

# Making Threshold Decisions in Child Protection: A Conceptual Analysis

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## Abstract

The threshold at which state social work services respond to children who may have been maltreated has been the subject of debate in the UK and elsewhere over a number of years. This paper presents a conceptual model that helps to explain how threshold decisions are made, based on a review of research in the UK and elsewhere. A range of factors were found to affect thresholds, including the nature of the welfare concerns for the child, the policy and organisational circumstances, the role of collaborative practice amongst a range of professionals, and the decision making of front line social workers, teams and managers. A central argument is that the technical–rational model of thresholds, which is commonplace in the UK, is insufficient and the concept of ‘thresholds’ too limiting. In their place, we adopt a naturalistic decision-making approach, arguing that ‘threshold decisions’ are mediated through various sense-making strategies at local level. These strategies may appear as shortcuts to thinking, arising from a pressurised working environment. We argue, however, that they are consequential features of the context within which children’s social work services operate and that taking them into account allows for a more nuanced understanding of how thresholds are managed.

**Keywords:** Assessment, child maltreatment, investigation, naturalistic decision making, screening, threshold

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## Introduction

The threshold for state social work services to respond to children who may have been maltreated or are at risk of maltreatment has been the subject of debate in the UK and elsewhere over a number of years. Concerns have been raised about threshold levels in a variety of contexts, from providing services to individual families in difficulties, to the plight of children who suffered abuse leading to their deaths (Brandon *et al.*, 2008b). In this paper, we identify the need for further analysis of this contested concept. Rather than trying to define thresholds ever more accurately—an activity we consider unlikely to be achievable—we suggest that a more pressing task is to understand the thinking processes involved in making threshold decisions in practice. Our approach is to explore the application of so-called thresholds in social work with children and young people, using a theoretical position derived from the naturalistic decision-making tradition (Klein, 2008). The rationale for this stance will be argued and the benefits outlined.

## Context

Our analysis focuses on practice in the UK. In common with most Anglo-phone countries, the UK has been described as taking a *child protection* orientation in responding to problems of child abuse and child welfare. Front line responses to maltreatment are dominated by the investigation of allegations by local authority social work services and/or the police and possible subsequent removal of children into the care system. Alternative interventions are available, if the evidence points to more generalised welfare problems, a lesser degree of harm to the child and/or a need for early intervention to prevent future difficulty. These responses include a range of family support services, although, in current economic conditions, resources are generally considered insufficient in relation to the extent of social need. The term ‘thresholds’ is used widely in the UK to indicate the level at which the concerns regarding a child would be considered sufficient to trigger a service response. Thus, there would be different thresholds of need that would lead to family support services, to investigations of alleged abuse following initial referral, to decisions about whether a child should be made subject to a child protection plan, to court decisions about whether the evidence is sufficient to make a Care Order (removing the child from the home) and so on. By way of explanation, in the UK, there is a formal requirement to hold a child protection conference following investigations of alleged abuse. The conference may decide to make the child subject to a child protection plan (formerly known as being placed

on the child protection register) and this plan would involve provision of services aimed at safeguarding the child. In order to preserve coherence in the analysis, the present paper will focus on thresholds at the early stages in the process of involvement of social work services with a child and his or her family. The thresholds concerned are mainly at the points of decision about whether to investigate alleged abuse and whether the child should be made subject to a child protection plan.

Our analysis draws upon material identified for an earlier study (Turney *et al.*, 2012), in which we reviewed ten years of research findings in England with relevance to social workers' assessments of children and families. Although not a systematic review (which would have been impossible because of the range and nature of the research available), we adopted a systematic approach to identifying relevant studies, and details are shown in Box 1. That review helped us identify the need for better conceptual understanding of thresholds, and encouraged us to go beyond the original review, with further examination of the literature. Additionally, then, we have reviewed relevant research approaches to decision making, as well as child welfare research from outside our specific country focus (England) and the original time frame. The techniques used for this further review were selective, involving limited database searches, 'reference harvesting' and snowballing based on the author's existing knowledge. One outcome of these searches was an impression that the term 'threshold' has been used more widely in UK research and practice compared with other countries. US researchers, for example, have utilised information about 'substantiation decisions' (Wells *et al.*, 2004) but, since substantiation of maltreatment reports is not a formally recorded part of the procedure in the UK, we will be cautious in making direct comparisons. Nevertheless, we include international perspectives, as well as research findings about decisions at other stages of work with a child, where they are demonstrably relevant.

**Box 1 Search strategy used in research review (Turney *et al.*, 2012)**

The following strategies were used:

- Examination of relevant UK government research reviews and overview reports
- Database search
- Applied Social Sciences Index and Abstracts (ASSIA) and Social Services Abstracts
- Cumulative Index to Nursing and Allied Health Literature (CINAHL)
- OpenSigle (System for Information on Grey Literature in Europe)
- Social Science Citation Index

Keywords used were:

(child\* or boy\* or baby or babies or infant\* or preschool\* or pre-school\* or schoolchild\* or adolescent\* or teen\* or juvenile\*)

AND

(youth work\* or casework\* or social work\* or social service\* or child welfare)

AND

(assess\* or screen\* or case management or evaluate\* or appraise\* or threshold\*)

AND

(England or English or Wales or Welsh or Scotland or Scottish or Northern Ireland or Northern Irish)

Snowballing

Following up references known to team members or identified through the main studies reviewed.

Consultation within the academic community

Focused on UK government-funded research initiatives.

All studies identified by the above methods were screened by the review team against pre-defined criteria. This resulted in 135 studies being included in the review.

## Why focus on thresholds?

There is a range of documented concerns about thresholds with three particular strands that are identifiable in the literature. First is a general problem that the application of thresholds can appear perplexing and inconsistent when different cases are compared. For example, [Cleaver and Walker's \(2004\)](#) study of the use of the *Framework for the Assessment of Children in Need* ([Department of Health, 2000](#)) in the UK showed that particular types of referrals (e.g. concerns about parental substance misuse) were more likely to progress to initial assessment than others (e.g. police referrals for domestic violence, which often resulted in no further action). Data from North America indicate that the characteristics of children where maltreatment was substantiated were similar to those where there was no actual maltreatment, but a risk of harm in the future ([Fallon et al., 2011](#)). These findings contrast with other research, such as [Forrester \(2008\)](#), which suggests that social workers do a reasonable job of identifying high-risk cases. The problems created by these apparent inconsistencies include inequalities between families in relation to services provided, confusion between and within different agencies about referral and eligibility criteria ([Davies and Ward, 2012](#)), and consequently an increased likelihood that children may not receive services they require.

The second strand concerns the problem of high thresholds. There is a great deal of concern that agencies may set criteria for eligibility for services at a level that excludes children who nevertheless require help (e.g. [Joint Chief Inspectors, 2005](#)). If these criteria are too high, families may not be offered services at an early stage in their difficulties, before problems become potentially more entrenched and more serious. For example, [Biehal \(2005\)](#) found adolescents' problems might reach crisis point before services were provided. In [Farmer and Lutman's \(2009\)](#) study of case management and outcomes for neglected children, some of the children experienced abuse and/or neglect over long periods before a child protection plan was made. Variations in thresholds between local authorities suggested that the level was too high in some areas and, in the researchers' view, 28 per cent of the children had been left too long with their parents before court proceedings were initiated. In contrast to this, however, another UK study found that so-called high thresholds were not necessarily problematic for all families ([Sheppard, 2008](#)).

A third strand of concern is that raised by broader policy analysis. Several commentators have described both *over-inclusion* and *under-inclusion* of children as a feature of Anglophone child protection systems ([Waldfoegel, 2008](#); [Lonne et al., 2009](#); [Stafford et al., 2012](#)). Some low-risk cases are handled via overly intrusive investigations and, at the same time, some children whose situations ought to be addressed through the child protection system are not. Increasing numbers of referrals mean that the *capacity* of the system to address them all is insufficient, there are *service delivery* problems in that many children do not receive the right sort of service, and the *service orientation* is often overly focused on forensic investigation, with a consequent failure to engage adequately with children and families themselves ([Lonne et al., 2009](#)).

It is not suggested that the present paper can explore all these concerns. However, arguably, a more detailed conceptual analysis of thresholds will contribute to the identification of better ways of addressing the difficulties.

## Understanding the concept of 'threshold' in the UK

There is considerable evidence, in both practice and in research, that the notion of 'threshold' is perceived as a linear and rational concept. For instance, a recent high-profile review of government-sponsored research on safeguarding children in the UK included the following recommendation:

Thresholds for referral to children's social care and the family courts need to be clearly articulated and agreed at the most senior managerial level ([Davies and Ward, 2012](#), p. 150).

Whilst we have no difficulty with the motivation and sentiment behind this recommendation, it ascribes a rationality and straightforwardness to the processes involved that requires more detailed examination.

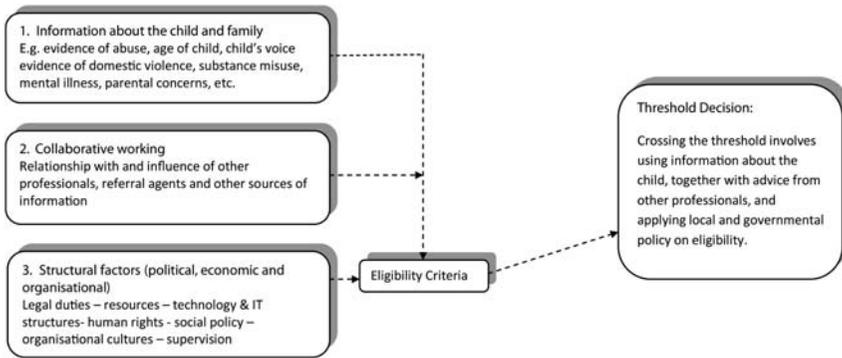


Figure 1 Factors affecting threshold decisions in individual cases: a technical–rational model

The notion of ‘threshold’ is predicated on a continuum of children’s difficulties, arranged in order of severity, up to and including the most serious maltreatment (Department of Health, 1995). Ideally, a cut-off point is established and used to define the conditions above which an investigation or assessment should be initiated. The way in which this view of thresholds is applied is characterised in Figure 1. Here, in the individual case, information about the child and family (box 1) is examined, taking account of advice from other professionals involved (box 2), and applied to eligibility criteria (box 4) derived from local and national policy (box 3). We have characterised this as a technical–rational model.

We argue, however, that this understanding is an oversimplification, on two counts. First, we suggest that children’s welfare, and the risks to it, cannot be measured in this way (Turney *et al.*, 2012). It is impossible, for example, straightforwardly to compare a child whose access to health care for a long-term serious illness has been seriously neglected with a child who has been witnessing domestic violence for several years without being physically harmed herself and a child who has been a victim of repeated non-penetrative sexual assault. The experience of each child is different and these differences predict different outcomes (English *et al.*, 2005). To reduce children’s needs to a point on a measuring stick demonstrates a failure to understand the meaning and impact of the experience for that particular child. Second, the approach is too narrow and fails to address the complexity of the decision-making process, assuming a rationality that, we suggest, does not exist in practice.

A broader view is offered by Wells *et al.* (2004), who conceptualised the screening decision in the USA as:

... a complex set of interactions between federal and state laws, organizational policies and procedures, organizational customs or norms, interpretations of those laws, policies, procedures, and customs by child protection

workers, and the number of layers within an organization included in the decision making process (Wells *et al.*, 2004, p. 982).

This moves away from a technical–rational model and towards a more complex and nuanced understanding that, we argue, reflects decision making in practice more accurately. In the remainder of this paper, we aim to show how this range of factors, at individual, organisational and social levels, combines to produce the particular decision in the individual case.

## A naturalistic approach

In order to appreciate complexity, it is necessary to go beyond understanding eligibility criteria and to explore in more detail the processes involved in the practical application of those criteria. In so doing, our preference is to examine threshold *decisions*, rather than the more limited concept of ‘thresholds’. The actual decision marks more clearly the specific point of entry to a state response (or provision of other services) to children.

Concerns have existed over a considerable period about the quality of decision making across a range of human endeavours. In the child welfare context in the UK, these concerns have manifested themselves via the examination of decision-making errors (e.g. Howitt, 1993; Reder and Duncan, 1999; Brandon *et al.*, 2009), the encouragement of evidence-based practice (e.g. Macdonald, 2001) and the exploration of systemic problems of service organisation (e.g. Munro, 2002, 2011). The broader history of decision-making research, however, is of a movement, during the latter half of the twentieth century, away from a positivistic ‘rational choice’ model of decision making (in which decision making is portrayed as involving rational comparisons between alternative courses of action) towards an understanding of decision making under real-life conditions of pressure and uncertainty. As part of this evolution, the heuristics and biases approach emerged in the 1970s and 1980s. It drew attention to the intuitive decision-making shortcuts (heuristics) that it claimed are inherent in decision making under realistic conditions (e.g. Gilovitch *et al.*, 2002)—and the different forms of cognitive bias that they commonly reflect. The key, it is suggested, to minimising errors arising from such shortcuts is to work towards reducing cognitive biases and to incorporate structured decision-making systems into everyday practice (Schwalbe, 2004).

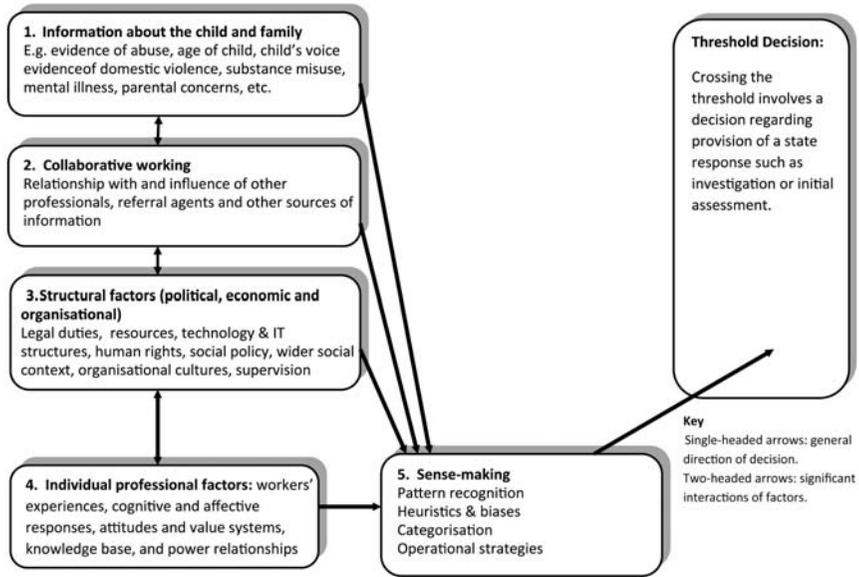
Problems have been documented in relation to the heuristics and biases tradition. They include failures of decision makers to adopt the various decision-making strategies proposed, a questioning of the validity of the original research paradigm and a concern about the negativity of using mistakes and biases as the main focal point for understanding all decision making (Schwalbe, 2004; Klein, 2008; Helm, 2011). It should be recognised, however, that heuristics do not inevitably lead to errors or biases—a point

that is re-emphasised by the naturalistic decision-making approach. This approach emerged in the late 1980s and early 1990s, arguing the need to understand ‘how people make decisions in real-world contexts that are meaningful and familiar to them’ (Lipshitz *et al.*, 2001, p. 332). Arguably, a thoroughgoing understanding of how decision makers actually operate in practice would enable us to enhance those decision-making strategies in ways that are congruent with practice realities, rather than by superimposing externally derived algorithms or analytical tools. Naturalistic decision-making research aims to make visible these real-life decision-making strategies. The approach accepts that intuition will be an inherent part of decision making that should be valued, rather than dismissed as inherently inaccurate (Hammond, 1996). We are not arguing for a simplistic return to intuitive and artistic approaches to decision making. Our position is that a balance between the rational and the intuitive is essential under conditions of real-life practice. Understanding and making explicit how intuition appears to operate and subjecting that intuition to analysis and scrutiny have the potential to improve the decisions made.

## Threshold decisions

Returning to the notion of threshold decisions, we draw particularly on (UK-based) research that sheds light on decision-making practices in the context of social work with children and families. Our argument is that the apparently straightforward determining factors identified in Figure 1 fail to take into account the actual decision-making strategies operated by front line social workers, teams and managers, and the individual values and experiences of professionals involved. Consequently, we have extended the technical–rational model to encompass these features (Figure 2). A range of influences, represented on the left-hand side of Figure 2, impacts on and is mediated through the decision-making strategies at the front line (Figure 2, box 5). These influences are shown as interacting rather than linear (represented by the two-headed arrows) and the threshold decision is then a result of the combination of these processes.

We are treating it as uncontested that the factors in boxes 1–3 of Figure 2 are key influences on threshold decisions. Information about the child and family is clearly of central importance (e.g. Wells *et al.*, 2004), although use of this information is by no means straightforward (e.g. Cleaver *et al.*, 2004; Platt, 2005), and may be presented in a variety of ways by those involved. Although inter-agency agreement is difficult to achieve (Daniel, 2004; Rose and Barnes, 2008), collaborative, multidisciplinary working is fundamental in relation to formal service responses to child welfare concerns and alleged child abuse. Similarly, the underlying legal, policy and organisational mandates are critical, as are the ‘health’ and capacity of relevant agencies (DePanfilis and Girvin, 2005; Brandon *et al.*, 2008a; Wade *et al.*, 2010).



**Figure 2** Diagrammatic model of factors affecting threshold decisions in individual cases: a naturalistic approach

Regarding the actual decision-making process at the thresholds identified, the role of interprofessional working is of particular interest, with the need for corroboration of information having been described in UK research. [Broadhurst et al. \(2010\)](#), for example, indicated that there was ‘a common pattern... of escalating severity before the case eventually found its way through the front-door’ ([Broadhurst et al., 2010](#), p. 362). This pattern, of the progressive appearance of new information, appears in a number of studies. [Platt \(2006\)](#) found that two particular sources of corroboration were important: information from previous social work involvement and clusters of referrals appearing within a relatively short time period, especially if they came from different agencies. [Farmer and Owen \(1995\)](#) found evidence of assessing risk on the basis of accumulating concerns, as if piling concerns one on top of another. Evidence from the USA complements these findings; [English et al. \(2002\)](#), for example, showed that the absence of a *history* of abuse was the most important factor leading to non-substantiation of allegations of maltreatment.

Our contention is that the broad factors shown in [Figure 2](#), boxes 1–3, interact with individual professional factors (box 4), but crucially are all subject to a process of sense-making (box 5) which leads to the actual decision in the individual case. A range of individual professional factors (box 4) are known to affect threshold decisions; for example, individual values and experiences will affect the way each worker interprets a particular child’s circumstances as harmful, as will the individual practitioner’s professional

knowledge base; and different individuals will display different levels of power and influence in persuading managers to prioritise their cases. In an American study of screening decisions by child protective services, workers who believed their role was to intervene wherever a child was at risk of harm were more likely to investigate in response to a referral than those who did not (Wells *et al.*, 2004). It is reasonable to suppose that professional value systems would interact with such a belief (research in this area dates back several decades; Giovannoni and Becerra, 1979).

The way in which the individual is affected by workplace and practice experience has been the subject of much discussion. Biehal (2005), for example, noted that social workers working with adolescents sometimes attempted to manage demand for non-urgent services by downplaying parents' concerns and 'normalising' the young people's behaviour. She suggested that this downplaying of concerns may have occurred because staff were so used to dealing with significant levels of need that they had become habituated to the severity of difficulties that were presented.

In a more wide-ranging analysis of the emotional content of child protection work, Ferguson (2009) identified feelings of disgust, fears for personal well-being and an internalising of the passivity and helplessness projected by the child and family. In extreme circumstances, some workers may become frozen, perhaps choosing avoidance as the way forward rather than engagement, and cases may then be closed rather than pursued (Farmer and Lutman, 2009). If we are to understand threshold decisions, closer examination of the emotional response of practitioners is, thus, essential.

## Sense-making

This paper argues that the background factors described above come together in influencing the approaches taken by social worker on the front line. In a pressurised work environment (characterised by the issues described above), social workers appear to reduce the decision-making process to a limited set of manageable strategies. These strategies enable decisions to be taken in a context of uncertainty, limited information, time constraints and so forth. Evidence for the existence of such a process is widespread. Biehal (2005) described resourcing problems as impacting not simply on service levels, but also on workforce psychology, leading to the development of strategies that create a barrier to the very people who need to access such support. Broadhurst *et al.* (2010) found that busy teams, often working to impossible deadlines, developed 'patterns of tacit reasoning' (Broadhurst *et al.*, 2010, p. 365) to manage workloads. Such patterns become entrenched within day-to-day practice and, over time, become an established part of the organisation's culture (Rzepnicki and Johnson, 2005).

Referring back to Figure 2, our central proposition is that front line staff engage in a process of *sense-making* with regard to the information they are managing. We are suggesting that social workers and front line managers identify frequently occurring elements or expectable features from the information they receive about the child. These elements enable them to *recognise patterns* in the information such that a service response may be chosen to fit the pattern. This process may well be subject to the logical errors identified by the *heuristics and biases* research tradition.

## Heuristics and biases

Heuristics and biases have been identified and described by a large number of authors in a range of fields. Macdonald (2001), for example, has applied this thinking to the social work field, and Galanter and Patel (2005) have reviewed the relevant literature in relation to medical decision making. A wide range of commonly occurring heuristics were identified. Examples include *confirmation bias*, where a practitioner selectively gathers evidence to confirm an intended decision or a chosen explanation; *recency effect* describes a tendency to repeat judgements based on experiences of situations that have been encountered in the recent past. For example, if you have recently encountered cases of child abuse that appeared to be linked to the mother's post-natal depression, there is a greater likelihood of making this judgement again in the next case. The notion of *order effects* indicates how information presented later in the development of a case is seen to carry more weight than information obtained earlier. Understanding threshold decisions, however, is more complex than simply applying and correcting the relevant heuristics, particularly since the process of sense-making readily combines with *operational strategies* through which workers handle the everyday problems of resource deficits and other organisational pressures. We include heuristics and biases here because we believe they offer insight into decision-making strategies and the analysis would be incomplete if it were simply omitted as lying outside the naturalistic decision-making tradition. We do not, as yet, have sufficient evidence to suggest precise mechanisms linking heuristics to the other aspects of our conceptual approach.

## Pattern recognition

Various studies in the UK have identified factors in decision making that practitioners use to identify levels of concern. They have been referred to as practical reasoning devices (Wattam, 1992), application rules (Sheppard and Ryan, 2003), evaluative strategies (Platt, 2005) and 'first order' and 'second order' constructs (Giller *et al.*, 1992). We present some of these

below, not as a comprehensive analysis of all elements that contribute to threshold decisions, but as an indication of how they are used by front line workers to recognise patterns in cases they are faced with in practice. It is a fundamental tenet of the naturalistic decision-making approach that actual approaches to decision making will vary between different contexts and research should examine the processes that take place in the relevant context, rather than superimpose a particular model from outside. The elements or factors in decision making that have been identified in recent research are presented here.

### *Specificity*

This element involves the worker examining how specific the information available to them is. The more specific an allegation of child abuse, the more likely it is to result in a serious response from social work services. In other words, where a clear injury, incident or event occurs, it is more likely to trigger a response (Wattam, 1992; Platt, 2006; Selwyn *et al.*, 2006). Conversely, where the information presented is less coherent, less detailed and relates to a range of concerns rather having a specific focus, a service response is less likely. For example, information that gives the date and approximate time of occurrence, the type of injury, and its size and location on the child's body is much more specific than a generalised referral suggesting that the child is being ill-treated. Logically, this factor is aligned with the need to have sufficient evidence before initiating a child protection investigation and some referrals may be discarded on the basis of insufficiently specific information (Giller *et al.*, 1992). The implications are well known, particularly in research into child neglect, where maltreatment manifests itself over time, and the absence of a specific incident is believed to be associated with a failure to respond adequately (Tanner and Turney, 2003; Horwath, 2007).

### *Severity and risk*

The term 'severity' refers to the degree of perceived seriousness of the situation. Severity is likely to be a judgement made by the worker(s) dealing with the case at the time, and may vary between teams and areas. Risk, on the other hand, refers to an estimation, often based on information about parenting capacity, regarding the likelihood of future significant harm to the child (Farmer and Owen, 1995). Severity and risk are fundamental concepts. The assumption is made in both policy and practice that greater seriousness of maltreatment in any given case will justify the use of scarce resources. Whilst this assumption may be contested (Manly, 2005), the pressure on the front line is to 'gate-keep' services via an understanding of severity and of whether that harm is likely to continue (Platt,

2006). An appreciation of severity is perhaps the nearest that practical decision-making strategies come to aligning cases on a continuum.

### *Co-operation*

There is considerable evidence that the presence of parental co-operation or engagement is used as an aid to decision making at a number of points in a child's 'case career' (Giovannoni and Becerra, 1979; Littell, 2001; Platt, 2006; Masson *et al.*, 2007; Stanley *et al.*, 2011). For cases at the referral stage, however, information about potential co-operation may be very limited. It is included here because research suggests it may operate as a short cut to dealing with the complexities of a family's situation. Brandon *et al.* (2008a, 2009), in their biennial studies of serious case reviews in the UK, compared parental co-operation with thresholds for intervention, demonstrating that greater levels of co-operation were generally evident in cases in which less significant level needs had been recognised. However, an opposite response also occurred in some cases, where workers faced with parental hostility or violence became 'frozen'. This reaction 'hampered their ability to reflect, make judgements and act clearly' (Brandon *et al.*, 2008b, p. 90) and a less robust response to the child's situation was evident.

### *Roles and motives*

The main factor here is the question of parents' roles in any harm the child may be experiencing, with culpability being a prime focus for investigations of alleged abuse (Farmer and Owen, 1995). Platt (2006), in his study of initial assessments of children in need in the UK, found that where the parent was perceived as accountable for the problems facing the child, the referral was more likely to lead to further action. The problem of attributing responsibility is another reason cited for the 'neglect of neglect' (Dubowitz, 2007), in the sense that professionals may see social conditions in individual cases to be the cause of the neglect rather than holding parents individually responsible. Or they may treat neglect as 'unintentional', rather than holding a parent culpable for an act of omission.

Attributing of motive has also been identified by research (Wattam, 1992), often the motive of the person making the referral. It is well established that some social work teams routinely discount reports during a dispute between two parents, on the grounds that the intent is potentially malicious (Broadhurst *et al.*, 2010). This questioning of referrer credibility can also extend to professionals from other agencies, who may have developed a reputation for what are perceived as ill-

judged requests (Dingwall *et al.*, 1983; Giller *et al.*, 1992; Buckley, 2003). Good collaborative relationships with referring agents, conversely, can improve the likelihood of cases being screened in (Wells *et al.*, 2004).

## Categorisation

Turning now to the third point in our analysis of *sense-making*, it is suggested that a child's situation is commonly categorised in such a way that a particular service response will follow. The existence of a process of categorisation was found by Wattam (1992) in an ethnographic study of allegations of child sexual assault and a similar concept was proposed by Howitt (1993) using the term 'templating'. The idea is that social workers evaluate referrals in such a way as to establish whether the child and family conform to a set of expectable features. These may include, for example, social class, single parenthood, unemployment and so forth. Giller *et al.* (1992), similarly, commented on the category of 'respectable families', who presumably would be considered less likely to abuse their children. An early example of this type of process was demonstrated by Packman *et al.* (1986) in the UK. Their study examined decisions about the admission to care of children, covering all children over a twelve-month period handled by twelve social work teams. They distinguished three categories of admission, which they labelled as 'villains, victims and the volunteered' (Packman *et al.*, 1986, p.59).

A more recent comment was in the Victoria Climbié report in the UK (Lord Laming, 2003). The report identified a tendency amongst social workers to classify cases at too early a stage in the assessment process, as either section 17 (children in need not requiring child protection interventions) or section 47 (i.e. circumstances that would require investigation of alleged child abuse) of the 1989 Children Act. This suggests that 'off-the-shelf' responses are chosen that match the category of needs facing a child. The risk of doing this is that some children do not receive the appropriate response because they do not fit neatly into a particular category or that the 'wrong' category is chosen because of a shortage of evidence. It is important to emphasise, however, that categorisation is an important and inevitable part of the decision-making process, as workers cannot go back to first principles in each new situation. It is a process that should be supported and valued, and the key issue is not to arrive at premature categorisation, where there is a risk of detrimental effects on the child.

## Operational strategies

The final part of our analysis of *sense-making* involves the contention that social workers evaluate the data they receive in the ways indicated

above, but that responses (and indeed sometimes those evaluations themselves) are subject to a variety of *operational strategies* that enable the staff concerned to cope with the range of pressures affecting their working context. These strategies, as responses to pressures of time, uncertainty, political and managerial demands and so on, have been described much more fully elsewhere (Broadhurst *et al.*, 2010). The ways in which front line workers manage organisational pressures have an inevitable effect on the response to the child's needs, examples of which are shown below.

Our intention here is to acknowledge the impact of these operational strategies, by giving examples of findings from recent research specific to the child protection field, not to present a comprehensive account of the range of human responses to workplace pressures. Broadhurst *et al.* (2010), for example, described 'speed practices', such as 'front and backing' (i.e. completing the beginning and end of an electronic report form, but omitting the middle), that enabled them to get through their day-to-day work. Others have found workers completing brief investigations only (Wells *et al.*, 2004), which are less likely to lead to substantiation decisions; and several US studies have found that, where services were unavailable, maltreatment was less likely to be substantiated (DePanfilis and Girvin, 2005). Broadhurst *et al.* (2010) further described 'general deflection strategies' that in essence enabled teams to avoid taking on additional work. They included 'strategic deferment', namely sending the referral back to the referrer to ask for more information, and 'signposting', or deflecting the case to a more 'appropriate' agency. A similar strategy involves agencies arguing between themselves about which service was responsible (Brandon *et al.*, 2008a). Deflection of domestic violence-related referrals was often achieved by responding automatically with a standardised letter (Broadhurst *et al.*, 2010)—a finding that was echoed by Stanley *et al.* (2011). Timescales for completing tasks, Broadhurst *et al.* (2010) suggested, 'can create perverse incentives to dispose early on the basis of incomplete information' (Broadhurst *et al.*, 2010, p. 362).

## Implications and conclusion

This paper has proposed that the idea of a threshold as a single objectively defined point on a linear scale is unlikely to be feasible in the majority of cases. Indeed, we would argue that attempting rigorous definitions of thresholds is substantially a wasted exercise, although developing worked examples of cases that may be appropriate for different levels of service may be helpful in illustrating relevant considerations. We want to acknowledge the complexity of these decisions and have presented a model that seeks to explain how threshold decisions are made by child protection services.

An analysis of threshold decision making within a particular organisation would necessarily include all aspects of the system described. If change is sought, the factors maintaining current practice need to be explored fully in order to understand the best ways of driving change. If change were attempted simply by altering one part of the system, the force of other determining factors may be too strong and may prevent change occurring. For example, in the context of the response to domestic violence referrals cited above, if change were attempted by 're-educating' practitioners to treat such referrals more seriously, it is unlikely to make a significant difference to the number of cases screened in. If pressures of workloads are too high to allow priority to be given to this work, they will obviously militate against workers' attempts to respond to individual cases more sensitively or, if they do, pressures may shift to other parts of the system or may affect other types of referrals. Change needs to be addressed across the system, rather than in one part of it.

Whilst the technical-rational model of decision making was left behind by decision-making researchers some years ago, in both practice and policy contexts, it still appears to be implicit in social work in the UK. Its usefulness, however, is limited. We have sought to show how background child-related, individual professional/interprofessional and organisational factors operate not as primary logical components of the threshold decision, but are mediated through complex structures of sense-making at local level. We are not proposing this model as a once-and-for-all exposition of the factors involved. And we recognise that it focuses on the role of front line practitioners. Further research would be needed to describe more fully how the voices of service users (parents and children) are factored into decision-making processes. Our intention, however, is to pull together existing knowledge into a framework that demonstrates the complexities of threshold decisions. In order to understand this, an under-researched field (Wells *et al.*, 2004), it is vital to explore *how* decisions are made, rather than simply to record the factors that affect them. With a thorough understanding of this kind, arguably more effective steps can be taken to improve the quality of decision making. The proposed model is a step in the academic debate and, we hope, paves the way for further naturalistic decision-making research in the field of child welfare.

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