Through the Family's Eyes: How Local Rationality Can Shape Child Welfare Decision Making

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Abstract
Child welfare workers are constantly making critical and potential life-altering decisions regarding children and their families. This study examines how incorporating and understanding families' local rationality may influence safety assessments and service recommendations conducted during an investigation. Furthermore, this research explores how workers interpret family dynamics and behaviours within complex situations. For this thesis, ten semi-structured interviews were completed with investigative workers from the Maine Office of Child and Family Services (OCFS) using a qualitative design. During this study, four key themes emerged: the tension between procedural and relational decision-making in child welfare, the important role experience plays in understanding families' perspectives, the impact that local rationality can have on decision-making in child welfare cases, and how safety science training, especially around local rationality, could potentially improve these skills. Findings suggest that while procedural requirements such as policy and procedures have an important role in ensuring child safety, being able to integrate the families' perspective may lead to more informed and effective decisions for children and their families. Given the high staff turnover rate child welfare has experienced for years, this study suggests that integrating safety science principles into training and supervision will help newer workers acquire these necessary decision-making skills and at the same time improve retention.

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Introduction

Relevance

As soon as it came to my attention that I would need to complete a thesis, I immediately knew the topic I wanted to explore – *How can safety science principles guide workers in their decision making for families that encounter the child welfare system*? One of the things I wanted to concentrate on was local rationality which seeks to explore the "why" behind decision making.

Prior to my current role as a safety science consultant, I worked for 23 years in child welfare for two different agencies in the United States. For the first ten years, I was a worker assigned to investigate abuse and neglect for hundreds of families. At the time, I believed I was the expert in determining what the family needed based on a combination of the information I gathered from the children and parents plus the years of experience and training I had received. It was not until much later in my career and with my current work that I learned I was missing the biggest piece of the puzzle in my decision-making – the family. In particular, the information I was gathering about the family did not take into consideration the how and why behind their family decisions.

As I transitioned from a worker to a supervisor assigned to oversee a group of investigators, this became more apparent to me. On many occasions while reviewing completed reports by my staff, I would see gaps of information about the family regarding the reasoning behind the parents' actions. This posed a problem when the worker would attempt to make recommendations for the family. How does one make recommendations for a family if they are unaware of what features may have influenced the parents' decision making or actions when an incident took place?

My hope for this research paper is that it will start more conversations about a different way to gather information from children and families when making critical decisions regarding the families' futures and will help improve outcomes for all parties involved. I also hope it will inspire other industries who serve clients as well to examine what information they are trying to obtain about individuals' decision-making and what more they can learn by including local rationality concepts in their information gathering.

Background

Child Protective Services (CPS) is a government agency responsible for investigating reports of child abuse and neglect. Its purpose is to ensure the safety and well-being of children while still attempting to keep families intact. These attempts may include providing family support services, removing children from unsafe environments, and working with the courts to determine the best outcomes for affected children (Connolly et al, 2019). In recent years, there has been a shift in focus and philosophy around protecting children at any cost, such as removing them from their home of origin, towards making an extra effort to keep children with their families while offering services that fit families' needs (Parton, 2022).

Approximately 35% of families in the United States will have contact with CPS at some point prior to their children turning 18 years old (Jonson-Reid et al., 2019). While a small percentage of these children will be removed from their homes, many families will participate in ongoing monitoring by the state agency. The case worker, in coordination and cooperation with the family, decides which services (parenting classes, substance abuse treatment, housing, counselling, etc.) and interventions (voluntary, court involvement, foster care, etc.) will provide the best results for the family. The desired outcome (for both the family and the state) would be to strengthen the family unit and have no future involvement from CPS. Studies have shown that anywhere from 20% to 66% of families who have some type of involvement with CPS will once again have to interact with CPS. While studies varied based on how long they followed the family (anywhere from two to seven years), there were variables that increased the likelihood of reoccurring reports such as socioeconomic status, race, involvement with other public sector services, disabilities, etc. (Drake et al., 2006; DePanfilis et al., 1998). Repeated involvement with CPS can be stressful for families as well as a strain on resources for the government (Edwards et al., 2023).

There are a few crucial parts to an investigation that a worker must complete. First, they must meet with the children and parents. They interview them not only about the incident that was called, for example, on the Child Abuse Hotline, but they also gather as much information as possible about the family. This helps the worker determine the outcome of the investigation and possible future state involvement. The worker being able to obtain all the information from the family requires the worker to be able to engage families. This engagement includes honest communication between both parties,

empathy towards the family's situation, openness about the CPS process as well as respecting the parents' viewpoints and decisions (Schreiber et al., 2013). After the interviews, the worker will then assess the information they were able to obtain to make recommendations on the case with the help of some type of assessment guide (McNellan et al., 2022). These guides incidentally do not assist the workers on how to obtain information about the "why" behind the parents' decision-making and actions.

Getting the "why" behind decision-making can also be referred to as local rationality. "People do what makes sense to them at the time - given their goals, attentional focus, and knowledge - otherwise they wouldn't be doing it" (Dekker, 2014, p. 6). Traditionally in safety science, local rationality is used when trying to obtain information about people in their work environment; however, it can also be applied to parents and children in their living environment as well.

As this researcher has learned more about safety science principles, using local rationality principles seem to be able to help child welfare workers gather information that might change the outcome of what recommendations they make for children and families. For example, a worker may find out additional information about a parent's reasoning for missing the child's medical appointments such as the parent could not get time off work and so they may lose their only source of income. This will potentially cue the worker to help the mother find different employment or who may assist in getting the child to the appointment instead of referring the parent to a class or lecture about how important medical treatment is for a child.

If learning about the parents' local rationality leads to additional information and possible different recommendations for the family, could those possible changes to services reduce the rate of reoccurring reports? In this researcher's opinion, it may lower the rate and help unburden some of the resource constraints most states currently face. While the part about helping with some of the resource constraints may not be a master's level thesis issue; exploring how local rationality impacts decision-making for child welfare workers could improve how information is gathered. Just like when there is a critical incident and obtaining certain information (including local rationality) may change the outcome of an internal investigation in an accident, it may also be true for families involved with CPS. Potentially, this research could help any industry that works with outside clients where information about their clients' decisions needs to be gathered and analysed.

While this researcher has professional experience in safety science approaches, this study was not designed to promote or validate any type of specific model or intervention. This research is intended to explore how child welfare workers make decisions in context of complex family situations, particularly looking at local rationality. Any discussions of safety science concepts are provided for more of a theoretical aspect than to assess the effectiveness of any particular approach.

Research Question

How does local rationality influence child welfare workers' decision-making in the context of case worker safety assessment and recommendations?

Literature Review

History of Child Protective Services

Almost all countries have some form of child protective services (CPS) to combat against abuse, neglect, and exploitation involving children. While the details of how these services are offered may differ significantly, most countries' CPS systems have many overlapping features (Schene, 1998). There are typically two approaches when handling child abuse and neglect: child protection or family orientation (Gilbert, 2012). The child protection approach frames their response to cases as abuse being harmful to children and focuses on the parents' behaviour as deviant. These systems tend to respond using more punitive measures against the parents sometimes involving removing the children from the home and/or criminal action. The family orientation approach perceives that most situations are a "manifestation of family dysfunction from psychological difficulties, marital troubles, and socio-economic stress, which are amenable to therapeutic interventions" (Gilbert, 2012, p. 532).

Over the years, most countries have gradually integrated both types of interventions into their systems. For example, the U.S. and England (child protection) began to implement more services focused on keeping children in the home with their parents and/or family when at all possible and increasing different ways of responding to reports that had been called in for investigation. Whereas, other countries such as Finland and Germany (family orientation) began to implement policies and procedures such as mandatory reporting of child abuse, notifying law enforcement under certain circumstances, etc. (Gilbert, 2012).

More recently, a third mode of intervention has emerged: child development. This framework has shaped some state systems to also consider the role government should play when ensuring the healthy development of children. This has encouraged the implementation of policies to support the wellbeing of children such as paid childcare, paid family medical leave, and other state programs that promote inclusion for all families and children (Gilbert, 2012).

History of the United States Child Protective Services System

The role of child protection in the United States has changed significantly over the last 250 years. In the early 1700s and 1800s, the responsibility to ensure children's wellbeing and protection was overseen, if at all, mainly by social reformers and philanthropists. While they were concerned about child

abuse and neglect their focus was on children who were from the poorest families as well as orphans. Most interventions revolved around children being placed into institutions or indentured situations. These were mainly run by private, charitable organizations and ultimately led to public criticism around the treatment of children in these "almshouses" with them being described as chaotic, unsanitary, and not fit to raise healthy children (Schene, 1998).

By the mid-1900s, the United States government began to become more involved in ensuring the safety and welfare of children. With the passage of the Social Security Act of 1935, it enabled help for poor, single mothers to receive cash assistance to be able to provide their children instead of losing custody of them. The Act also provided federal funding to states who developed some type of program and services to prevent and protect vulnerable children against abuse and neglect. These programs continue to develop over the years with more involvement from the states. This has become a delicate balance as the United States' laws also support the families' right to raise their children according to their own values and religious beliefs. This requires a burden of proof to be met prior to the state being able to intervene and remove children from their parents' care (Schene, 1998).

This balance between families' legal rights and the requirements for states to have some form protection and services in place for vulnerable children, two approaches have emerged in the United States: child protection and child welfare. Child protection focuses on safeguarding children against harm which influences workers to broadly see families as an enemy more than an active participant in the case. This approach concentrates more on trying to determine future risk and predict possible future harmful behaviours from the parents. This tends to illuminate more of the negative sides of families' situations.

The child welfare model considers a broader sense of the children's well-being such as the affects it may have on a child to have them separated from their family unit. This approach considers prevention early on and tries to offer services to address the entire families' needs. Here, the worker will focus more on the parents' needs as they impinge on their children's welfare (Fargion, 2014).

Most literature, including this study, use child welfare and child protection interchangeably mainly because both are present in most state-run systems. There are some elements of the system that concentrate more on child protection (laws, regulations, policy, etc.) while child welfare program elements are usually present within the system as well. Most Child Protective Service (CPS) workers blend these two

frameworks into their case management skills; however, for a variety reasons, such as past work or life experiences, guidance from supervisors, and/or their academic background tend to lean heavily on one of the two approaches.

CPS Investigation Process

Completing children and family assessments relies on the caseworker's comprehension of the family's need for services as well as protection for the children (as necessary). While the assessment is being completed, the caseworker is attempting to gather information from the children and families including what is unique to each family's circumstances. Some of the information may include ages of the children, each family member's mental health and/or substance abuse, living conditions, discipline methods, domestic violence, social interactions, etc. (Lamponen et al., 2016).

Decision-Making

When a CPS case manager completes an assessment for a family, they will ultimately have to make decisions and recommendations. This decision-making can be influenced by many factors such as policy and procedures of the agency, a caseworker's experience and knowledge base, and the family's unique circumstances. One of the responsibilities of a CPS case manager is to determine if the allegations need to be substantiated. One author (Font et al., 2016) suggested that while looking at the case manager's decisions regarding substantiation, they found the family's circumstances, availability of services for the family, and use of specific decision-making tools can all heavily influence the caseworker's decisions.

CPS agencies have several assessment tools that guide workers on what type of information to obtain from the family. This can range from the time when a call is made into the Hotline, for example, the investigation process, and if the child(ren) are brought into foster care (McNellan et al., 2022). In theory, these tools also help them determine if children are safe in their living situations and which services/interventions may be most beneficial for the family as well as to help determine any future risk of abuse or neglect to the child or children. Each state has different assessment tools that they rely on, although some states might draw from the same model (McNellan et al., 2022). The tools are often broken up into one of two categories: consensus-based or actuarial. "Consensus based assessment tools are driven by clinical judgement and informed by theory, expert opinion and group decision-making, whereas

actuarial tools are risk classifications tools informed by the available empirical evidence about maltreatment risk factors" (McNellan et al., 2022, p. 2).

Local Rationality

The concept of local rationality has its roots in Herbert Simon's theory of bounded rationality, introduced in the mid-20th century. Simon proposed that human decision-making is constrained by cognitive limitations and the amount of information available at any given time. This leads individuals to make decisions that are rational to them (Herbert, 1955). Local rationality was later introduced into safety science and broken down into three different parts: attentional dynamics, knowledge factors, and strategic factors. More specifically, decision-making is influenced by where one may focus their attention, how they access knowledge about any given matter, and what goals they are trying to accomplish (Dekker, 2014). These three parts are not mutually exclusive and often interact with each other during decision-making. For example, a parent may implement a certain punishment on their child. Their goal (strategic factor) is that they want their child to listen to the rules at school so they will be successful. The parent decides to focus (attentional dynamics) their attention on their child misbehaving in school and implements a punishment consistent with how their parent used to discipline them as a child (knowledge). This is just one example of a decision a parent might make any given day.

One paper (Melsek, 2021) suggests that local rationality may impact decision-making for case managers. A study was conducted where a scenario was presented to several case managers. Each of them had different recommendations based on their knowledge, what they focused their attention on, as well as their perceptions on which goals were most important to accomplish first. This suggests that based on a worker's local rationality, their decision-making and recommendations can be different even when presented with the same scenario.

These findings Melsek (2021) made can be taken a step further to explore how understanding parents' local relationality may influence workers' recommendations and decision-making for families. If so, how case managers gather information from families may influence the assessments and recommendations they make for families as they address preventative and safety concern within the home.

Recognition-Primed Decision (RPD) Model and Critical Decision Method (CDM)

"In 1989, Gary A. Klein, Roberta Calderwood, and Anne Clinton-Cirocco presented what they called the recognition-primed decision (RPD) model, which describes how decisionmakers can recognize a plausible course of action (COA) as the first one to consider" (Ross et al., 2004, p. 2004). This model assumes that experienced workers' previous experience in similar settings as well as their knowledge and formal training will assist them in correctly assessing the situation. It has been shown that experienced decisionmakers' first course of action is good quality and if they choose later a different course of action, the quality is usually not as good as their initial thoughts and plans (Johnson et al., 2003; Klein et al., 1995).

The RPD Model states that a decisionmaker will recognize a new situation as something they have encountered before and will apply a typical response from their memory (based on their expertise). They will mentally run through steps necessary to complete their actions, anticipate any challenges, and arrive at a result. If the mental simulation results look good (it makes sense to them), the person will move forward with their decision. This internal process is completed rapidly and often subconsciously in high-pressure situations (Klein, 1993). For example, when a child welfare worker receives a report of suspected abuse in the home, they will begin to recognize similar patterns to previous cases. They will then mentally simulate how the parents may react, what safety concerns may arise if the children disclose, what they may observe in the home, whether they need a second person with them at the home visit, etc. If any concerns arise during the simulation (uncooperative parents, unsafe home conditions, aggression), they will most likely adjust their plan before a home visit. Melsek's (2021) findings regarding workers' local rationality complements this model as Melsek was able to demonstrate that workers make decisions based on their experience and knowledge.

The Critical Decision Method (CDM) is a data collection technique that is based on the RPD Model. It is used to explore how experienced individuals make decisions in real-life situations. "It was designed to be relatively unstructured and free from interviewer bias" (Klein et al., 1988, p. 20). This allowed the interviewee to explain their decision-making in free narrative and without any initial interpretation by the interviewer. The method is structured enough to avoid capturing unnecessary details that are not relevant to the topic being studied. In short, the CDM is "an interview method consisting of

the following strategies: identifying a critical incident to probe, obtaining a brief narrative description of the incident, probing about shifts in situational assessment during the incident, [and] probing about decision points during the incident" (Klein et al., 1988, p. 21).

Methods

Research Design

The theoretical framework used for this research is based on social constructionism. The constructionist perspective allows multiple realities to coexist for different individuals. This perspective indicates that people's beliefs, ideas, and norms are influenced by the environment around them. It further suggests that individual backgrounds, language, and social norms can play a part in different realities as well (Crotty, 1998). Social constructionism supports the concept of local rationality, which was one of the models used to explore the research question here. Local rationality states that individuals make decisions based on what makes sense to them at the time. It is dependent on an individual's focus of attention, their knowledge base, and what goals they are trying to achieve (Dekker, 2014). This information is often derived from their life experiences, societal influences, their circle of influence, as well as other environmental features. Local rationality is unique to individuals and informs their decision-making and the actions they take.

Ontologically, this research is grounded in a relativist perspective, which assumes that reality is socially and experientially constructed. From this standpoint, there is no single objective truth; instead, individuals create meaning through their interactions, experiences, and the contexts in which they live and work. This view aligns with a social constructionism, recognizing that what is perceived as "real" in child welfare decision-making is shaped by the beliefs, language, and social norms of those involved (both workers and families).

Methodology

A qualitative approach was used in the research. Qualitative research methods are "used to answer questions about experience, meaning and perspective, most often from the standpoint of the participant" (Hammarberg, 2015, p. 499). While conducting interviews with families is not realistic due to confidentiality laws that prohibit other entities who are not directly working with the family to know their identity, the qualitative method allowed one-on-one interviews to be conducted with workers to discover how they obtain information from families, what type of information they gather, and how this information guides them to make decisions on services and interventions for the family.

An exploratory approach was taken to allow for an open-ended examination of complex topics such as front-line staff's decision-making regarding information gathered during an assessment, especially based on what information families shared. Using Klein's Critical Decision-Making Method (CDM) allowed for a series of questions to be asked of caseworker's to elicit information about their decision-making processes during their investigations with families and more specifically regarding the use of local rationality (Wong, 2003). This method is influenced by the Recognition-Primed Decision-Making model (RPD) model, which explains how professionals make decisions in complex, high-pressure environments (Klein, 1988; Ross et al., 2004). In child welfare, this model helps explain how workers assess family situations while looking at contextual cues they may be receiving as well as relying on what may have been successful in similar cases in the past. Integrating the concept of local rationality into this framework offers a better understanding of how decisions are not just about risk or compliance, but also about empathy and local relevance—key components in ethical and effective child welfare practice.

Participants

Participants were from the Maine Office of Child and Family Services (OCFS). The first ten workers who were contacted had a range of experience and tenure with OCFS. They worked in different offices throughout the State of Maine. Five investigative workers had received formal training around human factors and safety science concepts such as second stories, local rationality, and interviewing techniques. The other five investigative workers had no formal training in these concepts. There was some discussion around having participants with different job duties such as ongoing (foster care) and adoption workers be part of the study as well. These different types of jobs also must make decisions regarding families; however, their focus of attention may be different as their interactions with families are on a long-term basis and offer ongoing assistance to them. Whereas investigators are more focused on an incident that may have taken place and what action/services may need to be implemented in the short term as well as immediate safety of the children. It was determined that it may be more complicated to bring in workers with different job duties as it could skew the data being gathered on understanding parents' local rationality may impact decision-making in child welfare.

Five of the original workers who were contacted agreed to be interviewed. An additional five workers were found through a variety of methods including the participants referring their co-workers and

regional leadership finding new workers who had not participated in any formal safety science training. Ultimately, a total of ten workers were interviewed. Their time working for OCFS ranged from seven months to 18 years. Five of the workers, most having more than five years of experience, had received at least a two-day training in human factors and safety science while the other five workers, mainly newer, had not received this training. It should be noted that at the time of this research being conducted, the State of Maine was still in the process of having all investigative workers participate in this two-day training. The training had been mandated for all workers to complete; however, there was no set protocol on who should receive the training first and was dependent on the workers enrolling themselves in the training. Therefore, there is no bearing on this research about which participants had received the training at the time they were interviewed by this researcher.

The table listed below labels each participant with a number, how long they have been with OCFS, and whether they had received the two-day training around human factors and safety science:

Table 1

Participants

Participant	**Years with OCFS**	**Participation in Training**
1	10+ years	Yes
2	3-5 years	No
3	0-2 years	Yes
4	10+ years	Yes
5	0-2 years	No
6	10+ years	Yes
7	3-5 years	Yes
8	0-2 years	No
9	0-2 years	No
10	0-2 years	No

Data Collection

Semi-structured interviews were conducted with ten child welfare workers who are actively engaged in investigative or assessment roles. Using this type of interview allowed the participants to more freely respond to the prepared questions while still allowing this researcher to keep the information cohesive enough to later analyze. The questions asked during the interviews focused on how participants assess families' situations, how they come to understand the reasoning behind certain parental choices (i.e., the family's local rationality), and how this understanding informs their decisions about safety planning and service referrals. Participants were also asked to describe recent cases and reflect on their decision-making process.

The following questions were asked participants once they were able to establish how long they had been with OCFS and if they had taken the two-day training regarding safety science offered by OCFS:

- When assessing child safety, what factors most influence your decisions?
- What helps you understand the reasoning or choices families make, even when those choices may seem unsafe or unconventional?
- How do you balance your professional judgment with the family's perspective when making safety-related decisions?
- Tell me about an example where recognizing a family's perspective changed the way you approached a case.
- How has safety science training influenced the way you think about or use families' local rationality in your work? (trained staff)
- What has helped you learn how to understand families' perspectives? (untrained staff)
- What advice would you give to new child welfare workers about integrating families' perspectives into safety and service decisions?

Data Analysis

The data was analyzed using thematic analysis, with particular attention to segments of text that reflect recognition of family patterns, situational reasoning, and shifts in judgment following deeper contextual understanding (local rationality). The findings were interpreted through the lens of the RPD

model (Klein, 1988; Ross et al., 2004) to identify how workers simulate outcomes and modify actions based on their evolving understanding of the family context.

The analytical perspective used was abductive. Since a constructivist theorical framework was used (Crotty, 1998), this researcher used this reasoning to make sense of the complexities involving each worker's unique approach to families. Furthermore, since a qualitative research design was used interviews were conducted and abductive reasoning helped interpret the information that was shared by the participants in the interviews. More specifically, abductive reasoning allowed the researcher to generate plausible, theoretically informed explanation of how workers recognized patterns, interpreted family behaviours, and adjusted their conclusions based on their understanding of the families' situations.

Ethical Considerations

Prior to contacting any of the participants, this researcher obtained permission to interview front line staff from the State of Maine executive leadership team of OCFS. After reviewing the intent of the research and talking to the appropriate parties at OCFS, it was determined that there was not a formal approval process that needed to be obtained as there was no personal client data being gathered. After permission was obtained from the leadership team, a list of possible participants was provided by a member of the training unit to help identify which participants had received the training and which had not.

When each participant was contacted, they were ensured that all interviews were voluntary and they could withdraw from the study at any time. Also included in the email was an explanation of the purpose of the research as well the opportunity to ask any clarifying questions. Lastly, the email included an informed consent explaining the entire process. Each participant was given the opportunity to sign the form and all agreed to the process during the recorded interview via Zoom. Each interview was conducted through Zoom for the ability to record and later to be transcribed to ensure that all information was accurately being portrayed in the research process.

Because Collaborative Safety, LLC was being contracted to work with the State of Maine while this research was being conducted, several other factors were taken into consideration including how this researcher may have trained some of the participants in the two day human factors and safety science training. At the beginning of each interview, this researcher reassured the participants that this research

was not directly related to Collaborative Safety or any of the work that was being done with the State of Maine. Furthermore, this researcher assured the participants that the information obtained during their interview was not a condition of their employment nor would any of the information be shared outside the purposes for this research.

In addition, given this researcher's professional involvement with safety science and Collaborative Safety, careful consideration was given for any potential bias or conflicts of interest. This study was not completed to evaluate any particular methodology or safety science approaches being used. It was intended to understand the front line staffs' experiences and perspectives regarding decision-making in child welfare.

Results

This researcher focused questions primarily around whether investigative workers learning about a family's perspective, particularly their local rationality, during an investigation may influence the decision-making process when determining how to close the case as well as what services they may recommend for children and families. After an analysis of the ten semi-structured interviews, four major themes emerged.

Theme One: Dual Systems of Decision-Making — Procedural vs. Relational

The first question this researcher asked the participants was regarding what factors influenced their decisions the most when assessing for child safety. While each participant had different priorities of what they focused on, most of the factors could be lumped into two major categories: procedural vs. relational.

Procedural

When referring to procedural factors, the participants focused the conversation on tasks that needed to be completed per Maine's OCFS policy to complete an investigation. This included: child safety and impact to the child, collateral contacts, history with the family, and allegations.

Child safety and impact to the child.

Participant Two (untrained) stated, "What the child reports is the biggest thing, like, and not just, like, what they report, but how it impacted them, how it's making them feel, like, I think [is] one of the biggest questions." Participant Six (trained) added when determining child safety that, "probably the impact on the child…if there's a definitive impact on the child, like, that's probably my number one influencing factor." Participant Five (untrained) concluded that after gathering all the information from the family involved in addition to any other details that is received during the investigation, the investigator must, "really assess what is the impact of this allegation." They further stated that the level of impact on the child will guide what needs to happen next in the investigation and ultimately help determine the outcome of the investigation and what services may be offered to the family.

Collateral Contacts.

The State of Maine's policy manual under the glossary states that a collateral contact is a "person who may have knowledge about the family, the issues identified in the report, or other factors related to

child safety." Three of the ten participants stated that collateral contacts are important to their investigations when trying to determine child safety. One participant (9 -untrained) stated:

> I try to get releases for, like, service providers, to see if they have more answers or any more concerns that the family may not have been upfront about. I really focus on talking to, like, their siblings in other households, or other, like, caregivers, like, stepparents, even grandparents. I don't necessarily reach out to, like, the whole extended family, but just people that are close…I try to talk to everybody, who knows the family better than I do.

Two of the other participants reported collateral contacts are one of the most important factors to consider when determining child safety. When talking about how important collateral contacts are, Participant two (untrained) stated, "what community members are saying, so, like, schools, police, if there is police involvement. And then we check in with relatives, too, because these are the people who know this family." Participant five (untrained) added:

> all the collaterals that come along with that are also important. We collect court records, police records, school records, medical records. To kind of just build a comprehensive picture as a family and determine what the impact of what's alleged to be happening is.

Child welfare history with the family.

One of the required steps an investigator must take while an investigation is open is to review any prior history the family may have with any child welfare agency. Participant nine (untrained) stated,

> I look at their history to see if this is a recurring issue. Is there something that's not working? Or something that has been successful…I look at [it] before I even go on an investigation, just to get a background of the family and our history with them.

Participant three (trained) talked about the struggle of trying to assess safety and stated that being able to look at a family's historical factors into some of the decision-making for them. They stated:

> It's usually easier to make an educated guess if that person has history with the department. If it's, like, a brand new case where people have no prior involvement with us, or whatnot, it's a little harder to make that initial first guess. They further described how they must rely on other information, such as input from the family and collateral contacts, when there is no child welfare history with the family.

Investigation Findings.

When a worker receives a report alleging concerns of abuse and/or neglect, they must investigate. As part of the conclusion to the investigation, the worker must determine whether the alleged incident occurred. This will result in a finding being made that will either indicate that the information called into the office most likely happened or it did not. Some of the participants discussed how the alleged findings are referred to when determining child safety.

Participant seven (trained) said, "we have to look carefully at the definition, the department's definition of the finding. In terms of, you know, if we're going to have a finding, it needs to match that finding." Participant nine (untrained) said that which type of finding is being alleged may determine how they look at the investigation and assess what is being reported. They said, "Well, I guess, for me, it's very dependent on what type of case it is, like, investigation. So, I always look at, like, is it emotional, sexual, physical, or neglect?"

Relational

When asked the same question regarding assessing child safety, some participants focused more on their relationship with the family and the perspective the family was able to provide to them during the investigation. These participants talked more about the parents being able to recognize the concerns OCFS may have for the children in the home, parents being able to come up with their own plan to protect their children and getting the parents' perspective about the concerns that had been reported into OCFS.

Recognize the Concerns.

Participant one (trained) said that they look for the parents being able to understand the situation that brought OCFS into their home and being able to recognize the concerns that need to be addressed. They said:

> Everybody's got problems, everybody's got struggles, but where are you with that recognition of your own struggles, and what's a reality for your family? And I think that, I guess, is the biggest piece I look for. Because I think it's easier to work with somebody who is realistic and attuned to what the issues are at hand.

They also talked about how this would help them determine if the family was in a position to not only recognize their circumstances but also be able to work in collaboration with OCFS to reach a solution about child safety.

Parents participating in Safety Planning.

Once information has been gathered regarding the family, decisions are made regarding findings as well as ensuring the children are safe. When the investigator has determined there is a need for further planning with the family to ensure the children can be in a safe environment, it is often referred to as safety planning. Some of the participants talked about the importance of ensuring that the parents had a voice when it came to the decision-making portion of the investigation.

Participant eight (untrained) talked about safety planning saying, "Sometimes parents even come up with their own safety plans, which is honestly best-case scenario, because then we can just support that safety plan, as long as it's safe." Participant one (trained) further discussed that most of the time the parents and OCFS want the same outcome for children. They said,

> Talking to somebody about a shared goal, I don't meet a lot of parents that say, *I want my kid to be unsafe*. You know, that's, I think, a pretty, generally speaking, good shared goal that we have in common. I want their kids to be safe; they want their kids to be safe.

Participant four (trained) stated, "I would prefer, if possible, to work with the family to get them [the children] at a safe place. So, I work really hard at doing that and trying to provide services."

Getting the parents' perspective.

Four of the participants talked about how important it was to make sure that they had the parents' perspective when they were assessing child safety. The participants' definitions of the families' perspectives ranged from getting more information from the parents about the incident that had been called into the Hotline to learning more about the family's history. However, there were some overall themes that were discussed when the participants brought up the parents' perspectives. Most of the discussion was around recognizing parents can give them the best information about what may be happening with their family.

Two of the participants (One -trained and Five - untrained) mentioned that families were the experts of their own situation, and it was important to acknowledge that when trying to make determinations in

investigations. Particularly Participant one (trained) said, "I don't know everything about a family, and really, people are the experts on themselves, so I think I am kind of honouring that." Participant eight (untrained) explained this more by saying,

> I really like to get the parents' perspective on why something is happening in their lives, and I mean, most of the time, we enter people's lives at their worst moments. So, I like to take all factors into consideration, not just the risk factors, but also their strengths and, you know, what's going well for them….

Participant ten (untrained) articulated one of the ways they get the parents' perspective is by, "I just always try to put myself in their shoes of what knowledge do they have, because not all of them, almost none of them have the training that we have. Not everybody has access to those resources."

Theme Two: Experience Shapes the Ability to See Families' Perspective (Local Rationality)

The second overarching theme that emerged from the participants was the longer they had been with OCFS, their knowledge increased on how to gather and consider a family's perspective during the investigation. During the interviews, the participants talked about how they had been able to develop some of their decision-making skills over time after interacting with a lot of different families and seeing similar situations come up with newer investigations, newer workers focused more on procedural tasks around their decision-making. When talking about what to do if a decision a parent made seems unconventional to them participant five (untrained) who had been with OCFS for 1.5 years, stated, "I think in those moments, you have to really lean on policy. I can disagree all day with how a family… [about] how a parent might choose to parent their children." In addition, participant nine (untrained) has only been with OCFS for about 8 months; however, they shared that their experience was unique when they first started as there was no one to train them. "I was on my own for a lot of my new start [for a] few months" resulting in them having to learn a lot of the basic skills on their own or initiate help themselves. Participant six (untrained) reflected on how it took them time to feel comfortable with decision-making and being able to acknowledge the family's perspective. They said:

> I certainly didn't do it from the start. I think that…it takes a long time to even get adequate at this job. I think a lot of times people come into this wanting to make an impact immediately and it takes a long time to gain [that].

Participant four (trained) talked about how experience may not just come from working for OCFS but that it can also be life experience. They said:

> If you've never had any hard times in life, you're gonna have a hard time understanding this person over here that is struggling to put food on the table…the more they [newer workers] meet with people and see what's really out there. I mean, if you don't work in this field, you don't think about this stuff. And once you're in the field, you're learning a lot, and you're learning it fast.

Participant ten (untrained) has been with OCFS for about 7 months. Throughout their interview, they articulated being able to look at multiple perspectives. When asked about their abilities, they reported, "Yeah, I've been working in schools for about 5 years now." The participant added this helped them be able to know what may be occurring with children and families.

Theme Three: Integrating Family Perspective Changes Safety Decisions

One of the questions the participants were asked was about a specific situation or case were looking at the family's perspective may have changed the worker's decision-making on the case. A lot of workers were able to think of a situation where this occurred. Some of the participants talked about how cultural upbringing can impact decision-making. Participant two (untrained) said, "I feel like culture is a huge aspect to it." They then shared a case example of where culture played a part in the case outcome saying,

> I've had one mother, family was from Mexico… we got a report that she was hitting the kids with the shoes, and then, like, when I went out, she was like, yeah, they were throwing rocks at the cars that were passing by, so I took off my flip-flop and gave them all pow-pows, is what she referred to. And then she was like, I hit the neighbour's kid, too…We took that into consideration, that, like in Mexico, where she's from, it was considered okay to take off your flip-flop and smack the kids across the thigh with it.

When Participant one (trained) was asked how often getting the family's perspective influenced their decision or may have changed the outcome of the investigation, they said, "I think very often, if not always. The more we know, the more we can help, or the more we can understand." Participant three (trained) was asked how often getting the family's perspective changed the decisions on their investigations. They responded by saying, "actually happens a lot, because things always look different.

Things always look worse on paper." Participant eight (untrained) shared about a case about when getting the perspective of the father changed the outcome,

> The child and the father got into a physical altercation. And the dad was honest with me, he's like, *yeah, we did, but this is why*… the child (was) trying to set the house on fire, you know, hurting his younger siblings." They further reflected, "it's kind of interesting, because I feel like that's where we see that the most, is children with behavioural issues who are just trying to express themselves, and the parents are just trying to not only protect them but protect the other children in the home as well.

Participant nine (untrained) added, "it's not going to be the same for every family. Like, every single family is different. One thing can work…it's great. But it might not work for another family."

Theme Four: Safety Science Training Can Accelerate Perspective-Taking

Each of the participants were asked about what advice they would give to workers when they first started the job. All the participants said that the most important advice they would give for the newer workers was to keep an open mind while gathering the information from the family. Participant eight (untrained) shared their thoughts saying:

> I think social work is about being open and honest and understanding people's beliefs and…you know, why they're doing the things that they're doing…you don't have to agree with it, but explain why you don't agree…and don't make it personal.

Some of the participants also talked about while keeping an open mind, it was also important to ensure that you have gathered enough information to decide what may need to happen in an investigation. Participant two (untrained) said, "Don't worry if your interview is an hour long, that's completely fine, because you want to get as much detail as possible, because that's how you're going to be able to help these people." Participant one (trained) added:

> I always try and model and kind of point out, like, don't be afraid to ask the questions, don't… you know, just because a family says something and you're like, oh my god, you know, kind of reacting to that in your own mind, your supervisor's gonna want that clarifying question, so just keep asking until they won't tell you any more information.

Participant four (trained) suggested teaching newer workers about safety science and local rationality from when they first start with the Department could help. They explained why it was important saying, "to make sure that when you're presenting it [case information] to your supervisor, that you're adding their [local] rationality and why they did what they did. They also explained that supervisors give advice to their workers regarding case decision-making; however, they rely on their workers to gather all of that information. This can become problematic if the worker is newer or is unaware of how to gather all of the necessary information, including questions about local rationality at that time. Participant Nine (untrained) also suggested, "I think training would be beneficial." Participant six (trained) said, "I think… I honestly feel like it takes 3 years to even get comfortable doing this job, and the majority of the people that start this job don't make it 3 years." This supported the idea that infusing safety science into newer workers' training may accelerate their ability to learn some of these decision-making skills quicker.

Discussion

The primary goal of this study was to determine if introducing safety science concepts, particularly local rationality, to child welfare workers would influence decision-making during the assessment and service recommendation process with families. After analysing ten semi-structured interviews, the four themes discussed in the results section were found to show the unique balance the child welfare system has when navigating decisions with children and families. Throughout the interviews, the participants highlighted how they consider the procedural requirements while attempting to build relationships to help gain trust with children and families. These themes together show that the child welfare system does not solely consist of a policy driven process but a consistently changing environment for front line workers to navigate between requirements and understanding human relationships.

At a broader level, the findings of this study support the idea that child welfare systems are set up to promote consistent decision-making across front line staff by implementing policy and procedural expectations. The hope is that the same outcomes (decisions) on investigative cases will be made regardless of who may be assigned to the case if the policies and procedures are followed. Another important part of decision-making in the child welfare system that often contends with these expectations is the ability for workers to work in partnership with the family to come up with solutions. For child welfare workers to be able to use this knowledge in the decision-making process, they must have an understanding on how to gather the right information from the family as the parents may not able to provide all the details without some type of prompting. In other words, the workers must understand how to integrate the families' perspective, or their local rationality. As suggested with this study, the ability to learn these techniques appear to develop over time and with experience, which may be an issue in the child welfare system as there are high rates of turnover. In addition, the workers who attended the two-day safety science training also aligned with their skill set when seeking additional information from the parents as well as most of them said the training would be most helpful for newer workers that may not understand the importance of seeking the parents' perspectives.

The Tension Between Procedural and Relational Decision-making

One of the most significant findings in this study was the tension between the dual systems of decision-making that have emerged in the child welfare system: procedural and relational. All the

participants talked about the need to follow policy and procedures when considering child safety with nearly half of them stating it as one of their top issues. The participants who focused on procedural factors reported relying on collateral contacts, historical records, impact to the child, and findings they must make at the completion of their investigation to help them determine child safety. These parts of the system focus on helping the system to be compliant with state and federal requirements as well as attempting to ensure consistent outcomes for families.

The procedural focus with decision-making in child welfare compliments Munro (2011) who stated there is a "compliance culture" in child welfare systems where decisions are based on standardized procedures and requirements. While this approach is meant to reduce risk and increase reliability in outcomes, it can also create working environments where child welfare workers began to prioritize completing tasks based on compliance instead of developing a connection with the family as well as developing a deeper understanding of the family situations. In one study (Lee et. al, 2013), workers suggested that following policy requirements and day to day work realities did not align very well. Other workers responded that the policy was so extensive that they did not know about all the policies that were relevant in their line of work. This can then become overwhelming to newer staff that may still be learning the complexities of the child welfare system.

At the same time, some participants focused their conversation with this researcher more on the importance of developing a relationship with the family, including understanding the family's perspective, involving the family in certain aspects of decision-making on the case, and focusing on being able to recognize the parents' awareness of the concerns plus the impact it may be having on their children. When a more relational approach is taken with the family, it allows families to become more active participants rather than passive subjects of the investigations. Cleece et al. (2024) suggested this approach is not only beneficial for worker job satisfaction and organizational productivity but can also improve clients' overall wellbeing.

This can further be explained by studying about human reasoning which suggests there are two forms of reasoning: analytical and intuitive (Munro, 1999). Procedural decision-making can best be explained using analytical reasoning as it tends to be rule based and focused on following protocols and policies. Relational decision-making relies on empathy and intuition which aligns well with intuitive

reasoning. In caring professions, there has been much debate around which reasoning may be best suited to care for clients with each school of thought having valid reasoning. In child welfare, both analytical and intuitive reasoning are necessary; however, this study has suggested that they may not be equally used while making decisions regarding children and families.

One framework that has been used to study decision-making in child welfare, The Decision-Making Ecology (DME) helps explain how two types of decision-making appeared in and compliments what the participants did in their interviews. DME has been used across multiple disciplines to better understand how workers make decisions within complex environments. This framework implies decision-making factors can be grouped into four primary categories for these case workers: Case details (prior reports, family history, age of the children, etc.), agency (culture/climate of the office, budget, definitions of maltreatment, state and federal statutes, etc.), decision-maker (education, age, tenure, etc.), and community (poverty, resources, perceptions, etc). While this framework has been used in a variety of studies to try and determine which of the four factors are used most frequently in decision-making, the scoping review revealed that more research needed to be done (Allan, 2025). This study shows how complex decision-making can be in the child welfare system.

Importantly, this study shows that procedural factors tend to be relied on more frequently with inexperienced staff. Most newer workers talked more about relying on formal guidelines and polices over the parents' perspectives. While this may feel reassuring to newer staff that may not be congruent with all the complexities of child welfare, it may also limit their ability to develop relationships with families, involve them in decision-making, and fully assess the complexities of familial situations.

Experience Contributes to Exploring Families' Perspectives

The second finding shows that experience plays an important part in learning how to understand and use families' local rationality while making decisions for children and families. This is supported by Klein's (1988) Recognition-Prime Decision (RPD) model, which suggests that experienced workers make decisions based on pattern recognition which is developed from being exposed to similar situations over time. When they encounter new situations, they will use a combination of their experience and expertise in their decision-making. Rather than relying on procedural tasks, experienced workers will be able to quickly interpret situations and formulate anticipated outcomes based on their prior experiences.

In child welfare, more experienced workers will be able to quickly interpret parents' behaviours that may appear to be unconventional and/or unsafe at first appearance. For example, the experienced workers will be able to understand how culture, poverty, or past trauma may play a part in the parents' actions and decision-making for their children as they have encountered similar situations in past cases involving different families. Experienced workers will use these past similar situations to help guide what should happen next with the current family. It is also likely that these workers will rely less on formal guidelines or assessment tools during to guide their decision-making and rather focus on the parents' perspectives when trying to determine outcomes.

One unexpected finding that surfaced during the participants' interviews was how life experience, not just professional experience, may contribute to workers' ability to understand families' situations. More than one participant talked about how their difficult family situation growing up has allowed them to understand how other families interact and decreased the likelihood of them making reactive decisions. This is consistent with Decety & Cowell's (2014) study which suggests that being able to understand someone else's perspectives and have empathy for their situation may reflect not only from professional experience but also personal experience.

There are some difficult challenges relying on experience for workers in the child welfare system. The national data showing turnover rates across the United States in child welfare systems is high. It is reported that most workers will leave within the first two to three years (United Department of Health and Human Services, 2020). As one participant noted, it may take years to become comfortable and competent in all the job duties of a child welfare worker. Many workers do not remain in the field long enough to reach this level of proficiency. This leaves a gap in the system that may be impacting how decisions are being made for children and families.

The Impact of Local Rationality on Decision Outcomes

A third important finding of this study is being able to incorporate children and parents' local rationality in decision-making can significantly impact outcomes. Most participants were able to give case examples where they were able to understand the context behind a family member's behaviours and as a result it influenced their decision-making and outcome of the investigation.

This aligns well with one of the concepts in safety science, local rationality, which suggests that individuals make decisions based on what made sense to them given their priorities, knowledge, and the environment around them (Dekker, 2011). This implies that while certain behaviours may look unsafe to others, it made sense to the individual at the time they were determining which action to take for themselves and their children. While child welfare workers may not always agree with the decisions children and families make, understanding families' local rationality will add more context when deciding what may be the best course of action to take for the children and what services to offer to the family.

When child welfare workers do not consider local rationality when gathering information from the children and parents, it can lead to a misunderstanding of families' actions. This, in turn, could lead to unnecessary or inappropriate interventions. For example, if a parent did not take a child to a critical doctor's appointment and the worker focuses more on the missed doctor's appointment instead of finding out what may have impacted the parent's ability not to take the child to this appointment, the outcome for the family most likely will focus on ensuring the child's medical needs are being met and possible punitive measures for the parent. Learning the parent's local rationality may explain that they were fearful of losing their job and had to make a decision to miss the appointment in order to go to work. Learning such information may likely change the outcome of the investigation as well as recommendations for the family.

Several participants' examples highlighted this concept by sharing examples where they considered cultural norms around discipline or understanding the families' unique challenges to a child's significant behavioural issues. Many of them talked about how once they were able to find out more information about the family's situation and their perspectives, it changed the risk and safety factors being considered for the child. They also talked about how it shaped what recommendations they made for the family. These examples are consistent with research that shows the importance of considering culture and contextual awareness in child welfare (Fontes, 2005).

One of the most important considerations for this finding may be that considering local rationality appears to increase participation with the family. When children and families are given the opportunity to share their second story (Dekker, 2011) or local rationality they are more likely to want to work in collaboration with their child welfare worker. When workers come from a place of understanding

instead of judging, families are more willing to accept support and participate in planning with their child welfare worker. "Typically, families don't voluntarily seek child welfare agency's support, the quality of communication and relationship-building between workers and families have been found to be paramount importance in influencing family engagement" (Lai et al., 2025, p.2).

Training as a Strategy to Accelerate Learning

Given the knowledge about turnover in child welfare and the importance of developing the ability to obtain the families' perspective during investigations, a critical question emerges: How can the child welfare system support newer workers in obtaining these skills more quickly? The findings support that safety science training, particularly education around local rationality, may be the answer to getting this information to child welfare workers quickly.

When asked about what the most important advice was to give newer workers, all ten participants talked about the importance of being open-minded to what the parents tell them. Many of them also talked about how imperative it was to ask as many questions as needed to understand the families' perspective of the situation. While all of them talked about the importance of this approach, they also acknowledged how these skills were not always intuitive and newer workers may need additional help on being able to integrate this into their everyday practice with families. A few participants suggested that a training on local rationality and how to gather it from children and families' needs to be included in the training curriculum that is provided to staff when they are first hired and prior to working with families.

This recommendation is consistent with research on training which suggests that structured learning opportunities can increase decision-making skills, especially when the training has real-world application and reflective practice (Ericsson, 2006). For child welfare, the training could include instruction on basic safety science such as views on human error, the importance of obtaining multiple perspectives (including local rationality), biases, etc.

Additionally, incorporating safety science principles into training could also help change organizational culture. This was supported by what some participants talked about who had participated in the two-day safety science training or attended some other safety science event provided by Collaborative Safety, LLC. They talked about the shift the Office of Child and Family Services has made since the

incorporation of safety science in their system. Instead of focusing on compliance around policy, there has been a shift in practice to incorporate understanding human behaviour in the context of complex systems.

Implications for Practice and Policy

The findings of this study have several important implications for child welfare practice and policy. First, they highlight a need to incorporate both procedural practices with relational understanding. While policy and procedures are essential to child welfare, they should not take priority over the importance of understanding families' perspectives. Agencies may benefit from incorporating prompts into their existing tools which would encourage workers to consider local rationality during interviews and throughout the investigative process.

Second, this study highlights the importance of workforce development and retention. It has been established that experience plays a significant role in decision-making in the child welfare system; therefore, high turnover rates may prohibit the ability for some child welfare workers to fully develop some of these skills. Efforts to improve retention would ensure workers remain in the field long enough to develop these important skills. Specific ways to achieve this were not a part of this study but may include looking at supportive supervision, opportunities for continued professional growth in child welfare, as well as manageable caseloads.

Third, training on safety science and local rationality should be incorporated in initial and ongoing training programs. This study has highlighted the significance of child welfare workers learning how to obtain children and parents' local rationality when making decisions for families about interventions and services. This finding coupled with the current struggle around worker retention shows the importance of accelerating the development of learning how to obtain children and parents' perspectives during the different stages of an investigation. These types of trainings can help improve decision-making among newer workers and increase retention.

Finally, the findings point to the importance supervision plays in this process as workers are beginning to learn these news skills. Many of the participants talked about consulting with their supervisors and discussing details of cases as part of their decision-making process. Supervisors play a significant role in helping workers understand complex family situations, interpret incoming information and cues workers may be receiving from children and families, and assist workers in being able to gather

and consider multiple perspectives. Ensuring supervisors and upper management leadership are also trained in safety science and local rationality principles would help ensure the continuity of decision-making practice in child welfare. In addition, shifting supervisors' roles from focusing on tracking metrics to allowing supervisors to be able to spend more of their work time assisting and consulting with workers, especially newer workers, will enhance the decision-making quality across the child welfare system.

Limitations and Further Research

While this study provided useful insight into decision-making in the child welfare system, several limitations need to be acknowledged. First, the sample size was small and was limited to only ten participants. Furthermore, as the study progressed and additional attempts had to be made to include participants, this researcher asked current participants and leadership to provide names of workers who may be interested in participating. This resulted in some of the workers being from the same team and/or region of the state. This may have limited some of the variety in how work is being done throughout Maine. As a result, the findings may not be generalized in all child welfare settings.

Second, the study relied on all self-reported data as the confidentiality laws made it difficult for this worker to observe any interactions between workers and families. As a result of the self-reporting, there should be a consideration of how participants' perceptions and biases of how their work is being completed influenced by this research. Further studies may want to explore including observational studies and analysing case outcomes. This may help provide additional information on how decision-making occurs in the field.

Third, one important aspect of the child welfare system that this researcher did not explore with the participants is the use of any assessment tools that may assist their decision-making. While the participants had the ability to talk about this in their interview, some of the researcher's questions may have not elicited a response about Maine's decision-making tool. This may play a significant role in how workers are also making their decisions with families. Without doing an in-depth analysis of Maine's decision-making tools, this researcher cannot determine if it supports obtaining families' local rationality.

Future research would be able to explore how assessment tools may contribute to decision-making in investigations. Furthermore, it may be helpful to explore the relationship between the tools and some of the principles of safety science, especially local rationality for families, and how they may be able to complement each other. This researcher would also suggest further studies be done to determine how safety science has impacted not only the relationships between workers and families but also the outcomes for families involved in the child welfare system.

Conclusion

Although this research aligned with certain safety science concepts, including local rationality, the findings should not be interpreted as validation for any type of specific model currently being used. The purpose of this research was to understand child welfare workers' perspectives and how they attempt to make sense of complex family situations.

This study wanted to explore how understanding children and families' local rationality may impact child welfare workers' decision-making during safety assessments and service recommendations. The findings showed that decision-making for child welfare workers is a delicate balance of trying to adhere to the procedures and guidelines that have been established in the system while trying to build relationships with the families.

While focusing on procedural tasks may offer low risk and consistency for all child welfare workers, it may not always capture the complexity of family life. When families' perspectives, especially their local rationality, are considered during the decision-making process, workers can understand the "why" behind the families' decisions and thus offer more meaningful and tailored interventions for individual families.

One important finding this study showed is that experience is one of the overwhelming features of workers being able to incorporate local rationality. Workers who had the most tenure in child welfare relied more on families' perspectives while newer workers concentrated on more procedural guidance for decision-making during safety assessments and service recommendations. Given the higher turnover rates in child welfare this becomes problematic as many workers may not remain in the field long enough to fully develop these skills thus creating a knowledge gap around decision-making practice for many child welfare workers. One unexpected finding was that the staff's life experience can also accelerate the ability of being able to incorporate some of these decision-making skills into practice.

It should be noted that the research supports understanding local rationality may positively impact outcomes for children and families who interact with the child welfare system. When workers can get the families' perspectives and understand the "why" behind families' behaviours, they are more likely to make informed decisions. More importantly, they also engage the families proactively from the start

which leads to more collaboration between families and the child welfare workers. This shift supports more effective and sustainable interventions.

Safety science training, especially involving learning about local rationality, emerged as a promising strategy to help newer workers more quickly gain the important decision-making skills. Participants talked about the importance of being opened-minded, curious, and intentional when gathering information about the families with whom they work. These are skills that can be incorporated within newer workers' trainings rather than on relying solely on experience. Safety science can help child welfare workers to look beyond just the procedural tasks to work as well on engagement with families and community partners.

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