

The use of discretion in decision-making by social workers at child protection services in Italy

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Abstract

Child protection social workers in Italy operate within a context apparently lacking reference laws on procedures to be implemented in selecting the most appropriate intervention measures for a child's welfare. The result is a situation leaving significant operational discretion up to each professional who, although able to choose the best possible intervention based on each specific case and on local resources, also risks creating profound inequalities. The objective of this research was to identify the criteria according to which decisions are taken by child protection services social workers in Italy. Using the *Decision Making Ecology* model (Baumann *et al.*, 2013), the survey areas were outlined with particular attention to the child welfare focus in the reference organisations and with respect to the personal orientation of the individual professionals. Three focus groups were formed of 22 social workers operating in protection services in three cities of the Veneto region in north-eastern Italy. The results highlight certain significant convergences despite shared practices lacking within individual services, or the use of standardised methods with a strong shift of decision-making toward the individual rather than the institution and based on experiential-intuitive methods, rather than scientific-analytical ones.

Keywords: Minor, Child Protection, Decision Making, Social Worker, Professional Skills.

Discretionary decision making in child protection

In Italy, national, and in some cases regional, regulations and guidelines regulating child protection provide useful criteria for orienting operating practices, while leaving workers in the social and health services a wide margin of discretion in assessments and decision making, allowing them to customise intervention measures. This discretion confirms the professional role of social workers, who are called upon to consistently reach informed decisions in their work¹. This situation also induces a degree of variability in the procedures, assessments and measures adopted, with a resulting lack of clear, shared procedures to select the most appropriate measures ensuring the welfare of minors (Ghezzi and Vadilonga, 1996). Furthermore, the criteria according to which social workers can exercise discretion are not always shared across the professions, and more frequently derive from the personal and professional real-world experience of individual social workers rather than being based on theoretical principles and scientific evidence (Fargion, 2014). This marked variability is the cause of serious concerns, because one of the fundamental obligations of the State is to guarantee equality of treatment in compliance with human rights (Keddell, 2014).

In Italy, from a national legal standpoint, the change of Title V of the Constitution in 2001 delegated the organisation of social services to the regions, leading social services to assume different organisational forms at the regional level to guarantee better operations and more immediate accessibility to citizens. When it comes to child protection services, very different organisational-management forms exist even in neighbouring regions despite sharing the same child protection orientations (defined centrally by specific laws). To simplify this organisational complexity, we can note that there are two main types of protection services: services "specialised" in child protection and dedicated exclusively to intervention in a judicial context; and "mixed" services providing preventive intervention within a "beneficent" system and in the judicial system (Bertotti and Campanini, 2014). Paradoxically, these two models are often present in regions very near to each other, so they do not appear to be related to a need to render more functional services to any specific region.

The subdivision of these two types of services is based on the primary orientation according to which the social worker is called to operate in protection contexts: they may work in a relationship of collaboration with the child's parents in a situation of risk or in a situation mediated by judicial authorities if the relationship of trust with the parents appears insufficient to guarantee a proper partnership, if it has failed over time or if the risk to the child is very serious.

It should also be highlighted that one of the particularly complex dilemmas for social workers working in this area relates to the contrast between the user's self-determination which even today is rarely involved with participation tools, and the protection of safety and wellbeing (Banks, 1999). In addressing these dilemmas, social workers in both specialised and mixed services may request assistance from a network of professional services and resources. In highly complex cases, the social worker can draw on the resources of

¹ The decision-making task is based on the principles of "technical-professional autonomy", and "independence of judgement", cited first in the laws regulating the profession (L. 84/1993 "Regulation of the profession of social workers and institution of the professional role"), and subsequently set out in the "Code of Ethics of Social Workers in Italy, under Article 10".

the so-called Multi-dimensional Assessment Unit (Unità Valutativa Multi Dimensionale - UVMD) which comprises the formal involvement and collaboration of professionals from all services involved in the case (most frequently the family counselling centre, family doctor, paediatrician, addiction or mental health services, disability services, child neuropsychiatrist, centre for abuse and maltreatment) in order to reach a shared decision. The team meets to draft a report signed by all participants defining the planned intervention, the tasks of each service, timelines, monitoring and individual responsibilities. While this tool is the guarantee of an ecological reading of the situations and of a decision that is not instinctive but the result of a broader consideration, it also represents a possible source of additional dilemmas, should the members of the team have highly divergent positions (Bertotti, 2012).

This brief introduction highlights the centrality and complexity of decision-making responsibility in social work, and particularly in child protection, in both the international and domestic area. Despite this, research in this area is poorly developed in national and international studies of social services² (Cabiati, 2015; Bertotti, 2016). Research interest in this sector has focused on creating more or less standardised tools to identify risk and protection factors for minors in order to reduce the uncertainty of assessment (Baumann *et al.*, 2013; Fluke *et al.*, 2014 and Bertotti, 2016), essentially merging the processes of assessment and decision making, which instead should always be kept separate (Baumann *et al.*, 2013; Taylor, 2013; Fluke *et al.* 2014; Bertotti, 2016). The assessment stage must provide an overall picture of the situation under investigation, including an opinion and instructions regarding resources, critical factors and the options available for intervention (Palumbo, 2001; De Ambrogio, Bertotti and Merlini, 2007; De Ambrogio, Dessi and Ghetti, 2013). Then, the decision-making stage consists of an analysis of individual intervention options and the consequences of each, especially in terms of risk, culminating in the decision of which one to adopt. Given the ethical scope of the issue, it appeared important to understand and examine in greater depth the means by which professionals take decisions involving child protection. In particular, using the Decision-Making Ecology Model (2013) developed by Baumann *et al.*, we sought to investigate which of the dimensions linked to the case, the decisionmaker and the organisation were identified as influential with respect to the decisions taken by child protection social workers, with a specific focus on the child welfare orientation. Finally, we wanted to investigate the extent to which social workers follow a personal and intuitive or institutional and rational method in the decision-making process. For this purpose, we created three focus groups involving 22 social workers working in three large cities (each with a population of over 200 000 inhabitants) in the Veneto region in north-eastern Italy.

Variables influencing decision making

In the light of the results of national research showing significant use of the intuitive approach in decision

² Among the few but significant experiences we note, by way of example, the studies by Munro on errors in the decision-making process (1999).

making by social workers in this specific context (Bertotti, 2012, 2016; Fargion, 2014), it appears significant to focus on which variables related to the case, the decisionmaker or the organisation identified by international studies influence and guide the decisions taken by social workers.

As regards factors linked to the case, the research primarily considers the influence on the decision-making process of variables such as poverty; the willingness and collaboration of parents and their degree of agreement with the proposed measures; the seriousness, type of maltreatment and age of the children; the existence of parental health issues such as substance abuse or mental illness (Benbenishty and Davidson-Arad, 2008; Dettlaff *et al.*, 2011; Fallon *et al.*, 2013; Fluke *et al.*, 2014; Rivaux *et al.*, 2008, Wynd, 2013).

The research tells us that factors linked to the decisionmaker include: age, professional experience, parenthood, personal experience of maltreatment, cultural group and educational models applied, level of education and training, workload, and the professional's attitude towards child welfare (Benbenishty *et al.*, 2015; Fluke *et al.*, 2014; Font and Maguire-Jack, 2015; Jent *et al.*, 2011; O'Connor and Leonard, 2013; Regehr *et al.*, 2010).

Organisational factors include the following influencing variables: the service's geographic location, its attitude towards child welfare, the use of assessment and decision-making tools and procedures, time available to professionals and organisational resources and constraints (Benbenishty *et al.*, 2015; Fluke *et al.*, 2014; Font and Maguire-Jack, 2015; Gilbert, Parton and Skivenes, 2011; Gillingham and Humphreys, 2010). A review of the literature revealed that decisions taken by social workers are too frequently influenced by personal factors traceable to the individual traits and experience of each professional, and by organisational and contextual elements. This means that decision making is not determined solely by the features of each particular social case, as one might be inclined to imagine.

According to the literature analysed, the main factor influencing the decision-making process in this area appears to be the individual's and organisation's orientation in child welfare. Overall, the literature supports the existence of two different orientations with regard to child protection intervention and policies: one focused on the protection of minors and the other on parental support (Gilbert, Parton and Skivenes, 2011). Internationally, one observes that the Anglo-Saxon world tends to focus on the protection of minors, while central European and Scandinavian countries consider the protection of children from a perspective of family support, although their policies for obligatory reporting to legal authorities differ. These orientations can be distinguished in four main ways (*ibid.*):

1. *Manner in which abuse/maltreatment of minors is defined*: in the first orientation, it is defined as harm caused by negligent or incapable parents; in the second, as a dysfunction within the family due to factors of a social or psychological nature that can, however, be modified through assistance and support.
2. *Manner in which abuse/maltreatment is treated*: in the first orientation it is treated as a mechanism for identifying deviance against which legal action is taken; in the second, as a mechanism to be treated with therapeutic intervention for the needs of the family, the initial focus of which is an assessment of these needs.

3. *Approach of professionals*: in the first orientation, they oppose the family and network of relatives; in the second, they establish alliances within the family context in order to encourage collaboration.
4. *Way of relocating minors*: in the first orientation, most relocations are achieved through coercion or court orders; in the second, relocation is the outcome of agreements with family members.

It is clear that these two different orientations influence the way in which services address intervention in cases of minors in situations of risk or injury. Finally, Italian research in particular emphasises how, in the decision making stage, social workers are most clearly seen to apply an intuitive "trial and error" approach, lacking an adequate assessment of the risks associated with each option, or other appraisal methods based entirely on their own experience (Bertotti, 2016, p. 119). There appears to be scant application of analytical approaches assessing the risks associated with each intervention option based on research results in the sector.

The study: aims and methods

The research sought to investigate which of the dimensions identified in the DME model were believed to influence the protection choices made by social workers. Specifically, we wanted to determine the degree of awareness of the variables influencing decision making in protection processes and current awareness of discretion and the use made of it. Since this objective has significant ethical repercussions, with respect to which we believed there to be a very low degree of reflection, we chose to use focus groups as a research tool, offering participants an opportunity and incentive to become aware of certain ideas that would otherwise remain implicit (Bloor *et al.*, 2002).

Discussion of these issues in the focus group was organised as follows:

- a. *Introduction of the participants*,
- b. *Orientation with regard to child welfare*: What is the orientation of the service in which you work? Is there a correlation between the service's orientation and that of other regional services with which you work? What is your own personal and professional orientation? Have you ever taken decisions that were contrary to the instructions of your service?
- c. *Factors determining decision making*: What are the risk factors for child welfare? Which elements lead you to decide to report a case to judicial authorities? In your service, are there shared operational practices that you abide by in reporting? If yes, what is specified in them? (times, means, other)? Which factors (case related, personal and regional) lead you to identify foster care as the best intervention for a specific case rather than residential placement or keeping the child with the family? If there are no shared practices in the service to help you take decisions, have you established specific practices? Can you offer an example of a practice that was adopted and has proved to be particularly effective? How important is professional experience in child protection

work? Can it lead to underestimating risks or does it make it easier to more correctly read situations of risk? Do you believe that aspects of your personal life influence your work with children and their families (traumatic events, political orientation, religious values, other)?

An invitation to collaborate letter with the research aims and methods was send electronically to the directors of the territorial child protection services. In this letter, we also request they recommend social workers for participation. In this way, the subjects taking part in the focus groups were selected by the directors of the services contact.

Each focus group lasted about three hours with the participation of six to eight social workers, a chairperson and an observer. The three focus groups were held over a four-month period from January to April 2018. A total of 22 social workers took part, of which 20 were women and two were men. All of the social workers interviewed had been active in the profession for more than ten years and half of them for more than 15 years. The participants' average service time as social workers was 18.6 years, and their average time working specifically in child care was 9.6 years. Given that many of them had worked previously in other professional areas of welfare, it is reasonable to believe that most of the participants had substantial experience in the sector.

The discussions were recorded, transcribed and subsequently subjected to thematic content analysis (Riessman, 2008) manually to identify the most significant analytic categories expressed by the participants. Textual analysis of the discussions during the focus groups identified four main issues regarding factors guiding the choice of intervention, the main orientation in child welfare and the emergence of the social worker's operational discretion.

Results

Factors guiding the choice of intervention

The professionals agreed that certain factors could be identified as able to guide child care intervention decisions, and in particular when assessing the neglect/harm caused to minors and elaborating hypotheses for separation and out-of-home care, all of which are necessary steps in the decision-making process.

According to national and international research, the factors most commonly taken into account during the assessment stage are the needs and conditions of minors and the collaboration of parents.

"There are two factors: the fact that the parent doesn't acknowledge the problem and the fact that the child is expressing difficulty, you always have to consider these two elements together." (SW 1, Focus Group 3).

"In the harm to a child, what leads us to act is denial and total lack of collaboration by the family of origin." (SW 7, Focus Group 2).

When it comes to decision making, especially regarding separation, we observed that the hypothesis of out-

of-home care, divided between the two main options of foster care or care in a residential structure (care community), social workers depend on a set of widely shared factors. The first factor highlighted is the child's age: for smaller children the preferred solution is foster care, while it is placement in a care community for adolescents.

"For young children right up to middle school age, I try to opt for foster care [...]; with teens, I generally prefer a care community or another environment, which can be of different types, but always a group home, the family that created the community, a genuine care community, a community that might have apartments so you can also help them become autonomous." (SW 2, Focus Group 1).

"The choice between a community or family is generally based on the child's age, older children—adolescents—are unable to form meaningful ties and it's very difficult to put teens into foster families over a certain age." (SW 4, Focus Group 2).

A second factor, identified as having a higher priority than the previous one, is to consider the characteristics of the child and their situation. The professionals emphasise that when dealing with situations involving seriously compromised minors due to harm within the original family, even very young children may require an initial "cooling down" period in a residential structure even if subsequent foster placement is planned.

"I think that for some children arriving from situations of serious abuse and maltreatment in their families, the orientation is to opt for a 'cooling down' period—that's what I call it—in a group home, because it's not good to place a child from an abusive family in another family right away. So, there is a transition period in a group home that I think needs to be brief, so you can observe and take time to assess, and then you need to transfer them to a foster family." (SW 2, Focus Group 1).

"It is clear that it depends on the child; the child's characteristics in terms of awareness, behaviour, etc., are very important. It is clear that a child, especially a very young child, might be much better off in a foster family where they can create meaningful bonds and experience a different kind of family environment. But this is absolutely impossible in certain situations due to behavioural problems or other difficulties." (SW 4, Focus Group 2).

A third factor, considered influential in devising intervention hypotheses is the services' economic and human constraints and resources, and the wider regional context with regard to the availability of foster families and residential facilities.

"There are limitations to the resources that I have available in my organisation, in the sense that the fact that I'm just a single social worker dealing with a particular family limits what I can effectively do for the family. For example, I'm thinking of a specific family where, if I had been able to offer other types of foster families, I might have avoided having to send the child to a care community." (SW 3, Focus Group 1).

"Sometimes you think of a care facility or care community that perhaps you know, and you think, 'That facility would be perfect for this child', but the facility doesn't want the child or they don't have room, so you think, 'What a shame, it would have been a perfect match, but it's just not possible.'" (SW 2, Focus Group 3).

The personal characteristics that social workers identified as particularly significant were empathy and thoughtfulness, in line with Bertotti's research results (2012) in the Italian context. They also identified the ability to separate their personal lives from the professional sphere as important.

"There is the aspect of personal skills, empathy, if that's what you want to call it, that makes you act in a different way." (SW 7, Focus Group 3).

"A characteristic that I think you need is the ability to shut down, and I can do that. When I leave the office, I forget—that's not entirely true because I still answer the phone after 6 in the evening—but I don't take the emotional baggage home with me." (SW 7, Focus Group 3).

As regards professional experience, social workers note the usefulness of identifying possible intervention measures when handling similar cases.

"Experience and also personality, because 'who we are' has a big impact, so some people might have one approach but others have different one." (SW 5, Focus Group 3).

"Things you've already dealt with are a bit easier, it's tougher with new issues where you have to invent measures to take, that's harder." (SW 6, Focus Group 2).

The personal sphere appears to influence experiences such as: parenthood, marriage separation and the child-raising models in the family of origin.

"I'm just back from maternity leave and I realise that it has an influence on my work. So, I try to prevent it from colouring my assessments and I hope it doesn't, but, [...] if I think back on the first time I had to remove a child after mat leave, I realise that I feel differently about it. It's the same thing when I deal with situations involving a child of a similar age to my child... So, I'm trying to consider it a resource, in that I tell myself that maybe I have a better understanding, in terms of empathy. But I'm not sure how much this helps in assessments." (SW 7, Focus Group 1).

"I think [...] it's how well you can distance yourself from your own life and your own experiences, [...] with regard to your own children, or your parents in a particular situation, being separated or having lived through a separation." (SW 5; Focus Group 3).

The orientation in child welfare: preserving the family

Child protection services in the institutions studied differed from each other in the organisational and managerial structures implemented in individual services, but were similar in their general orientation towards child welfare. The region includes both services "specialising" in child protection, dedicated exclusively to intervention on a legal level, and "mixed" services involved in intervention on all three levels of prevention, support and legal action. Despite the differences observed in the organisational and management structures, all of the organisations involved exhibited a prevalent orientation towards family support in line with the stance of national policies³ (Naldini, 2003) and European policies more generally. However, this orientation does not appear to have been explicitly defined within the services in the form of guidelines or specific operating methods, and the social workers state that they perceive this approach primarily through the training and planning initiatives conducted in their local contexts.

"In training regarding children, the organisation has always focused on the family and working with families." (SW 3, Focus Group 3).

"I noticed a prevalence in the types of training and projects being implemented, support for the family is prevalent. Basically, there is a huge emphasis to 'support whomever you can', including with quite precise methodological tools, although we're somewhat behind in other aspects of protection." (SW 5, Focus Group 2).

It is interesting to note that, when asked about their personal inclinations, the social workers did not appear to share ideas, not even social workers operating in the same regional structure. Furthermore, only a small fraction of the professionals stated being in line with the orientation of their service, while the majority emphasised the need to prioritise child protection, despite agreeing with the importance of giving due consideration to interventions in favour of families.

"[With respect to the prevalent orientation of the service] Social workers are required to adhere to this requirement and methodology to a certain extent, although I personally also consider the seriousness of the situation; in any case, I always have the protection of the minors at heart, this is something I have inside." (SW 6, Focus Group 2).

"The structure has implemented projects and services that tend to encourage saving whatever can be saved of the family. Personally, I feel a compelling need to protect certain minors." (SW 2, Focus Group 1).

The lack of common criteria and the emergence of operational discretion

³ This certainly appears to comply with the provisions of Italian law, which in article 1 of Law 184/1983 establishes that "minors have the right to grow up and be raised within their own family. [...] The State, Regions, and Local Authorities, within the sphere of their individual competence support [...] nuclear families at risk, in order to prevent abandonment and to enable minors to be brought up within their own families".

The investigation of the operating methods characterising key moments of the intervention process highlighted the widespread existence of personal operating and decision-making methods, based on the professional experience of each social worker, along with almost no use of standardised assessment tools. There was a nearly complete absence of operating protocols or guidelines designed to orient procedures within the services, and when these were present (in just one of the organisations involved) the professionals reported not applying them, preferring personal operating methods based on personal experience. In general, even within the same service and in the presence of generic instructions to be followed during interventions, each social worker appeared to implement an entirely personal decision-making process, sometimes conferring with colleagues when dealing with specific dilemmas.

“[Regarding the discussion of cases by internal teams within the service] we talk about it because each person would act differently. [...] In the cases that we raise and share because we have doubts, there aren't just responses like, "I'd report it" or "I wouldn't report it", we discuss it, it's not that we work in different ways, but when a case gets bogged down and stops ... a decision has to be made about what to do, not just how, and there are sometimes differences of opinion in these cases, there are those who would act in one way and those who would act in another, we often discuss this and we don't always agree." (SW 5, Focus Group 3).

"Moderator: There are seven of you here, do you think that you would all act in the same manner in the same case?

All the SWs: No." (Focus Group 2).

The methods for collaborating with local specialised services (child and developmental neuropsychiatry, family counselling, mental health services, addiction services) are also significant in this respect. The social workers unanimously agreed on the importance of creating a network of services in order to provide users appropriate and global support. However, such collaboration is difficult to achieve materially, it is poorly structured, and is often based on personal acquaintances among professionals, due to both a lack of functional protocols defining times and means, and the nature of the services involved in each individual case (staff turnover, lack of resources, excessive workloads). These shortfalls lead to assessments and treatments that are often unclear and long.

"The problem is that, while supporting the nuclear family must remain of central importance, support also means dedicating resources, not just us as a service, but also family counselling and neuropsychiatry. That takes time, and a different type of assumption of responsibility, that is, the responsibility we feel for a particular family isn't always the same as that of specialised services that work separately and 'on our behalf', and they might limit themselves to reaching a diagnosis. What I see as particularly critical is that specialised do nothing more than what little is asked of them." (SW 2, Focus Group 2).

"The relationship with the other services depends on the commitment of individual professionals, and there are certainly weak relational systems, in that that given the same workload, some are more available

and willing to work on projects together." (SW 1, Focus Group 3).

The differences were striking when considering the actual tools available to social services: the number of interviews with the family and the minors, possible home visits, the involvement of other institutional or non-institutional agencies and the option of assuming joint responsibility with other professionals varied from professional to professional. The social workers themselves explain that in the absence of shared guidelines, they are forced to take decisions based on their own personal inclinations and professional experience.

The issue of time arises when analysing the role of discretion in intervention models and resulting operational decisions.

Time for assumption of responsibility is highly personal and defined by the individual reference in each case, rather than being based on institutional indications and practice. In situations in which minors are not in imminent danger, national and regional laws provide no precise instructions or shared practices within services and between different institutions. It is not clear, for example, how long a problematic family should be supported before being reported to the legal authorities. The same is true when it is necessary to assess reintegrating the child in the nuclear family following out-of-home care. The social workers interviewed report having established their own references developed over time.

"I give it six months, because in six months you can certainly see whether or not you connect with the family. If you do, and you've started working on all the problems, then fine, [...] if not, [...] things start getting difficult after six months, I think, in that you already have assessment steps that let you say something and so you can tell the parents that, this is how far we can get." (SW 6, Focus Group 1).

"[Regarding times considered optimal for assessing the effectiveness of an intervention] It varies from case to case." (SW 4, Focus Group 3).

The professionals report that the main difficulties in designing and providing child protection interventions lie in the difficulty of making or receiving clear prognoses on the possibility of recuperating parenting abilities. This difficulty is indicated as the source of decision-making errors, the consequences of which risk affecting both the minor under protection and the professional.

"Even if we have little to work with, we still have to reach a prognosis, which may or may not be accurate." (SW 2, Focus Group 1).

"Sometimes perhaps making assessments focused much more precisely on resources and parenting skills would help us better protect the children, because sometimes they have been exposed [to errors in decision making]." (SW 7, Focus Group 3).

"We see results after many years, obviously, so it's hard to know how well we are doing, and in

prognostic terms what the outcomes are." (SW 1, Focus Group 3).

Conclusion

Given that this was a qualitative study conducted on the regional level, the observations reached must be considered as hypotheses to be verified in subsequent research, possibly quantitative in nature and national in scope. Nevertheless, the study offers an initial contribution to filling the void in Italy in reflections on the subject of decision making in child protection, representing one of the few national examples of observation and analysis of the decision-making process in this specific area, and in social services more generally.

The results reveal an orientation towards family support on an institutional level in opposition with the preferences of many social workers who favour an approach with a greater child protection focus. Furthermore, while social workers perceive this institutional orientation starting from the training they receive, there appear to be no documents within organisations explicitly setting out these policies, or providing operating instructions for staff working in the field.

Once again, the results indicate an almost total absence and lack of use of protocols and guidelines, revealing a somewhat contradictory scenario: while social workers might complain of feeling alone when making important decisions, thus contributing to the proliferation of highly personalised and individual operating methods; it was observed that even when provided tools designed to facilitate the adoption of a shared mode of operation, the interviewees did not use them, believing they limited their professional autonomy.

Discussions of the intervention hypotheses formulated by the participating social workers revealed how, far from being uniform, these are characterised by the importance collectively attributed to certain factors deriving from the unique features of each case (characteristics of the minors and families involved), individual standing of the social worker (professional characteristics, and professional and personal experience) and the local organisational context (types and quantities of available resources).

Regarding the characterising features of each single case, the most significant influences in decision making were the age of the minor and the degree of maltreatment and neglect in the family. The social workers acknowledged that their personal experiences were potentially relevant in their management of child protection cases, with the most important experience being parenthood. Finally, also of fundamental importance were local resources available to the service in terms of networks (availability of foster families and specialised services), finances required for placement in care communities and to implement customised interventions and human resources within the services to ensure long term commitments.

Thanks to the contributions of social workers working daily in child protection, it was possible to establish how this discretionary freedom derives from the complexity of clearly identifying the possible outcomes of intervention options and assessing which should be considered most appropriate. They acknowledged the need to devise solutions to deal effectively with an issue having very significant implications and, considering the valuable contributions of the professionals involved, we highlight the importance of creating appropriate operating protocols able to guide and support the decision-making process. There is a particular

need to elaborate intervention models embracing both the results of recent national and international studies and the valuable professional experience of the social workers who take on the numerous and complex day-to-day challenges implicit in working in child protection. Finally, in the work of individual professionals, it would be useful to make greater use of scientific theory and the ability to elaborate appropriate diagnosis and prognosis tools. These would enable professionals to refine and expand their professional skills, providing a more solid basis for the exercise of their profession and help make the child protection system more coherent and equal in implementation.

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