-618.

Spratt, T., Devaney, J. and Hayes, D. (2015) In and out of home care decisions: The influence of confirmation bias in developing decision supportive reasoning. *Child Abuse & Neglect*, 49: 76-85.

Taylor, I. and Bogo, M. (2014) 'Perfect Opportunity~Perfect Storm? Raising the Standards of Social Work Education in England', *British Journal of Social Work,* 44, pp.1402-1418.

The Children, Schools and Families Committee (2010) '*Training of Children and Families Social Workers. Session 2008-09. HC-527-I and –II*', London, House of Commons.

Wulczyn F. (2004) 'Family reunification', *The Future of Children*, 14(1), pp.94-111.

Table 1: Four Variables in the Case Vignette

Mother's Attitude Toward Removal (Part 1)	Child's Attitude Toward Reunification (Part 2)
A. The mother voiced a strong objection, stating: "no way will anyone touch my family and I'm ready to go to court on it."	**C.** In a number of meetings with Dana the assessment was that she was not interested in returning to her biological family because she felt good in the foster family and did not feel that she had a good connection with her family and that they ignored her.
B. The mother did not raise a strong objection, stating – "if you think that is better for the family, I am willing to try"	**D.** In a number of meetings with Dana the assessment was that she was interested in returning to her biological family, despite the fact that she felt good in the foster family.

Table 2: Gender and Age Profile of Participants

	Students	Practitioners
Gender:		
Female	87%	80%
Male	13%	20%
Age Bands:		
Up to 20yrs	7%	0%
20-24yrs	38%	4%
25-29yrs	25%	13%
30-34yrs	14%	16%
35-39yrs	8%	11%
40-45yrs	6%	17%
46yrs plus	1%	35%
Not disclosed	1%	4%

Table 3: Practitioner experience of working with children and families

Less than one year	7	3.5%
1-3 years	39	22.8%
4-6 years	35	40.1%
7-9 years	21	50.5%
10-12 years	19	59.9%
More than 12 years	68	93.6%
Missing	13	100%
Total	202	

Table 4: Interventions available to social worker at point of initial assessment

1. Refrain from further intervention

2. Indirect intervention through other professionals who are already in contact with the child (e.g. teacher)

3. Direct social work intervention without the provision of additional services

4. Direct social work intervention with the provision of additional services (e.g. after-school care for the child; attendance at family centre)

5. Place the child with a foster family on a voluntary basis (i.e. with parental agreement)

6. Place the child with a foster family following the granting of a court order (i.e. without parental agreement)

Table 5: Dana experiencing abuse and/or neglect

	Students		Beginning Practitioners		Experienced Practitioners	
	Mean	SD	Mean	SD	Mean	SD
Emotional Abuse[1]	4.67	.517	4.52	.547	4.71	.472
Physical Abuse[1]	3.76	.726	3.65	1.059	3.72	.891
Emotional Neglect[1]	4.66	.527	4.57	.544	4.64	.536
Physical Neglect[1]	4.39	.631	4.30	1.093	4.38	.701
Sexual Abuse[1]	2.50	1.213	2.46	1.242	2.67	1.500

[1] No statistical difference between the three groups using a one-way between groups ANOVA at 0.05 level

Table 6: Risk of harm to Dana by intervention decision and experience

	Students		Beginning Practitioners		Experienced Practitioners	
	Intervention other than admission to care	Intervention involving admission to care	Intervention other than admission to care	Intervention involving admission to care	Intervention other than admission to care	Intervention involving admission to care
Physical harm	59.4%	40.6%	55.6%	44.4%	63.4%	36.6%
Emotional harm	59.1%	40.9%	55.6%	44.4%	63.9%	36.1%

Table 7: Intervention recommendation by participant group

	Students (N=228)	Beginning Practitioners (N=46)	Experienced Practitioners (N=143)	Total
Indirect intervention through other professionals who are already in contact with the child (e.g. teacher)	0.9%	0	0	0.5%
Direct social work intervention without the provision of additional resources	2.2%	0	2.1%	1.9%
Direct social work intervention with the provision of additional resources (e.g. after school care for Dana; attendance at family centre)	55.3%	54.3%	57.3%	55.9%
Place the child with a foster family on a voluntary basis (i.e with parental agreement)	27.2%	28.3%	27.3%	27.3%
Place the child with a foster family following the granting of a court order (i.e. without parental agreement)	13.2%	15.2%	7%	11.3%
Missing data	1.3%	2%	6.3%	3.1%

Table 8: Influence of mother's attitude towards admission to care on intervention recommendation

	Students		Beginning Practitioners		Experienced Practitioners	
	Mother against admission (N=113)	Mother in favour of admission (N=112)	Mother against admission (N=20)	Mother in favour of admission (N=25)	Mother against admission (N=62)	Mother in favour of admission (N=72)
Intervention other than an admission to care	62.8%	55.4%	40%	68%	69.4%	58.3%
Intervention involving an admission to care	37.2%	44.6%	60%	32%	30.6%	41.7%

Table 9: Influence of mother's attitude towards admission to care on assessment of future harm

Future Risk of Harm	Students		Beginning Practitioners		Experienced Practitioners	
	Mother against admission (N=114)	Mother in favour of admission (N=114)	Mother against admission (N=20)	Mother in favour of admission (N=25)	Mother against admission (N=62)	Mother in favour of admission (N=72)
Physical Harm	3.99 (SD: .758)	3.87 (SD: .685)	4.10 (SD: .685)	3.69 (SD: .736)	4.03 (SD: .671)	4.69 (SD: .686)
Emotional Harm	4.71 (SD: .493)	4.59 (SD: .577)	4.60 (SD: .598)	4.42 (SD: .703)	4.63 (SD: .517)	4.62 (SD: .696)

Table 10: Recommendation of reunification of Dana with birth family

	Students	Beginning Practitioners	Experienced Practitioners
Recommend reunification with birth family	5%	9%	6%
Recommend remaining in foster care	95%	91%	94%