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MAKING SENSE OF THE INITIAL HOME VISIT: THE ROLE OF INTUITION IN CHILD AND FAMILY SOCIAL WORKERS' ASSESSMENTS OF RISK

This article conceptualises the role of intuition in professional judgement. It draws on findings from an empirical study of home visiting in child and family social work. The study used a psychosocial analysis of narrative interviews (n = 18) to investigate how workers constructed a professional judgement in relation to an initial home visit. In contrast to deliberative or analytic reasoning, intuition is defined as a non-conscious mode of reasoning, allowing the individual to reach a rapid judgement about a situation or person, often with striking accuracy. In this study, CFSWs' intuitions during their first encounter with the family were an important source of information for their assessment of risk – their emotional responses, 'niggles' and 'gut feelings' sensitised them to potentially salient information before it was rationally accessible. The study identifies five patterns used by CFSWs (CFSWs) to assess risk during the initial encounter with parents: openness, coherence, emotional congruence, child focus and personal responsibility. It is argued that intuition is a product of experience, and is an important part of CFSWs' decision-making toolkit. However, when accepted uncritically, intuitive reasoning can represent a risk for professional judgement through the creation of bias. The article identifies specific biases relevant to judgements made on the basis of an initial visit.

Introduction

Everyday throughout the developed world, child and family social workers (CFSWs) prepare to meet new families, knock on doors and enter the private space of the family home. Their task during the initial visit is complex – they need to establish a relationship with the family, begin an assessment, investigate reported concerns and manage a sensitive conversation. Following the initial encounter, CFSWs must arrive at a judgement about what to do next (for instance, whether to close the case, to escalate concerns, to intervene or to conduct further assessment). Such judgements are often made in the context of time constraints, emotional pressure and high caseloads. This paper examines how CFSWs made sense of the initial visit, focusing on the role of intuition

in professional judgement. The assessment process that follows a referral of concern is common across the western world (Samsonsen & Turney 2017). The findings from this study will, therefore, be relevant to child welfare decision-making across countries and settings where assessments are carried out. AQ3

Professional judgement

The concept of professional judgement has been a focus of international social work research. In the UK, this interest has been prompted by concerns around the quality of social work judgement. Research has identified a tendency towards poor risk assessments, descriptive rather than sufficiently analytical assessments and ‘fixed thinking’ and bias on the part of professionals (Brandon et al. 2009) which can lead to children being left at risk of abuse and neglect. There has been concern that the scope for professional judgement has been curtailed due to increasing regulation and administrative systems intended to increase accountability (Broadhurst et al. 2010). Comparisons have been drawn between the UK and other European countries, such as Norway, which appear to place a greater emphasis on professional discretion (Samsonsen & Turney 2017). A key question is how we can learn from the intuitive expertise of experienced workers, while remaining alert to avoidable biases.

The concept of intuition

Intuition is the process by which we come to know something ‘without being able to explain how we know’ (Vaughan 1979 cited in Topolinski 2011, p.275). It has been defined as a form of ‘nonconscious holistic information processing’ (Sinclair 2010, p.378). Expert intuition ‘strikes as magical’ when we see it in action (Kahneman 2012, p.11). It is sometimes described as a sixth sense, or gut feeling, that is later proven correct. For this reason, researchers have begun to explore the role of intuition in the diagnostic judgements of professionals, such as doctors, entrepreneurs (Baldacchino, Ucbasaran, Cabantous, & Lockett 2015) and most recently, CFSWs (Kirkman & Melrose 2014; Saltiel 2015).

In the psychological literature, intuition is defined in contrast to deliberation. Deliberative reasoning involves a conscious, effortful thinking process to reach a judgement. By contrast, intuitive reasoning is fast and non-conscious, with judgements experienced as occurring spontaneously (Kahneman 2012). The naturalistic decision-making (NDM) tradition conceptualises intuition as the product of ‘large numbers of patterns gained through experience, resulting in different forms of tacit knowledge’ (Klein 2015, p.164). The expert decision-maker has accumulated a rich and varied repertoire of patterns and is able to draw on these in order to make sense of complex situations.

In addition to experience, emotion has been recognised as a component of intuition (Sinclair 2010). From an evolutionary perspective, our emotional responses provide us with an immediate sense of whether we should approach or avoid particular objects or people before we are able to articulate why (Fiske, Cuddy, & Glick 2007). Emotional

processes have been identified as crucial for the effective assessment of risk, our feelings ‘efficiently and effortlessly’ helping us to ‘simplify complex scenarios and resolve ambiguity’ (Finucane & Holup 2006, p.143). In relation to social work practice, Morrison (2007, p.225) suggests that the emotions of the social worker may act as ‘deep level signals about information that demands attention’ during assessment.

Intuition and professional judgement

What is remarkable about intuition is the frequency with which our intuitive judgements are correct. This is particularly true of social cognition. For instance, after viewing thin slices (very brief observations of a person’s non-verbal behaviour) participants of psychological studies can predict intelligence, personality traits and even work performance with astonishing accuracy (see Topolinski 2011). It appears that reading people is an intuitive process which, at least at first-pass, is automatic and non-conscious.

In time-limited, uncertain situations intuition may represent an adaptive strategy. Over time and repeated experiences, individuals build up patterns that enable them to make sense of situations quickly and efficiently, without having to compare options (Klein 2015) or consciously consider all variables. In social work assessment, attempting to consider all possible variables and potential outcomes is likely to result in a ‘combinatorial explosion’ (van de Luitgaarden 2009, p.250).

However, intuition can lead to error. A series of biases have been identified in the psychological literature, including confirmation bias (the tendency to interpret information in a way that confirms our preconceptions) and credibility bias (the tendency to believe statements to be true if they come from a source perceived as trustworthy). Our social cognitions are also prone to bias; we tend to infer certain personality traits based on appearance, gender, ethnicity, perceived warmth and competence (see Fiske et al. 2007) which may lead to stereotyping.

In the UK, Munro (1999) has examined the operation of cognitive bias in social work judgement. Confirmation bias has been identified as a pervasive feature of assessment. Hypotheses reached early-on in the life of a case are unduly influential, suggesting that in terms of initial assessment, ‘first impressions’ tend to stick. Recent studies have focused on the ‘front door’ (Kirkman & Melrose 2014) or entry of families into social care services, identifying the use of intuitive decision-making in the processing of referrals (Saltiel 2015) as well as the potential for bias (Broadhurst et al. 2010) in the way that referrals are assessed. Credibility bias has also been identified as a risk in the processing of referrals, with the perceived reliability of the referrer being used as an intuitive gauge of risk (Regehr, Bogo, Shlonsky, & LeBlanc 2010).

There is, therefore, a danger that professional judgement might begin and end with intuitive reasoning, rather than representing genuinely reflective and informed thinking. Munro (1999) argues that professional judgement needs to utilise both intuitive *and* deliberative reasoning, the limitations of intuitive reasoning balanced by the strengths of deliberative reasoning (and vice versa). In this way, the risk of bias can be reduced. The present study explored the role of intuition (and potential for bias) in CFSWs’ judgements in relation to a specific situation – the initial home visit.

The home visit and professional judgement

Despite concerns around the increasingly office-based nature of social work practice, home visiting remains integral to assessment in child and family social work (Ferguson 2016). During the home visit, workers need to offer support, ask challenging questions and confront the ‘emotionally indigestible’ (Cooper 2014, p.271) facts of child abuse and neglect. Ferguson’s (2016) ethnographic work has identified some of the challenges posed by home visiting, including the risk of professional immobilisation in the face of overwhelming emotion. Despite a few exceptions, the home visit has been largely neglected within both the UK and international literature, remaining a hidden aspect of social work practice. It has been identified that the social worker’s impression of the parent, particularly in relation to their perceived cooperation or hostility, may have an impact on CFSWs’ assessments of risk (Hackett & Taylor 2014; Regehr et al. 2010). However, relatively little is known about the way in which CFSWs make sense of their experiences during the home visit. How, for instance, do they select which aspects of their observations are salient? What signs do they tacitly regard as indicators of risk? How does their experience of the parent affect their assessment of risk?

The study

This qualitative research study used a psychosocial analysis of narrative interviews ($n = 18$) to investigate how workers constructed a professional judgement in relation to an initial visit.

The sample consisted of qualified CFSWs from two UK local authorities. At the point of data collection, both authorities divided front line children’s services into Duty, Child in Need and Safeguarding. The interview sample included CFSWs from each of these teams. Duty workers featured more heavily (10/18) since they typically undertook a higher number of initial visits. CFSWs in the study had a broad range of experience.

Years in SW practice	Under 2 years	2–5 years	5–6 years	6–11 years	20+ years
Number of participants	5	2	5	3	3

Telephone interviews were undertaken with CFSWs immediately after they had carried out a home visit to a new family for the first time. The timing of the interviews reflected the need in the literature to investigate early assessment, as well as to capture workers’ intuitive impressions. A narrative-inducing question was used: ‘Tell me the story of the home visit you have just been on today in as much detail as you can remember’. Often workers were parked around the corner from the household they had just visited and the interview with the researcher acted as debrief during which they organised their thoughts, impressions and emotions. Catching them at this point was crucial, since immediately following the home they were engaged in a process of sense-making.

CFSWs visited families for a wide range of reasons (see table below), often involving multiple presenting concerns (thus the presenting concerns total > 18). In two instances the presenting issue was unclear – due to this information not being provided during the research interview, or because the referral information was unclear to the worker at the point of referral.

Presenting concern at referral	Interviews
Children witness to domestic abuse and/or domestic dispute	7
Future parenting of an unborn child	5
Allegation of physical chastisement, abuse or assault	4
Child/Young person's behaviour at school	2
Child sexual exploitation	2
Young person at risk from community	1
Transfer-in from another LA	1
Unclear	2

As van de Luitgaarden (2009, p.255) observes, assessment involves 'story-building'. During the research interviews CFSWs were actively engaged in constructing narratives of the family to get a sense of their situation and arrive at a judgement. Psychosocial analysis (Clarke & Hoggett 2009) which makes use of narrative and psychodynamic theories, provided a framework for data analysis. The way in which CFSWs structured their narratives about the visit (including their pauses, hesitations and self-corrections) formed part of the analysis. Three themes were generated inductively from the data: sense-making (how workers generated hypotheses about need, risk and parenting capacity), self-regulation (how workers managed their own emotional responses during the home visit) and managing the encounter (how workers described directing the discussion during the initial visit). Interview transcripts were then re-coded under these three headings using NVIVO10, enabling further conceptual refinement. Intuition occurred at the intersection of sense-making and self-regulation – CFSWs often needed to manage their own emotional responses to the encounter with the family in the home (self-regulation). At the same time, these emotional responses often provided vital information in terms of their assessment of risk (sense-making).

Findings

Intuitive sense-making during the home visit

During the initial visit CFSWs were bombarded with sensory, affective, verbal and experiential data. They needed to make sense of interactions between children and parents, observe parental body language, examine the physical home conditions, consider which questions to ask and attend to the answers while ensuring that the family felt heard and respected. Families were often distressed at the prospect of a social work visit, so these tasks were often undertaken in a climate of distress, suspicion or hostility. For this reason, as one CFSW remarked:

When you go into household you're heightened. Your expressions, feelings, emotions, your senses are all aroused.

During the home visit CFSWs described how people came and went, and how they themselves moved from room to room. Arriving at a judgement in the context of the initial visit involved therefore making sense of multiple social cues, rapidly changing situations and uncertainty. Within this context, the need to heed, and to unpick, one's

intuitions was regarded by workers as crucial. As one CFSW cautioned, if ‘you’ve got something in the back of your head you’ve *really* got to check it out!’ Others gave examples of occasions when a ‘bad vibe’ which couldn’t be articulated was later substantiated when more information about the family came to light. In the psychological literature, intuition has been described as the ‘feeling of knowing’ (Hogarth 2010, p.344). During the initial visit, the worker’s intuitive sense that something wasn’t ‘quite right’, described by variously as a ‘niggle’, ‘mental ping’ or a ‘gut feeling’, allowed them to hone in on factors that might be salient in terms of risk before they were able to say why. For instance, during one interview a CFSW repeatedly returned to a lack of ‘flow’ within the visit and her intuitive suspicion that something wasn’t right in the home. The space provided by the research interview afforded her an opportunity to move from intuition to analysis – to reflect on her intuitions and what, if anything, they might mean. Another CFSW described a feeling of pleasure when watching an interaction between a mother and her young daughter, and his intuitive sense that the child was ‘safe’.

Intuition has been associated with the ability to apprehend broad patterns in complex data (Klein 2015) as a result of prior experience. The ability to recognise patterns is an important skill for the professional social worker, particularly in identifying abuse (Taylor 2013). Workers’ sensitivity to such patterns may become proficient given repeated experiences of working with families over the course of their career, allowing them to hone their intuitive capabilities. As one worker stated:

It’s about your own life experience, it’s almost like your templates for life... I think for me it’s a *gut feeling*, it’s hard to explain - when you walk into a home - this is good, this is poor, or I’m not sure about this. I think that’s your starting point, that gut feeling, or professional feeling... it’s an unconscious thing ... have I seen this before, or where have I seen this before and what was the result of that experience?

These eloquently termed ‘templates for life’, when drawn upon, allowed workers to quickly apprehend deviations to expected behaviours. CFSWs’ intuitions, their ‘gut feelings’ and ‘niggles’ can, therefore, be regarded as an important part of their sense-making toolkit, developed through professional and personal experience. In relation to the initial visit, these intuitions appeared to act as an important starting point for assessment.

The role of pattern recognition in making sense of the initial visit

During the visit, CFSWs described inviting parents to ‘tell their story’. What parents said in response informed workers’ judgements in relation to parenting capacity and risk. I have used the term ‘parental narrative’ to refer to the ‘story’ told by the parent to the social worker (as described from the worker’s perspective). CFSWs attended closely to what the parent said, as well *how* they said it. Five key patterns within the parental narrative were used by social workers to assess risk: openness, coherence, emotional congruence, child focus, personal responsibility.

Openness

When making sense of the information presented by the parent, CFSWs drew on their [AQ7](#) perception of ‘openness’ as an indicator of risk. The perceived ‘openness’ of the parent (i.e. the extent to which they talked ‘freely’ during the visit, offering information with

a minimum of prompting) appeared to be an especially powerful heuristic, mentioned by all of the CFSWs interviewed. Where CFSWs perceived parents as open they tended to come away from the visit feeling more reassured. For instance, one CFSW directly linked his favourable impression of the mother to his perception of her openness around sensitive issues:

Researcher: And what did you make of Mum?

SW5: Very good, actually. She spoke quite openly about the allegation. And again, she spoke openly about her family history.

A perception of openness could reduce the worker's level of concern even where the referral had indicated high levels of risk in relation to the child. For instance, one CFSW described how she was 'originally quite concerned' when reading the referral, yet left the visit 'feeling less concerned given that they [the parents] were quite open with me and told me quite a bit of information'. Workers were less reassured where they perceived the parent to be 'closed'. This which was taken as a sign that matters were more complex or concerning. Openness acted as the worker's first-pass in relation to the parent, and as predictive of future parental cooperation. Where CFSWs perceived the parent to be open, they tended to leave the visit with a positive prognosis for the parent's engagement with social care services. This finding supports studies which suggest that perceived parental cooperativeness (e.g. in answering questions, providing information) is used by CFSWs to gauge risk (Hackett & Taylor 2014; Regehr et al. 2010). Most of the CFSWs interviewed were careful to balance their perception of parental openness with a consideration of wider factors, such as the case history and information from other agencies. However, in one research interview, the worker's perception of parental openness appeared to be the sole reason for the decision to close the case following the initial visit, despite a long history of similar concerns. There is therefore a danger that, when relied upon uncritically, this pattern may lead the worker to underestimate risk to the child and, potentially, to miss instances of disguised compliance. Since perceived openness led workers to a more positive first impression of parents, there is a danger that service users who appear 'closed' may be unduly viewed with suspicion (e.g. those with English as a second language, anxiety or communication difficulties). Issues relating to ethnicity, class and gender may also lead workers to view parents as suspiciously closed when this may in fact be attributable to the power imbalance between worker and service user during the visit.

Coherence

When describing their discussion with the parent, CFSWs frequently referred to parents' ability to offer an account of their situation that 'made sense' and appeared to follow a logical structure. As one social worker said of a parent:

The things she said had flow – it wasn't as if she was jumping about all over the place, actually what she was saying and talking about *made sense*.

CFSWs appeared to associate coherence with parental competence. Parents able to give a clear account of their situation were described by CFSWs as 'switched on' and 'able to make decisions'. CFSWs' first sense of concern was often prompted by a break in

the 'flow' of the parent's account – an intuition of incoherence in relation to what the parent was saying, i.e. that in some way it 'didn't make sense'.

One CFSW described a visit to father who had previously lost a child to adoption. Part-way through listening to the father's account, the social worker described being suddenly struck by the fact that the father was unable to recall very recent, prior contact with his previous social worker. This intuition of incoherence piqued the worker's interest before she was initially able to articulate why. She described how she had experienced a 'mental ping' during this part of the parent's story. During the research interview, the social worker then began to subject this intuition to scrutiny – to consider why this aspect of the encounter with the parent had troubled her to such an extent. Moving from intuition to analysis, she began to consider different hypotheses that might account for the father's difficulty in recalling what she considered to be important information. He might, for instance, have memory difficulties or not wish to recall painful experiences. Or, more worryingly from her perspective, he may be seeking to deliberately withhold information. As a result, the social worker resolved to return to the case file to get a more detailed sense of the history. Intuitions of incoherence can act as a prompt for us to stop and seek further information. As Topolinski (2011, p.279) suggests 'we then become suspicious and begin to wonder, analyse the situation more thoroughly, and often discover the hidden cause for our discomfort'. For CFSWs in the study, experiencing a 'bad vibe' or a feeling that something 'didn't make sense' acted as a trigger for them to probe further. In this way, CFSWs' intuitions, their 'gut feelings' 'niggles' and mental 'pings' served to alert them to potentially salient information in terms of risk.

A coherent narrative may well be indicative of parental insight, ability and as an important way to gauge motivation for change (see Horwath & Morrison 2001). However, it may be that coherence and logical thinking evident in the parent's account is not mirrored in everyday parental decision-making. The majority of CFSWs in the study expressed their intention to cross-check their intuitive impressions against other available information. However, in one instance a social worker's positive impression of a parent (as a result of her clear, insightful narrative) appeared to outweigh evidence of consistently problematic parenting behaviours. In this case, there appeared to be something of a 'halo effect' (Nisbett & Wilson 1977) in the worker's judgement – the assumption that their global evaluation of the parent (as coherent and organised) also applied to the parent's individual attributes (such as their parenting behaviour).

Emotional congruence

CFSWs attended carefully to the emotions expressed by the parent. Workers honed-in on whether the parent's narrative was emotionally congruent both in terms of their verbal account, and the type and intensity of emotions expressed. Firstly, CFSWs used the parent's emotional responses as a gauge of truthfulness, attending to the level of congruence between what the parent *said* and their accompanying expressed emotion. Workers described attending to body language, such as tenseness in the shoulders, 'fidgety' hands and other physiological indicators of the parent's emotions. However, as stated earlier, reading body language is a largely non-conscious and intuitive process that is consequently hard to articulate. As one worker stated 'I just got a *feeling* she was telling the truth'. Where the parent's emotions did not seem congruent or 'didn't match' with their verbal account, workers described investigating further, asking more probing questions and in some cases directly challenging the parent.

Secondly, workers considered the congruence between the parent's expression of emotion and the seriousness of the situation that had led to the referral. Workers attended to whether the parent was worried *enough* (whether there was congruence between the situation and the parent's emotional response and sense of concern), using this as an indicator of risk. For instance, one worker described feeling reassured that a mother 'was appropriately really angry' in relation to something that had happened to her child. In this instance, feeling angry (that one's child had been caused emotional distress) was regarded as an appropriate response from a protective mother. Conversely, CFSWs were more concerned when the parent's emotional response did *not* seem congruent. For instance, one worker described a situation in which the parent was 'saying the right things' and providing a coherent account of the situation, yet did not seem to be particularly distressed. The social worker herself had been quite affected by the details of what had happened to the children. When describing the home visit during the research interview, the worker kept coming back to the fact that the parent was not worried *enough* and tried to consider why this might be. 'Flatness' or 'despondency' in the parent's emotional response during the home visit was taken by some CFSWs as a particularly bad sign – indicative of a poor prognosis for engagement and lack of potential scope for change. This suggests that encountering someone who is depressed is overwhelming, instilling in the worker a similar sense of low mood and hopelessness. In these instances, there is a risk that the social worker's own emotional response to the situation might lead them to overestimate risk to the child and to underestimate the potential for positive change.

Child focus

The way that the child came alive in the parent's narrative had important implications for CFSWs' assessment of parenting capacity and their perception of risk. As one social worker summarised:

It's what the parents are saying about the kids, the language they use.

Firstly, workers attended to the extent to which the parent was able to maintain a 'child focus' in their narrative, with particular reference to the child's experiences and emotions. Secondly, CFSWs were reassured where the parent's talk about their child was characterised by warmth and enjoyment. For instance, one CFSW observed that:

She [The Mother] talked really warmly about the children... I asked about the children's favourite things to see what her view is of the children, and she talked warmly about the way they played ... she had a smile on her face and she was quite affectionate in the way that she spoke about them.

Conversely, workers were less reassured where they perceived the parent's description of the child to be focused on behaviour or problems, such as describing the child as the 'naughty one' among his siblings. The way that parents talk about their children may, indeed, be a helpful gauge of parenting capacity. For instance, the Working Model of Child Interview (WMCI) (Zeanah, Benoit, Hirshberg, Barton, & Regan 1994) measures parent's representations of their child. These parental narratives have been shown to predict parenting behaviour and quality of the parent-child relationship. CFSWs in the present study seemed to draw the apparently reasonable inference that an emotion-

ally 'warm' or 'fond' description of the child was likely to be mirrored in the parent's day-to-day responses to their child. However, the majority of initial visits described by workers (12/18) involved them visiting parents alone. CFSWs would typically go to see the child afterwards, at school or college. Although CFSWs were very aware of the need to test the parent's account of their relationship with the child by interviewing the child alone, some workers expressed an intention to close the case without observing the caregiver and child *together*. There is a danger that parental representations of the relationship with the child may carry undue weight in terms of worker's judgement and, when not combined with direct observation of parent/child interactions, could lead to the underestimation of risk.

Personal responsibility

Workers attended to indicators that the parent was willing and able to take responsibility for their child's welfare. CFSWs looked for a sense of *responsibility* in the parent's account – that is, a narrative in which parents located themselves as a rational agent, able to make choices.

The parent acknowledging the 'concerns' about their parenting (i.e. the risks that had been identified in the referral paperwork), and their role in bringing about these concerns was viewed by CFSWs as an important first step in bringing about positive change. Social workers were reassured where parents demonstrated a sense of culpability, or regret, in relation to past events. For instance, a CFSW identified the following aspect of his conversation with a parent as salient:

SW: He [the father] said 'if I had been more willing to consider what was being said to me, she might be in my care and not someone else's' ... He's obviously given it some thought and shows some responsibility for his actions back then and some understanding of the consequences.

The social worker viewed the father's ability to identify his own role in past difficulties as key to assessing his future parenting capacity. In terms of initial visit more generally, CFSWs tended to be reassured by 'warm' 'amicable' and 'relaxed' encounters with parents, or where initial hostility or rejection (such as the understandable reaction to a SW visiting the home) was resolved throughout the course of the visit. The psychological literature suggests that the 'warm-cold assessment is the social perceiver's immediate "first-pass" as to whether the target individual (or social group) can be trusted...' (Williams and Bargh (2008, p.606). Given this general human tendency, CFSWs need to be supported to consider the role of their emotional and intuitive reactions in their judgements about risk, recognising both the value and limitations of intuitive reasoning.

Discussion

Intuitive reasoning played a key role in CFSWs' judgements relating to the initial visit, acting as a starting point for their assessment of risk. Their immediate emotional responses, or 'gut feelings' during the visit drew their attention to potentially salient information before it was rationally accessible. This appears to support the idea that emotion plays a crucial role in decision-making, and specifically, that affective intuitions are crucial in the assessment of risk (Finucane & Holup 2006).

Incoherence intuitions, or the ‘instantaneous feeling of whether something makes sense or is wrong or inconsistent’ (Topolinski 2011, p.277) were key to making sense of the initial visit. An intuition of incoherence in relation to the parent’s account – a sense that something wasn’t quite right – acted as a prompt for further investigation. However, this perhaps suggests a risk that CFSWs could be readily persuaded by an open, consistent and congruent account of family life.

Expert intuition has been conceptualised as involving experience and pattern recognition (Klein 2015). It may be that workers’ sensitivity to such patterns becomes proficient given repeated experiences of working with families. As one CFSW described, personal and professional experience may provide workers with ‘templates’ allowing them to quickly spot deviations to expected behaviours. Intuitive reasoning may, therefore, have much in common with the concept of practice wisdom.

What was striking during the research interviews was the differing extent to which individual CFSWs subjected their intuitive responses to scrutiny. Most workers spoke of their intention to seek further information to verify or disconfirm their intuitions, while a minority expressed a fixed judgement following the visit. Perhaps what is crucial for the effective use of intuition (and avoidance of bias) is the extent to which CFSWs subject their intuitions to critical scrutiny, using them as a starting point (rather than an end-point) for judgement.

Caution should be exercised in generalising from these findings to *all* home visits, since the initial visit represented a particularly focused type of assessment which may not be typical in the context of longer term assessment and intervention. This paper has focused in detail on how CFSWs made sense of a particular aspect of the visit – the parental narrative – in order to demonstrate how intuition contributes to professional judgement. However, other aspects of the social worker’s observations such as the home conditions and interactions between carers, were also subject to similar intuitive sense-making processes.

This study examined CFSWs’ perspectives on the home visit. Families are likely to have quite different experiences and views of what is important. In offering an account of home visiting from the perspective of the social worker, this research regarded as complementary to studies (e.g. Platt 2008) which have explored service users’ perceptions of assessment.

Implications for practice

The findings from this study suggest that we need to acknowledge the value of affective and intuitive aspects of social work decision-making, while remaining alert to predictable biases. One way CFSWs can do this is to attempt to subject their judgements to critical scrutiny to try to trace back the reasoning and the ‘shortcuts’ they may have used. Many workers in the study began this process during the research interview, exploring their thinking and considering how their intuitive responses may have shaped their judgement. The findings of this paper offer a framework through which CFSWs might begin this process – to consider how their intuitive impressions of the parent may have influenced their perception of risk. The five patterns identified in this paper could form the basis of a reflective aid for use in supervision, especially necessary where workers are managing complex, high caseloads.

If intuitive expertise draws on prior experience (Klein 2015) and learning then it follows that 'intuition can be educated' if individuals are supported to 'learn the 'right' lessons from the interactions with the world' (Hogarth 2010, p.248). To develop their intuition, CFSWs need to know the results of previous decisions they have made. Given the inherent uncertainty involved in social work judgements, we cannot say whether they were 'correct' but it may be useful for SWs to know the outcome. To find out, for instance, whether a case closed following an initial visit was re-opened a week later. The findings of this study support Kirkman and Melrose's (2014) conclusion that feedback loops could be a valuable feature of assessment teams.

The research interviews gave CFSWs a space for reflection – an opportunity to move from intuition to analysis. Interpersonal spaces, including supervision and the social work office (Saltiel 2015) provide similar opportunities for reflection. Although reflective practice is widely regarded as valuable, within the context of financial austerity supervision and support for reflection is often threatened by time constraints. This study suggests that reflection in social work is essential for effective professional judgement – CFSWs need to be supported to subject their judgements to scrutiny on both an individual and organisational level. If they do not, the risk of bias increases along with the risk to the children and families subject to their decisions.

Conclusion

Arriving at a professional judgement in relation to the initial visit involves the integration of sensory, intuitive, emotional and relational information. This is complex, skilled and demanding work, requiring workers to draw on their personal and practice experience. Intuition has been identified as an important part of CFSWs' sense-making toolkit. Workers' intuitions alerted them to potentially salient information amongst the innumerable data presented to them during the visit. This study has identified some of the risks for professional judgement when CFSWs' 'gut feelings' are not subjected to reflection. However, it should be noted that most CFSWs in the study appeared to use their intuitions as a starting point, rather than an end-point for their professional judgement. Professional intuitions are perhaps best regarded as hypotheses to be tested. In terms of social work judgement, this means using intuition as an aid, rather than substitute for, analysis.

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