

Colligation in child welfare work: Decision-making in a case on the tipping point

Introduction

Colligation in human services is the more or less structured process of selecting and ordering information using relevant theories and concepts to assemble a credible and ‘followable’ account of a client’s situation, according to Andrew Abbott (1984). Through colligation, caseworkers limit complexity in light of professional knowledge, common sense and legal guidance, preparing for a formal classification of the problem. In this article, I argue that studying processes of colligation in child welfare allows for a nuanced exploration of how structural, cultural and individual aspects of professional practice interact when grasping a professional mandate concerning children, parenting and risk.

When introduced to a child or a family previously unknown to child welfare services, the caseworker needs to specify the problem at hand. Such a specification involves describing the situation using child welfare vocabulary, and narrowing down the options available for action. Borrowing a term from medicine, Abbott calls this diagnosis, and it involves the two steps of colligation and classification:

Colligation is assembly of a ‘picture’ of the client; it consists largely of rules declaring what kinds of evidence are relevant and irrelevant, valid and invalid, as well as rules specifying the admissible level of ambiguity. Classification means referring the colligated picture to the dictionary of professionally legitimate problems. (Abbott, 1988: 41)

While classification is a deductive activity that involves placing items under headings, colligation is an inductive process that involves identifying pieces of information that are relevant to the mapping of a particular professional problem (Abbott, 1984).

Several studies have discussed classification work in child welfare (Hall et al 2006; White et al 2009). When exploring processes of professional diagnostic work, however, I find the term colligation, or rather sequences of colligation, particularly productive to explain the surprisingly complex, demanding and lengthy processes involved in acting when no clear-cut evidence exists. Working at the front line of child welfare implies making ‘impossible’ decisions. The intricacies of the lives of the children and families can be staggering, available information is often fragmented and episodic, and, more often than not, uncertainty and ambiguity are inevitable. Yet the caseworkers are expected to act and make justifiable decisions based on established knowledge, factual material and transparent procedures.

Cases involving suspected neglect challenge the caseworkers’ ability to define the cutting point between adequate and inadequate care in relation to the particular child in need. Out-of-home placement is a measure of last resort, involving the strongest public intervention into the private lives of families, and there is no partial placement. A child is under the physical custody of either the parents or the child welfare system. Cases that remain on the brink of out-of-home care are described in this article as being on the tipping point between two different logics, and these logics can be understood as binary oppositions. Making the decision to move a case from one logic to the other puts pressure on the caseworker to justify that this move is correct and desirable (Backe-Hansen, 2003/4).

Cases with visible signs of maltreatment, violence and abuse tend to force a decision (Christiansen and Anderssen, 2010; Dubowitz, 2007; McSherry, 2007). By contrast, cases without clear evidence tend to linger in the system. In an interview study of 83 social workers who had recently made decisions regarding out-of-home care, Christiansen and Anderssen (2010) pointed to the caseworkers’ reluctance to make decisions for placement when lacking conclusive evidence. Their study suggests that without the dramaturgy of the more obvious

assaults, caseworkers need a trigger or a catapult to convince them to act and open an out-of-home case.

Dubowitz (2007) and McSherry (2007) discuss what they define as ‘neglect of neglect’, referring to the difficulties of defining and intervening in cases of neglect, hence leading to postponing decision-making in cases of suspected inadequate care. The need for a trigger may reflect the common practice of justifying out-of-home placement by the use of one salient attribute, described by Backe-Hansen (2003/4) as ‘justification in the shape of a trump card’ (157). The trump card cases are understood to have one obvious cause of concern, e.g., drugs, mental health or child abuse.

Most research on decision-making in cases on the tipping point is based on data produced in retrospect, reflecting narratives on past decision-making processes (Backe-Hansen, 2003/04; Bhatti-Sinclair and Sutcliffe, 2013; Christiansen and Anderssen, 2010). The study in this article, however, is prospective and follows decision-making over time, thus building knowledge about aspects that might not correspond with consistent accounts made in hindsight. The case illustrates colligation as an ongoing process, involving intertwined structural, cultural and individual aspects of professional decision-making practices.

Contextualising Norwegian child welfare frontline casework

According to the classification of international child welfare systems developed by Gilbert et al (2011), Norway has a “family service” system. Such systems assume ‘that the State should play a proactive, universal role in supporting caregivers’ ability to improve their lifestyle and behaviour’ (Pösö et al, 2013: 1864). The Norwegian welfare services are organised as a universal welfare state service with both a preventive focus and a low threshold for intervention (Križ and Skivenes, 2013). As a result, most interventions by the child welfare services aim to support children and parents within the home. A decision to place a child in

out-of-home care must be tried by a county welfare board, and the child welfare services have to prove that in-house measures are insufficient to improve the child's situation.

The Norwegian child welfare services largely rely on individual caseworkers' knowledge and discretion in risk and needs assessments (Križ and Skivenes, 2013). The overall guidelines (Q-1036) and basic legal principles of the Child Welfare Act of 1992 apply. Apart from a current nationwide trial program, the assessment process does not follow comprehensive standards. The municipalities or local districts organise frontline services according to a variety of models, but with certain common features. Each district has an administrative manager responsible for legal and economic management, and for ensuring the professional quality of the services provided. Further, each unit has a given number of caseworkers responsible for investigation, assessment and intervention. A child who is subject to investigation or assistance from the services is referred to as 'a case', and each case has a responsible caseworker. Following normal procedure, but not bound by law, a case is often assigned a second caseworker. Caseworkers are usually educated in social work or social pedagogics. Depending on size and resources, units may also employ family counsellors and other expertise for specialised interventions.

The Child Welfare Act of 1992 allows the child welfare services up to six months to investigate and assess whether the child needs follow-up, after a possible case has been detected. Both the law and administrative guidelines require (Q-1036) measures to be time-limited, and deadlines must be appropriate according to the measures' objectives. Systematic breaches of deadlines may lead to reprimand from the regional administration, and systems of accountability are set up to ensure compliance. Consequently, deadlines are a central feature of child welfare decision-making.

A Case Study of Colligation

In the present study, I followed a case that was considered difficult from the beginning over the course of one year. I used a combination of observation, field interviews, semi-structured interviews and document analysis to find out how the caseworkers approached a family of four, consisting of twin babies and their mother and father. I gathered data in real-time through conducting fieldwork in one local child welfare unit. In the following, I refer to this as ‘the office’. The case studied involved a family counselling section internal to the office as well as external specialist services.

I conducted this case study while working as a researcher on a multi-disciplinary study of children’s participation and professional practice in different professional contexts, including child welfare, rehabilitation and health services (references withheld for purposes of anonymity). My particular focus was on the institutional context of child welfare work.

The methodological approach emerged as a result of my growing interest in practices of decision-making while conducting ethnographic research in two child welfare offices. Being an outsider, a sociologist with theoretical knowledge of child welfare work, I was intrigued by the caseworkers’ emotional investment, and the extensive practice of informal case-talk. I became interested in the interplay between these informal aspects of the work and the formal actions and decisions of the caseworkers.

I decided to approach the subject by conducting a single-case study, gathering different types of data over time. A single-case study design is particularly suitable for attaining an in-depth description of a phenomenon in its real-life context (Yin, 2014). However, sampling was a challenge, as neither the caseworkers nor I could anticipate how cases would develop. The rapport I had developed over time with the caseworkers was invaluable for gaining entrance. I was invited to follow the case analysed in this article early in the research process. The

educated guess was that this would be a challenging case, yet not too different from any other cases they were working on. Throughout its first months, the caseworkers had to make a number of hurried and less hurried decisions. The case reflected the ambiguity and uncertainty that the caseworkers deal with on a regular basis, and the caseworkers expressed an array of emotions in both formal and informal discussions, many which resonated with the issues I had become aware of during my field observations. Through following this one case, I gathered data that allowed for the in-depth study of caseworkers' decision making processes through the development of a case over time.

Data and inductive analysis

The data consist of observation, interviews and case documents obtained in targeted fieldwork during the one-year period. Observation took place in meetings between caseworkers, caseworkers and managers, and between caseworkers and external partners. My research interest was on the caseworkers' reflections, interpretation and use of information that they brought into the office. Thus, I did not observe the caseworkers' first-hand contact with the children and parents. Field conversations provided me with information on interactions and dialogues I did not observe, as well as data on the caseworkers' reflections and interpretations as they developed over time. I conducted three in-depth interviews with responsible caseworkers when important decisions in the case had been made or were due. The interviews centred on the caseworkers' narratives of the case trajectory, and explored their experiences of the process towards the recent or upcoming decision. I recorded and transcribed the interviews, reviewed and supplemented the field notes directly after a day's work, and anonymised and copied written documents.

The written documentation of the case consisted of a paper folder for each child, with approximately 70 documents in each folder, including correspondence, action plans and

reports. The electronic case files are a record of the caseworkers' communication with parents and experts.

During the year, I regularly visited the office, and kept up to date with the developments in the case. In addition to regular visits, I conducted six two-week periods of fieldwork. The case consisted of periods of both high and low levels of activity. I relied on the caseworkers to inform me of unforeseen events and turns. In periods of high activity, I was present as much as possible, observing meetings and hallway talk. The strength of the study lies both in its longitudinal design and in the rich detail of the multiple types of recorded data, reflecting the process over time.

Six caseworkers were formally involved during the one-year period. In the following discussion, each one is assigned a code (i.e. cw1–cw6).

The data was analysed through an inductive process, inspired by constructivist grounded theory as described by Charmaz (2006). I approached the data with an open-ended research interest, focusing on both the caseworkers' tasks as well as their understandings, interpretations, intentions and perspectives, in order to understand child welfare work 'as expressed through their actions as well as their words' (Clarke, 2005: 3).

According to Charmaz (2006: 130), 'the constructivist approach means learning how, when, and to what extent the studied experience is embedded in larger and, often hidden positions, networks, situations, and relationships.' To anchor the caseworkers' actions and reflections in their contexts, I interpreted data through coding and constant comparison, both across time and between different types of data. What I learned reflected a trajectory of events that allowed the analysis to develop and become more refined over time. New data often led to reinterpretations. Patterns that emerged led me to focus on how the caseworkers structured

information, and the way they made professional sense of the family's complex reality. The structuring of the data into sequences of colligation was a result of this analytic process.

Ethics and limitations

The study is reported to the Norwegian Data Protection Official for Research. It was carried out as a part of the larger study (whose title has been withheld to ensure anonymity in the review process), through which I was granted access to the child welfare office. I informed the staff of the purpose of my study, and they consented to my presence. The caseworkers in this particular case gave their written consent to participate in the study. Finally, the parents gave written consent to my accessing their case documents and following the casework.

All case-study designs 'must cope with the essential problem that, because the context is part of the study, there will always be too many "variables"' (Yin, 1981: 59). Even when following one singular case, the data is never complete. Apart from one meeting with external partners, the study took place within the child welfare office. But even within the office, there are necessarily many interactions and assessments that I have not witnessed or recorded.

Although I had field conversations about the events that I did not participate in, and the caseworkers reflected in hindsight about experiences and assessments, far from all unrecorded work and talk are reflected in the recorded data. To counter this limitation, I made sure to participate systematically in formal meetings to record all explicit considerations that were made available to me.

The caseworkers often asked my opinion about the case but I did my best not to make normative assumptions about their work or anything else. Although it is unlikely that my presence had any impact on the decisions reached, it might have led to more explicit reflection and articulated argumentation, as well as more self-conscious handling by those responsible. I reflected on this in the analysis, and found such explicitness to strengthen rather

than weaken the data, allowing the caseworkers' reflections to inform the analysis of implicit communication.

The five sequences of colligation in this case

Different events that took place within the case itself influenced the caseworkers' interpretations and reinterpretations of the situation. Analysis of the history of events led to an ordering of the one-year trajectory into five sequences, reflecting how specific events triggered the caseworkers' gathering, interpretation and handling of information in new ways. These five sequences are labelled as follows: 1) Identification and establishment; 2) Drama and heightened risk; 3) External interpretation demanding action; 4) Seeking evidence; 5) Shifting focus and client agency. Thus, a number of twists and turns characterised the colligation process.

Identification and establishment

The maternity ward at the local hospital contacted the local child welfare services, requesting assistance with a family of parents with new-born twins. The mother had a history of depression. She had suffered from anxiety during her pregnancy, and had been an outpatient at the hospital, which caused worry about her ability for care. The minutes from meetings with the hospital report: 'Based on similar experiences, the family is likely to need much assistance' (Document 2 in case folder 1).

Child welfare services decided that the family might be eligible for assistance and initiated an investigation. A caseworker was assigned, and a case was filed in the child welfare office archives. The assigned caseworker (cw1) and her colleague (cw2) based their initial assessment on information from the hospital, classifying the case by the mother's mental illness. Meeting the family was the first priority in understanding the case.

When I asked cw1 to tell me about their concerns, and how they planned to map the situation, she emphasised the mother's illness, and she said she expected her medical doctor and former psychologist to provide the information they needed.

However, the mother's illness and how this would affect her parenting was not the main issue of the case deliberations. Following their first meeting with the parents, the caseworkers described the mother as 'older' and as 'having traditional values', and they expressed concern about her lack of contact with the labour market. The very young age of the infants and the added challenge of having twins suggested that this was a particularly vulnerable family.

When speaking about her first meeting with the family, cw2 hesitantly described the parents as 'simple-minded', while also confessing in an embarrassed manner that this was not a professionally legitimate term used to describe clients. Throughout the year, the caseworkers' characterisation of the parents as immature or clumsy was often repeated in case talk. There was 'something' about these parents that they could not understand.

Because of the children's young age, and because they lacked specific information about the gravity of the mother's illness, the caseworkers decided to apply assistive measures through in-house supervision during the investigation phase. 'This will give us the opportunity to observe them, and see how they function,' cw1 explained. While they agreed that the parents should try to care for their children, both caseworkers emphasised that this case was on the tipping point between in-house and out-of-home care. Cw1 kept the office manager closely informed, thereby signaling a possible future emergency decision.

Drama and heightened risk

Two weeks into the case, a conflict between the parents caused the mother to take the twins and leave to stay with her sister. The father told cw1 that the mother had a strong temper. The mother said the father was incapable of caring for the children. 'Dramatic things have

happened since we talked last,' she told me, when calling to tell me there had been changes in the case.

The caseworkers interpreted the mother's move as a sign of instability and heightened risk. This change spurred an increased sense of uncertainty in the caseworkers. Although they had been concerned about the parents' ability for care from the start, they had not expressed urgency in assessing the situation. The mother's move raised concerns about her personality traits, and worry that her perceived poor impulse control might be detrimental to the children's health. Cw1 expressed need for greater insight into the mother's person, not just her depression.

The activity level of the caseworkers increased. Cw1 visited the parents, talked with and visited family members, sent reminders to doctors and psychologists for detailed information, and there was a notable increase in the number of in-office case discussions. More activities were documented in writing. From initially noting instances of normality, the written documentation now tended to reflect risk and worry.

In a brief meeting with the office manager, the caseworkers emphasised the mother's depression and high levels of aggression and anger, characterising the situation as extremely unstable. They expressed concern about the father's lack of resources and social competence. To keep the situation under control and gather evidence for a placement, they decide to institutionalise the family for eight weeks, for supervision and observation. The perceived gravity of this change moved the case closer to the tipping point.

The mother and the babies moved to the institution, while the father came for visits. The staff documented a high level of conflict between the parents. Their reports included assessments of the parents' ability for care, or lack thereof. Certain incidents were described in detail, for instance, how the mother clumsily held her babies, and episodes of inattentiveness.

The institutional placement took place during the summer. Many of the regular employees, both in the child welfare office and in the institution, went on holiday, and there was little permanency in the follow-up of the case. When cw1 returned from a four-week holiday, the family's stay was scheduled to end in three weeks. Cw1 felt uneasy about suggesting a follow-up strategy without having sufficient time to re-establish contact with the case. After having expressed her discomfort to the manager, they decided to prolong the stay for another six weeks to 'map the children's needs' (Document 26, case folder 1). The parents consented, and the stay was extended. However added time at the institution did not offer the much sought after conclusive evidence, and cw1 continued to be uncertain whether the evidence was strong enough to suggest tipping the case into the out-of-home care category.

The deadline for making a decision on follow-up was approaching. The institution reported serious concern about the parents' inability to support their children's development. In a discussion with the office manager, cw1 cautiously used the institutions' assessment to argue for an out-of-home placement. However, she could not convince the office manager that the evidence sufficiently supported this conclusion. Looking for a solution, colleagues suggested a family home. In a family home, parents and children live together as a family, sharing facilities with other families, receiving some supervision and follow-up. This is a short-term measure, allowing the child welfare services some level of control over the care situation, without placing the children away from their parents. Again, the parents consented, and cw1 arranged for the mother and the babies to move from the institution to a family home. At this point, the children were three months old.

Interim arrangements

Three weeks passed, and a week before the planned move to the family home, child welfare services received a note of concern from the staff of the institution, assessing the parents as unfit to provide adequate care for the twins. The note expressed serious concern about the

children's adverse development. A note of concern has procedural implications, pushing the frontline services to act.

Again, the process changed character. The institution's psychologist had performed a range of tests on the children, to determine the state of their development. The results indicated that both babies, now four months old, were not developing appropriately for their age. Although such tests cannot directly indicate a cause for adverse development, the institution linked the results to what they perceived to be inadequate parenting skills. The children's development became pivotal to the colligation process.

The institution recommended out-of-home placement. All the written documents from this period are clear and unambiguous. Minutes from a meeting between the parents, institution and caseworker, state the following:

It is advised against continued assistive measures in the form of a family home. This will involve great risk of continued negative development. It is emphasised that the total care situation for the children is not good enough, and that the future prospects of improvement in the mother's ability for care are not present. (Document 25, case folder 2)

Cw1 was called on to act. She shared the institution's concern, but worried that the evidence available was still not conclusive enough. The mother's psychologist had finally submitted the awaited report. However, she did not find this to give her the evidence she needed.

Cw1 consulted with the office manager, who expressed concern that the county social welfare board might dismiss a suggested placement, because the case lacked conclusive evidence. The manager suggested voluntary placement of the twins. This assistive measure is less conclusive than out-of-home care placement. It does not need the approval of the county social welfare board. However, it is a measure usually used in situations where the children are in temporary need of care (Q-1104 B).

The parents consented to placement of the babies, who shortly after moved to a couple employed to give special attention to children with need for special care, a so-called reinforced home. The twin mother had a nervous breakdown, and Cw1 required a neuropsychological assessment of her, hoping to get a clearer picture of her mental state and a possible diagnosis. The caseworkers involved expressed a strong need for understanding the cause of the mother's observed clumsiness and immaturity.

Cw1 believed the case was moving towards an out-of-home care decision, and emphasised the need to document all activity in order to build evidence. Yet, she still expressed unease about the way the case had evolved. The office manager had formally made the decision to place the children with the parents' consent. Although this lifted the burden of responsibility from cw1, she expressed concern about the possible negative effects a new temporary measure would have on the children. Although she was careful not to criticize her superiors, she implied that procedural concerns had overruled the best interest of the children. She said the following:

I wonder. Are we able to take good care of the children here? Have I managed to pass on the concerns to our managers in the best possible way, in order to reach the best solution? (Interview with cw1)

Cw1 expressed emotional commitment to the case. Expressing loyalty towards both the system and the family, she was concerned that the system's practical considerations might not support 'the right decision'.

Seeking evidence

Shortly after the children moved, cw1 changed jobs. She asked an experienced colleague to take the case, trusting her to handle it with expertise and care. The new responsible caseworker (cw4) was the fourth caseworker appointed to this case. In four months, the caseworker second in charge had been replaced twice.

The children were four months old and lived in the reinforced home. Cw4 was expected to evaluate and conclude the placement of the twins. The deadline was less than two months away. Cw4 took on the task thinking she would be preparing for out-of-home-care, but was surprised that the documentation was not conclusive. She needed to make her own assessments. Since she lacked first-hand observation, as well as sufficient codified knowledge indicating a causal link between the children's adverse development and the parents' lack of ability for care, she reported the following:

I quickly became aware that I could not reach the same conclusions as those prescribed in the action plan, because I felt we lacked documentation – which would mean that it would be up to my assessment, and me as a professional, and then I felt that I would actually have to get to know the case better before I could conclude any further. (Interview with cw4)

As time passed, the twins showed improved development. Accordingly, the situation became more ambiguous. The caseworkers hoped the report from the institution would offer conclusive evidence. However, this report was two months delayed. This time lag reduced its relevance. Cw4 continued to struggle with the perceived shortcomings of the parents: 'I know there is something there; I just cannot say what it is!' (Field conversation, cw4).

The institution staff, however, was confident that the parents' lack of caring ability was obvious and well-documented. They argued strongly for their preferred conclusion, referring to results from tests of physical development, contact behavior, lack of self-regulation and adult-infant interaction to illustrate they were not developing in an age appropriate manner.

Although cw4 trusted the institution staff's conclusion, she found the vagueness of the evidence distressing, and asked the psychologist for unambiguous proof:

Can you say they are delayed because of the lack of care they received during the first months? [...] Can you say [...] how far behind they are? [...] Could you say that the mother's ability for interaction is independent of time and place? (Field notes, meeting with institution)

The answers she received did not satisfy her. The appointed supportive caseworker (cw5) was on sick leave, and cw4 expressed indecision and unease about independently suggesting out-of-home care for the children. More than doubting the institution's conclusion, it was the lack of evidence that troubled her, and she requested additional expert advice: 'It is kind of personal. I feel a lot of resistance toward standing in court looking dumb. Specialists have more authority in court' (Field notes from deliberation meeting between manager and cw4).

The children's stay in the reinforced home was prolonged for three more months and a new expert assessment of child – parent interaction was commissioned.

Shifting focus and client agency

The parents were reluctant to enter another period of assessment, and declined to sign the suggested plan of action. The case lacked both a conclusion and a follow-up plan. Cw4 fell ill, and was granted a one-month leave of absence. A new second in charge (cw6) was appointed, but he also fell ill. The children's stay in the reinforced home was maintained, but the case stood still, now also lacking a responsible caseworker.

When cw6 returned to work, the case had changed character. The parents had appointed a lawyer, who made complaints about delays, and claimed the parents' right to receive support through assistive measures. The lawyer's involvement drew the attention of the office manager and signaled the need to reassess the case.

Cw6 was the third in charge of the case during a seven-month period. He was acquainted with the former assessments. However, like his predecessor, he needed to establish his own understanding of the case, speaking with the involved parties and reading the documentation. He met with the institution, talked to the parents, and supervised visitations. He sensed that the office agreed that this was a potential out-of-home placement case:

What first struck me with this case was that everyone had an opinion, and they were all very certain that the parents were unfit to care for their children, and that it would not work out. They had all already decided where this was going. Then it usually ends up that way.

(Interview with cw6)

With the support of the office manager, he directed attention towards signs of adequacy. Deliberating the case with his colleagues, he described instances of normal parenting, characterising situations formerly interpreted as being insufficient as adequate. The commissioned report from the neuropsychologist confirmed that the mother was suffering from depression. Cw6 dismissed this as constituting evidence of her lack of parenting skills.

However, cw6 also requested decisive evidence. He was critical towards both the type of information that constituted the case, and the interpretation of this information. He questioned the quality of the earlier assessments: 'I do not think the case would have been where it is today had the reports had a more professional content, and had a specialist assessed the twins' development' (Interview with cw6).

Based on his observations of the parents, and supported by the manager, cw6 concluded that the parents were fit to care for their children, and suggested returning the twins to their parents. As cw4 returned to work, she seemed to have a more pragmatic take on the case, and expressed less emotional attachment to its result. 'I knew that this was a case with several possible outcomes,' she said when I asked her about her reaction to cw6's conclusion.

'Returning the children was one.' At the same time, and in contrast to this apparent distanced take on the case, cw4 continued to express concern for the children when discussing the case with colleagues. She continued to assume that this was an out-of-home-care case, just waiting for concluding evidence. Returning them would mean risking one more attachment break for the twins.

As the year ended, the children were returned to their parents, with assistive measures from the office family counsellor. The case continued to be a topic of hallway talk. The decision to end up on the assistive measures side of the tipping point was controversial and did not fit with the professional hunches of former caseworkers and staff, who continued to be concerned about the children's development.

Case summary

Throughout the year, the case lingered in the system. With the passing of time, a sizeable number of documents were added to the case files, and the caseworkers became increasingly concerned about possible neglect and potential future damage to the children's development. Yet, this was not enough to reach a conclusion. The case remained on the tipping point, constantly lacking what was perceived as being decisive evidence. Ironically, my analysis indicates that the caseworkers' experience of personal commitment and responsibility might have influenced the diagnosis and inference process and prolonged the time it took to reach a decision. The extended process seemed to be augmented by aspects of the organisational structure, such as numerous changes in caseworkers, as well as by an office culture that accepts implicit argumentation.

Discussion

The findings of this study support the conclusions of earlier studies of decision-making in child welfare (Christiansen and Anderssen, 2010; Dubowitz 2007; McSherry 2007). They indicate that certain aspects of child welfare work stand in the way of professional practices that lead to concluding decisions in cases involving suspected neglect, on the tipping point between in-house measures and out-of-home care. As found by Christiansen and Anderssen (2010), when such cases lack conclusive evidence, they are left lingering in the system.

Caseworkers need proof, in the form of a trigger or a catapult, which will allow them to tip the case over into one or the other of the two categories of intervention.

In the following, I will address how the caseworker's perceived individual responsibility affects the process of reaching a conclusion, and how this is enhanced by practical and organisational features of child welfare work. Finally, I will briefly discuss strengths and limits of a single-case, prospective design for studying decision-making in cases on the tipping point.

Perceived individual responsibility

Out-of-home care decisions involve putting vulnerable children and families at risk. Making the wrong decision inflicts unnecessary pain on everyone involved. It can further threaten the legitimacy of child welfare services. Lastly, it threatens the self-respect of individual caseworkers. Rather than risking making mistakes based on uncertain professional judgement, caseworkers seek, or await, an explanatory diagnosis, elucidating test results or decisive events, like evidence of any harmful practice, that force a conclusion.

Although the caseworkers in the analysed case sought different proof at different points in time, they shared an implicit understanding that there was 'something' the matter with the parents' ability for care. They expressed a wish to understand the one underlying cause for the parents' clumsiness and perceived lacking parenting skills. Rather than relying on observed indicators, they sought the trump card, one obvious explanation, which would give them the necessary push to initiate an out-of-home care case in the county social welfare board.

According to the Norwegian Child Welfare Act of 1992, the management of the local child welfare office is responsible for decisions made in the frontline services. This is reflected in the overall guidelines of case procedures (Q-1036). Formal decisions and plans of action must be approved and signed by the office manager, who makes professional, economic and legal assessments of the suggested decisions. Although the caseworkers are required to act

justifiably, according to their professional mandate, the law does not assign personal responsibility to the individual caseworker.

Moreover, the municipal child welfare administration is obliged to organise its services so that caseworkers are able to do their job in the best possible way. Optional and routinised deliberations and the institution of two caseworkers to each case serve as organisational arrangements for easing the strain of making difficult decisions and ensuring a transparent process.

Despite these legal regulations, and organisational arrangements, the caseworkers in the analysed case repeatedly expressed that they operated 'as if they each were an individual child welfare office' (field notes, cw4), indicating lack of collaborative practices, and little guidance and support from their superiors. In this particular office, the experience of standing on their own could have been enhanced by frequent changes of office managers, high levels of sick leave, staff shortage and high workloads.

During the trajectory of this case, three people served as office manager. This meant the caseworkers repeatedly had to inform and update new people about the history and status of the case. The caseworkers thus represented the continuity of the case. High levels of sick leave, however, resulted in several changes of caseworkers throughout the year. New caseworkers had to acquaint themselves with the family and the case details, and documentation and colleagues' knowledge became the only stable sources of case history. Lastly, high levels of sick leave meant that caseworkers had to take over colleagues' responsibilities, adding to already high workloads. The practice of two caseworkers suffered from this, and many cases were left with only one caseworker on each case. Together, these organisational arrangements and practices left a high level of responsibility to the individual caseworker. They were left to deal with questions, doubts and the burden of proof on their own, contributing to indecisiveness and prolonged processes of decision-making.

The study suggests that casework is only partly a cumulative process in difficult and indecisive cases. Each new caseworker needs to be convinced that he or she is making the right decision. However, they might not be convinced by the same evidence. This might be due to the changes in the case itself, reflecting new concerns. It might also be that the caseworkers have different professional standards for what is perceived as convincing evidence.

Interestingly, what finally triggered a conclusion in this case, was the introduction of a lawyer, and lack of decisive evidence. This tipped the case into the in-house measures category. After concluding my study, I discussed the experiences of having the evidential burden in order to conclude in difficult cases with the caseworkers. They expressed that they needed stronger evidence to gain support from their office manager for out-of-home care decisions, than for in-house measures. This practice may have serious consequences for children living in detrimental situations of neglect, where the evidence is weak.

Although lack of decisive evidence delayed making a conclusive decision, it did not cause passivity. This is not a case of neglect of neglect, as described by Dubowitz (2007) and McSherry (2007). There is a continuous pressure to act, caused both by procedural deadlines, as well as by the perceived responsibility and the caseworkers' individual emotional involvement. The decisions made, and the actions taken, kept the case in an indecisive space, lingering in the system. Instead of concluding, or actively seeking ways to conclude, the caseworkers, and their managers, made decisions to prolong measures or to initiate interim measures, thus postponing closure.

This study did not address the individual and organizational strategies for handling the burden of making difficult decisions. However, the data indicates that colleagues uphold a culture of support, where there is room for sharing stories and experiences as well as discussing diagnosis and inferences. In this case, this sharing seemed to strengthen the implicit

assumptions that the parents were incapable of caring for the children. It became a common understanding in the office that 'the case of the twins' would end in out-of-home care. Institutionalisation of the family could also possibly ease the burden of the individual caseworker. Concern and risk were kept under control by the institution staff, and lifted some of the pressure off the caseworkers. Lastly, sick leave and changes of caseworkers may be a more or less conscious strategy for the organisation to relieve individual caseworkers of responsibility.

Some strengths and weaknesses of the single-case design

Studying decision-making in cases on the tipping point as a process, through a single-case, longitudinal design has uncovered features of child welfare work that contribute to delaying closure. The research approach has given access to the caseworkers' considerations taken across time, and has highlighted the interconnection of individual and organisational conditions for making professional decisions.

However, characteristics of the specific case studied may have influenced the results. The case concerns very young children, from newborn to one years of age. This may have strengthened the engagement and concerns of the caseworkers, as babies are perceived to be particularly vulnerable. Similar studies of a range of different cases should be conducted in order to compare results and scrutinise the findings.

Another weakness of the study is the limited reference to the caseworkers' simultaneous handling of numerous cases. The focus on one singular case means I have avoided taking into account the totality of the caseworkers' workload, and the concerns they are grappling with at the same time as they are working with this family. The totality of tasks and concerns will have an impact on both the experience of burden and investment in each particular case.

Conclusion

Casework is generally perceived as being a cumulative process, where both new and existing evidence create a deeper understanding of the situation. This perception overlooks the importance of the shifting individual interpretations each caseworker brings to the table. This study of colligation over time sequences has shown how structurally-induced individual commitments and feelings of responsibility influence decision-making in casework. With changes in caseworkers, the case histories will be examined and understood differently, based on the new person's situated knowledge and experience. This underlines the need for transparent processes of diagnosis and inference, making explicit the underlying assumptions of interpretations and decisions.

Individual commitment and feelings of individual responsibility are generally positive and desirable traits in a child welfare caseworker, and are expected to benefit both the children and the parents involved. However, this small-scale qualitative study indicates that feelings of commitment and responsibility may also lead to reluctance in making decisions in cases of possible neglect on the tipping point, thus unnecessarily keeping children and families waiting for a conclusion. When each caseworker is 'his or her own child welfare office', the strain of the responsibility and the burden of proof may be too much to handle, leading to strategies for easing the burden and abdicating one's responsibility. These strategies need further exploration.

The personal responsibility caseworkers experience for the outcome of a particular case may increase the need for conclusive evidence that compels a decision. Searching for, and believing in, decisive proof may limit the strain of working with uncertainty and ambiguous evidence. Yet certainty is rare in child welfare. Accepting some vagueness and unpredictability may lead to more explicit and reflexive processes of decision-making.

Studying decision-making in child welfare as a process in light of the situational features of casework allows for a nuanced understanding of this complex human endeavor. I have argued for the application of the concept of colligation for this purpose. The results from this study invite more research on individual and organisational strategies for dealing with the pressures of responsibility in professional work involving making decisions that have serious consequences on people's lives.

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