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Being child-centred: Factors that facilitate professional judgement and decision-making in child protection

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Abstract

This paper presents findings from a qualitative study that focused on factors that facilitate professional judgement and decision-making that is child-centred. Appreciative inquiry informed the methodology that enabled four focus groups ($n = 50$) with child protection practitioners who worked with children and young people living out-of-home care. The study found that, firstly, child protection practitioners had clear conceptualizations of what child-centred practice means and, secondly, articulated how functioning teams, effective organizational structures and relationships were crucial to child-centred practice. The findings point to the importance of relationality in effective child-centred professional judgement and decision-making in child protection contexts.

KEYWORDS

child-centred practice, child protection, decision-making, professional judgement

1 | INTRODUCTION

Professional judgement and decision-making in contexts of complexity is not well-understood. Yet, accuracy and transparency of practitioner judgement and decision-making have been identified as perhaps the most challenging issue facing social work today (Helm & Roesch-Marsh, 2017). Judgement refers to the process of considering alternative courses of actions or decisions, whereas decision-making refers to the choices made at a point in time (Taylor & Whittaker, 2020).

Research in the field of child protection offers insight into the complex space within which professional judgement and decision-making occurs. This complex space is characterized by multiple, often competing demands, high workloads and an increasingly disadvantaged and disempowered client population (Munro, 2020). Furthermore, child protection practice is informed by diverse and sometimes contradictory knowledge and theories and is replete with ethical dilemmas, and the work is highly emotional and existentially challenging (Jansen, 2018).

A pervasive discourse is the impact of the political, economic, neoliberalist agenda on child protection practice (Munro, 2020). Child protection, as a complex system and practice, requires a high level of

organization, although the sector often argues the level of bureaucratization and proceduralization employed has become antithetical to the practice of social work with children who suffer maltreatment. The establishment of rigid rules and standards can intrude on the importance of professional judgement and use of imagination and/or the nurturing of a learning culture. Process dominated by rigid rules, processes and procedures distances professionals from the adversity experienced by children rendering them, in many circumstances, invisible and silent, compounding their social exclusion and suffering and even inadvertently contributing to further harm (Bastian, 2020).

The rise in risk thinking aligns with neoliberal politics (Keddell, 2011). Risk management strategies, although important, also legitimate the power, knowledge and 'expertise' of the child protection system on behalf of state authorities. Practitioners become mediators of powerful expert-based relations instead of enacting values of 'egalitarianism and partnership' (Keddell, 2011, p. 1254). Over time, it has been argued that practitioners can become deskilled and increasingly reliant on bureaucratic processes instead of knowledge and theory eroding professional judgement that enhances 'regulatory quantifiers of risk' (Keddell, 2011, p. 1255). Furthermore, the use of risk assessment tools can be valuable but at the same time can deskill child protection practitioner judgement eclipsing the child's lived

experiences and circumstances. Therefore, within this risk-thinking environment, practitioners who resort to the sole use of checklists rather than engaging in analysis of available information and observations may underestimate the impact of existing interacting factors that are significant for predicting future harm (Gillingham, 2014).

In a context of the neoliberal agenda and risk thinking, child-centred practice has emerged as a dominant orientation and has been influential in contemporary child protection practice (Race & O'Keefe, 2017). Child-centred practice is an approach that emphasizes the importance of keeping a focus on the needs, interests, wishes and feelings of the child throughout all professional intervention that is about or involves the child (Race & O'Keefe, 2017). However, it has also been noted that maintaining a child-centred approach informed by children's rights, as well as understanding of child development and well-being, can sometimes be extremely challenging. For example, points out that the 'child' in child protection is configured within the paradigms of organizationally defined child abuse and child protection, thus becoming objects of concern. Practice and intervention can often then shift from the child to the incident that activated the response in relation to identifying who was culpable and the risk of further incidents (Bastian, 2020). Despite the intention of child-centred practice, the child's emotional and psychological well-being does not always feature as the primary concern, and children are not always 'sighted' (Ferguson, 2016), which speaks to the organizational context and processes in which child protection practice occurs.

There is a dearth of studies that investigate factors that facilitate professional judgement and decision-making where the child is central and visible. Instead, it is noted that practitioners who work with children in contexts of complexity and uncertainty are regularly the focus of academic research, politically driven child protection inquiries and child death reviews, which are predominantly deficit focused and highlight poor practice (Munro, 2020). It is important to understand child protection and the associated challenges and complexity; however, a deficit-saturated approach ignores innovations and what 'works.' Thus, research that exemplifies the ways in which practitioners achieve child-centred practice has much to offer existing literature, both about professional judgement and decision-making generally and specifically in child protection practice. This paper presents a study that focused on the articulation of child-centred practice and how the commitment to being child-centred influenced child protection practitioner's decision-making and professional judgement.

1.1 | The study context

This study was conducted in [names the country/state] with child protection practitioners. The Department for Child Protection (DCP) was formed in November 2016 in response to recommendations from the Child Protection Systems Royal Commission (Nyland, 2016). The exercise of practitioner professional judgement and decision-making was identified in the Child Protection Systems Royal Commission (Nyland, 2016) as critically important to child protection outcomes. One of the recommendations of the Commission was that an

overreliance on decision-making tools led to the exclusion of consideration of the child's social context diminishing professional judgement and expertise and that investing in 'highly trained, skilled practitioners, who are supported and supervised' (Nyland, 2016, p. 126) will contribute to professional judgement that will ensure the safety and wellbeing of children.

1.2 | Aims

To understand the interactive dynamics that contribute to professional judgement and decision-making in complex contexts, such as child protection, the study asked: *How does child-centred practice facilitate professional judgement and decision making in child protection?* This research question acknowledged that child-protection practitioners can and do effectively engage with children and young people and their carers and that they navigate highly complex systems in their day-to-day work. The research had the following aims:

- To better understand child-centred practice in the context of complexity in child protection and specifically in working with children and young people in care.
- To examine the ways in which practitioners' decision-making processes emerge and draw from child-centred perspectives.
- To understand the ways in which practitioners' professional judgement is influenced and maintained in the context of child-centred perspectives.

2 | METHODOLOGY

Appreciative inquiry informed the framework for this research to enable a shift from deficit thinking where deficiency and problems saturate discourses describing child protection to better understanding quality child-centred practice (Scerri MGer et al., 2015). Appreciative inquiry allowed for exploration to elucidate deep meanings of phenomena, in this case, professional judgement and decision-making in the context of child protection practice through the practice of being child-centred (Watkins et al., 2011). A qualitative research design was implemented facilitating the exploration of practitioner experiences particularly in relation to child-centred professional judgement and decision-making.

2.1 | Recruitment and sample

To recruit child protection practitioners as study participants, face-to-face meetings were held with management staff at two different sites within the DCP. These meetings had two purposes. Firstly, insights into organizational commitments were gained to enable participation, and secondly, the utility of a focus group method could be explained and planned. The managers were then sent information sheets about the research and participation in focus groups, which

they distributed to all practitioners via email. Times and dates for the focus groups were established at the face-to-face meetings, and managers forwarded email invitations to practitioners inclusive of information sheets.

A total of four focus groups were convened in situ at the DCP offices where a total of 50 practitioners attended and engaged in the deliberations. There was a mix of frontline practitioners (case managers and financial counsellors) and supervisory staff (supervisors, senior practitioners and managers) who chose to participate.

2.2 | Method

Focus groups enabled both the extraction of subjective meanings and shared meanings to emerge through group conversation. Focus groups were selected because they are an interactive and inclusive method of collecting data from a group of practitioners on a topic. The data are therefore produced via the medium of group discussion and interaction where synergies emerged describing child-centred practice, as well as how it shaped professional judgement and decision-making in the practitioners' day-to-day work (Morgan, 1997).

Prior to the commencement of the focus groups, ethics approval procedures including confidentiality, data protection and the right to withdraw were explained. All participants signed consent forms. The purpose of the research was discussed at the beginning of the focus group, which was to explore knowledge of child-centred practice, how practitioners navigated professional decision-making and judgement in a context of complexity and identification of issues that enabled or constrained child-centred decision-making. The researchers used an interview guide to ensure consistency across focus groups and included a set of prompts to guide the discussion. For example, reflective prompts such as what is child-centred practice, what factors influence decision-making when being child-centred and how can organizational context or culture shape child-centred practice and decision-making were used.

All focus groups were audio-recorded and transcribed. Each focus group was conducted over approximately 1 h. The transcribed recordings were anonymized and uploaded into NVivo 12. Data were coded, and emerging themes were identified.

2.3 | Analysis

A thematic analysis was conducted on the focus group data. The thematic analysis was conducted by two researchers allowing them to become familiar with the complete sample as well as to increase reliability and validity of the themes (van den Hoonaard & Given, 2008). Qualitative reliability assessments often involve two or more researchers independently coding nonnumeric data and coming to an agreement about the nature of the themes (van den Hoonaard & Given, 2008).

Both researchers followed the same process for thematic analysis. First, the data generated from each focus group were thematically

analysed, which involved reading transcripts and initial coding of the main themes that emerged from them. The themes were read again to identify subthemes contributing to the main themes. Finally, the main and subthemes were organized through a process of selection; that is, quotations were selected to demonstrate evidence for the themes.

2.4 | Limitations

The use of focus groups presents some limitations as it does not allow for in-depth understanding of particular groups of children and young people or case study scenarios. In this sense, while the focus groups produced rich data about practice experiences, they missed micro meanings and experiences such as those elicited through interviews. In our research, for example, although participants discussed their practices around working with diverse children, their families and caregivers, they may not have spoken specifically about working with particular groups, for example, Aboriginal children and young people.

3 | FINDINGS

The analysis demonstrated that those who participated in the focus groups were able to clearly articulate the knowledge, experiences and skills that informed child-centred practice. They also recognized that being child-centred required the ability to form relationships with the child and young person, form working alliances with professionals and care teams and, within this context, also advocate for them. In short, participants spoke about decision-making and judgement through the lens of child-centred and shared examples of what enabled and challenged child-centred practice.

Functioning teams were highlighted as important to worker well-being and resilience. Collegial working and supervision as well as a clear organizational structure were reported as conducive to best practice. Transparency in relation to organizational systems was also highlighted as important to worker satisfaction and the management of the effects of child-protection work in worker well-being. Participants' use of formal and informal knowledge domains was also found to be conducive to child-centred decision-making in child protection.

The practitioners who participated in this study also identified system challenges. They recognized that forming relationships with children and young people and understanding their unique vulnerabilities and strengths are essential to child-centred decision-making; however, structural demands such as high workloads, sometimes created tensions and ethical dilemmas in practice impeding being child centred.

3.1 | Child-centred practice

Being child-centred was well-understood by the participants and was at the centre of workers' practice approach and informed their judgement and decision-making. Being child centred is multidimensional

and influenced by attitudes in working with children and young people, skills required to do so, and understanding of the overall concept that influences best practice in the context of child protection (Coyne et al., 2016). The notion was clearly demonstrated by a participant:

... whatever decision I make for the child [I consider] ... does it value add to this child's life? Would a referral to a psych value add to this child? Would changing schools value add to this child? Or whatever – does increasing access or decreasing access help that impact on the child? ... And how does this affect the carer or birth parent? But ultimately, does this decision help this child or not?

Children's rights featured heavily in the conversations particularly in relation to the paramouncy of safety ethos, ensuring that children participated in decision-making and were visible in all processes and decisions being made in children's best interests. The practitioners spoke about safety and security as core considerations for children who had lived in contexts of uncertainty and instability and who were extremely vulnerable. Making decisions in the children's best interests occurred while trying to balance the needs and interest of children, biological parents and foster carers. However, achieving stability for children emotionally and physically was described as challenging in situations when children, particularly young people, make decisions that are not in their best interests:

I mean safety's the number one thing for us in terms of children. So ... child-centred practice means ... child's wellbeing needs to be really at the centre of everything and that comes ... first really. As we case manage and move forward with cases it's really around what are the child's wishes but what is also in the best interest of the child and their wellbeing?

Inclusive decision-making was associated with developmental capabilities of the child or young person. The importance of child development was reinforced in the establishment of team structures. For example, there were teams who worked with adolescents and teams who worked with children from birth to preadolescents. This organizational arrangement meant that staff in those teams became proficient and knowledgeable in working with children who were at particular developmental stages. This arrangement also facilitated developmentally appropriate decision-making regarding their education, access to health care, their moral development and ongoing connection to families and communities.

The ways in which risk and resilience were conceptualized also changed according to age of the child or young person, which is in line with current research findings into the participation of children and young people in child protection (Cossar et al., 2016). Identification of risks and dangers, such as use of substances or exposure to traumatic experiences, was at the forefront of child-centred practice in a child

protection context. One participant noted the sometimes-challenging role of being a practitioner and being a 'parent' simultaneously. The duality of roles and responsibilities necessitated working alongside the young person encouraging positive choices and decisions within a context of factors contributing to risk and potential harm:

You know that a younger child is more vulnerable, so you have got to focus on the risk factors in terms of immediate vulnerability and danger, and our team, in terms of adolescents ... have to prepare them for independent living, so you know, some of their behaviours might put them at risk ... I see myself as a parent, and a lot of times it's very difficult. You have to try and guide them, teach them, and so forth, but sometimes a lot of behaviours are such that they place themselves at risk.

The importance of relationships was a dominant theme. Participants believed that building relationships with children and understanding who they are as individuals facilitated the ability to make informed decisions about them and advocate for them. Relationships enable communication, building of trust and the development of a nurturing environment. The rapport building process takes significant time and sometimes severely constrained by placement instability, changes in child protection staff, competing demands and high workloads.

Practitioners identified that being child-centred involves facilitating relationships and best connections with their biological family, carers and their community. The reality of balancing decision-making alongside work with carers was also conceptualized as being child-centred. For the participants, good outcomes were seen to occur for children and young people who resided with carers who understand trauma, understand the importance of relationships, can manage challenging behaviours consistently and were persistent. These elements are reflective of a system that is child-centred.

Participants also spoke about how they draw from their life experiences and practice wisdom in their decision-making processes as practitioners. For some practitioners, experiences as a parent in their personal lives intersect with and inform their relationships with the children or young people with whom they worked in a professional role. There was no linear model in which skills from being a parent and skills in being a practitioner were related, but instead, a dynamic between the two roles was described:

[I] see it as a role of a parent, but I actually see it as a greater scrutiny, because we are the state ... so there's a higher level of accountability, and I think that's a challenge in itself. So, we do see ourselves as the parent, but with constrictions. We're a statutory organisation, we are a bureaucracy, we have legislation, we have lots of processes that we identify that children who aren't in care do not experience or have exposure to [trauma] ...

Practice wisdom, together with formal knowledge, and personal experiences, were identified as key elements in child-centred decision-making. These important elements are well summarized by a participant:

I think ... a lot of our training has come into that as well. When we look at attachment, when we look at trauma, and how that affects the brain and what happens ... for our children, we often do not know what's happened in those very early formative ... So I think we have to draw a lot on, you know the knowledge that we have, what we have learnt as being social workers or support workers as well, and a lot of that training ... it's a time in to be with [them] we do not send them away [because] that's what those children have had, we actually need to do the opposite.

3.2 | Interprofessional working and organizational practices

Children and young people who are in care have experienced cumulative harm, are highly traumatized and have high and complex needs. Participants therefore talked about the benefits of collaborative decision making. It was found that the 'care team' approach supported child-centred decision-making. The care team consisted of key people involved in a child or young person's life where they have specific roles, responsibilities and relationships including carers, education, health professionals, psychologists and practitioners. Our research found that the focus of this collaborative approach was contingent on having an in-depth understanding of the child and centring their needs and well-being in the decision-making process. The collaborative, solution-focused approach was supported by the ability to share information and being open to the perspectives and opinions of other professionals. The importance of the care team approach was conceptualized with the importance of relationships, knowledge and an 'informed view' about the child or young person's unique circumstances and through the lens of advocacy. For example:

I think when you know a case and understand a case, when you have got a really good connection with the Care Team, relationships [are] key, and that [includes] relationship with the child and relationship with the Care Team. When you are privy to that information you are ... in a stronger position then to advocate, to put forward the child's wishes, ... I think the more as, as an agency that we start to understand trauma and some of these really influential factors in our young people's lives the stronger we feel [and have] an informed view ... having a pretty good understanding of what you see as the child's needs and where to it has to be collaborative.

The importance of collaborative child-centred decision-making is cemented in the Department's Annual Review and case planning process. This is a formally legislated process that occurs every 12 months and inclusive of the care team, children and young people to review their progress over the last 12 months and document a case plan for the forthcoming 12 months. Although the level of documentation associated with the Annual Reviews was viewed as cumbersome, the process was identified as dynamic and critical. There was some evidence that the Annual Review process captured the micro or day-to-day practices in child protection (Ferguson, 2016) and that successful outcomes hinged on practitioners having an in-depth understanding of the children and young people, being trauma informed and having a professional alliance with the children and young people, the carers and others who work closely with them. The Annual Review was an important part of being child-centred and an important opportunity for reflective practice. As noted:

... [it is] a collaborative tool where you meet with the young person and the carer and have their views, and so it provides a focus moving forward for the next 12 months. So, and it gives you a document that you can review and look at ... these goals, what can we do better and that captures the child's view, the carers view, the workers view.

The Annual Review process was identified as an opportunity to reflect on particular domains enabling a 'close up' look at a child or young person's life and facilitating advocacy and referrals for specific service provision:

So we look at their placement and we look at their emotional needs, we look at their physical, their health, their education and you dissect each part of their life essentially and see how they are travelling and hoping to reach their full potential in each part of that area.

3.3 | Resilient teams and culture

The presence of a supportive, open and collegial team was consistently reflected upon as crucial in child protection decision-making and judgement (Leonard & O'Connor, 2018). The participants identified that having someone available to support them was important to their well-being that facilitated decision-making and responsiveness to the needs of children and young people with high and complex needs:

I think having, at least one person in the office that you go and just have a coffee with or debrief ... [when] I'm really struggling with this, it's really crucial, and someone that can be honest with you.

The importance of open and accessible management was reflected upon as important in making decisions:

[A]n accessible supervisor or senior practitioner [to] debrief with your team and you use them as your kind of safety net, but you also knowing ... that you can knock on your supervisors door and say 'Can I pinch 5 minutes of your time,' rather than having a supervisor who you cannot ever find and you kind of feel like you are just left hanging on your own. We all know that they have [the supervisors] their own stuff that they are trying to work with as well, but the supervisors ... really there and open.

An established team culture that provides emotional and professional support where practitioners are provided formal and informal opportunities to discuss their concerns has been found to lead to lower levels of burnout, higher practitioner satisfaction (Ferguson, 2018) and ethical decision-making.

Many of the participants identified that decision-making about children and young people was a shared activity involving support and administrative staff.

I mean, ... we are all part of a team, from the time a young person comes into this office or rings, our admin team have a significant relationship with kids that's often understated, because they are often the person that answers and is consistently in this office ... and they are often the advice providers around what we can and cannot do with some of our financial and system staff.

Lastly, some participants highlighted the importance of supervision and reflective practice in child-centred decision-making. It was emphasized that learning occurs when practitioners are provided feedback on the consequences of one's judgement and decision-making. This reflective process is best achieved in conversation with professional colleagues. It is through these processes that nurture the development of practice wisdom or intuitive reasoning skills (Munro, 2020).

For me as a supervisor, when you talk about decision making, I've always had the belief that the decisions are not mine to make on my own, it should be a joint ... the decisions we make today impacts [on them] for the rest of their lives. So I'm a big believer in consultation, in talking with other people ... we try and make the best decision we can. We will not always get it right, we'll still get it wrong, and that's where I think reflective practice is real important, that you can actually reflect on that, that things went really well, and the things that did not go so well so that we learn from that.

4 | DISCUSSION

Child-centred practice is a dominant approach in the field of child protection (Race & O'Keefe, 2017) and a driving practice imperative in the DCP in [names the state/country]. Yet, decision-making and professional judgement supporting child-centred outcomes in a context of child protection are not well-documented in the literature (Helm & Roesch-Marsh, 2017). There is a gap in the literature about the factors that impact on decision-making where children and young people are central, visible and heard (Ferguson, 2016). Recent research (Bastian, 2020), child death reviews (Child Death and Serious Injury Review Committee, 2018) and child protection inquiries (Nyland, 2016; Davis, 2019) consistently illuminate the multiple interacting forces and decision-making that contribute to the invisibility and lack of voice experienced by children in the child protection systems. This paper contributes to advancing insights into factors that facilitate child-centred practice in the context of child protection.

Child protection is a difficult work that is influenced by many, sometimes, competing interests and interacting forces. An unintended consequence of such complexity in child protection work is the growth of consistently negative and error-focused discourse. Such discourses become dominant and contribute to poor retention and recruitment of practitioners, establishment of a blame culture, lowering of risk thresholds leading to increased removal of children from their families and a demoralized workforce for practitioners who strive to ensure the safety and protection of children who experience significant adversity (Munro, 2004). The findings of this research go some way to change the narrative from a deficit-centred discourse of practice in child protection to one that is appreciative. The researchers joined with frontline practitioners to acknowledge the 'good' practice, that is, 'what works well.'

Child protection practitioners discussed the factors that enabled them to navigate complexity towards decision-making and professional judgement. It is within such complexity that it becomes possible to see where children and young people are visible and heard, that is, where child-centred practice is enacted. The key factors that contributed to child-centred practice are outlined in Figure 1. The identified factors promoted child-centred decision-making and professional judgement and included drawing on formal knowledge and theories, practice wisdom, personal experiences and values, organizational practices, relational processes and reflective spaces.

Formal knowledge and theories such as child development, children's rights, trauma theory and relationship-based practice were identified as influential in child-centred decision-making and professional judgement. A foundation of such formal knowledge enabled practitioners to conduct their assessments and plan their interventions to be responsive to the needs of children and young people. This finding is reinforced in the Munro Review (Munro, 2011), which articulated the importance of the critical use of research, theory and knowledge to inform the processes of professional judgement and decision-making. The development of expertise in child and family social work is dependent on every practitioner having, at a minimum,



FIGURE 1 Analysis of factors influencing child-centred decision-making and professional judgement

knowledge about child development and attachment, the ability to assess presence of risk factors and the impact of trauma in the short and long term (Munro, 2011). The research participants clearly demonstrated the importance of the link between theory and practice and showed how such a link informed their decision-making on a day-to-day basis.

Practitioners also identified the importance of establishing trusting relationships that enabled them to be responsive to the children and young people's unique needs. Establishing relationships with children and young people provided them opportunities to participate and have a voice in decision-making that was consistent with their developmental capacities. A substantial body of literature and evidence concurs with this finding and demonstrates that the best outcomes for vulnerable children occur when professional relationships exist (Cossar et al., 2016). Establishing relationships are the bedrock for implementing change and achieving positive outcomes; however, it can also be challenging in a context of high workloads and demands (Turnell et al., 2013) as also identified by the participants. Yet, at the same time, participants talked about a trauma-informed system, and understanding trauma was as critical in responding to the complex needs of children and young people. Interestingly, Knight (2015) identified that interventions do not need to focus on treating trauma but that practitioners and professionals working with the children and young people understand trauma and are sensitive and aware of the issues and behaviours that may emerge from cumulative harm and traumatic experiences. The findings of this project concur that environments need to be generated where children feel nurtured and safe emotionally and physically and where they can heal and recover

(Atkinson, 2013; VAWnet.org, 2013), and child-centred practice in child protection can generate this understanding.

Intuitive reasoning was also evident. Some of the participants identified that their experience as parents and/or practice wisdom informed their decision-making. In caring for children and young people, some of the practitioners identified that they take *in loco parentis* responsibilities seriously. They aimed to ensure that children and young people received similar if not higher standards of care than their own children. Practice wisdom also played an important role in decision-making and professional judgement as participants shared knowledge that they acquired through direct practice experience instead of explicit and formal knowledge sources such as theories or published research. Their experience evolved as a result of reflective practice and deliberation with colleagues (Chu et al., 2009). This project therefore found that practice wisdom knowledge enables the identification, detection and explanation of issues informing professional judgement and decision-making. In working with children and young people in care, practice wisdom is unspoken, and rather it is embodied in actions and not easily communicated although critical to achieving positive outcomes.

As outlined in the figure, organizational practices, relational decision-making and availability of reflective spaces also influenced child-centred decision-making and professional judgement (Leonard & O'Connor, 2018; Ruch et al., 2020). Organizational practices can include access to resources and the use of procedures, tools and artefacts such as policies, whereas relational decision making, and reflective spaces included and enabled access to time and a commitment to the values and principles of child-centred practice. In sum, participants

identified that child-centred professional judgement and decision-making are facilitated by established processes that promote the development of professional relationships and available opportunities for reflection and deliberation.

The participants identified that there was a perceived mismatch between the increasing demand of children and young people in care and availability and accessibility of resources to meet the complexity of their needs. Studies have found that the imposition of high workloads, rigid rules, standards, bureaucratic processes and risk management procedures tend to erode professional judgement and contribute towards the invisibility and silence of children and young people in care (Bastian, 2020). Some of these interacting forces were identified by participants as detracting from a child-centred system and decision-making; however, they also identified some organizational factors that promoted child-centred decision-making. The Annual Review was identified as a valuable process and procedure that was embedded in legislation. The Annual Review appeared to be an example of an artefact that was designed to promote analytical reasoning through the collection and interpretation of information (Munro, 2020). Practitioners identified that completing the Annual Review for every child and young person provided them with an opportunity to review action plans and collate information from the child or young person, carers, family members (where appropriate) and professionals involved with the child or young person. It allowed them time to reflect on their child-centred practice. This approach is consistent with Helm's ecology of professional judgement where the child or young person is considered within their environmental contexts and information is collated from multiple sources. As stated, 'Approaching this type of decision making with an ecological mindset can therefore support the individual worker to develop a more reflexive and multi-layered analysis of the decision situation' (Helm & Roesch-Marsh, 2017, p. 1365).

The Annual Review process is an exemplar of relational and collaborative decision-making within the confines of care teams. Making decisions in a team context, although an under researched area, is viewed as a way of coping with the dynamic and complex context of child welfare practice (Nouwen et al., 2012). The concept of forming working relationships among professionals, carers and children to ensure the safety and well-being of children is viewed as the 'heart and soul of effective practice' (Turnell et al., 2013, p. 5). This relational approach to practice was identified as a valuable way of working by the research participants where children and young people are central in their considerations. The importance and effectiveness of the care team approach are supported by limited literature. The literature suggests that for care teams to be successful in decision-making processes, it needs to be reflective in nature supported by mechanisms promoting the sharing of information and development of significant trust among the participants. Success of care teams is also dependent on being situated within an organizational culture that is positive and promotes organizational learning (Nouwen et al., 2012). There is value in researching this approach in more depth.

The care team approach was important to relational processes. A further example of relational processes included practitioners being

part of a resilient and supportive team culture. Working within a team where senior staff were accessible and supported reflective practice was reported by participants as sustaining their ability to work in a context of complexity. The value and importance of effective teams in the social work and child protection literature are well-documented (Munro, 2020). The ability for practitioners to have the opportunities to debrief and 'offload' in an informal basis and in formal supervision facilitates containment and resilience in contexts of complexity (Ferguson, 2018). In research (Biggart et al., 2017), a secure team base has been found to promote resilience and competence in working with children and families and a shared knowledge base around being child-centred. In their research, Biggart et al. (2017) found that supervisors and teams provide a secure base in the following ways—*availability* where people are there for each other; *sensitivity* in that feelings are manageable; *acceptance* that people are not always strong; *cooperation* where decision-making and finding solutions are a shared process; and *team belonging* where people feel valued and belong. The emotional dimension of practice is as critical as the cognitive and an essential element in enhancing analytical and intuitive decision-making and professional judgement.

5 | CONCLUSIONS

This study explored with practitioners the factors that facilitate child-centred professional judgement and decision-making in the context of child protection work. The factors were multidimensional and interactive. The use of formal knowledge such as child development, trauma theory, relationship-based practice and understanding of children's rights was identified as critical. Formal knowledge was supplemented by practice wisdom and personal experience of parenting that enriches professional judgement. Decision-making, where children are visible and heard, was informed by organizational processes that are collaborative and relational. Furthermore, formal and informal professional supervision and reflection facilitate deliberation and contribute to the development of resilient and confident practitioners.

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ETHICS STATEMENT

The study was approved by the Social and Behavioural Research Ethics Committee at Flinders University (Project Number 8070).

DATA AVAILABILITY STATEMENT

Data are not publicly available, and any requests to access data will be considered on request from the authors, but any access needs to be considered within the frame of ethical and privacy guidelines.

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