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## Group Decision-Making Theories for Child and Family Social Work

Alfandari , R., Taylor, B. J., Enosh , G., Killick, C., McCafferty, P., Mullineux, J., Przeperski , J., Rölver, M., & Whittaker, A. (2022). Group Decision-Making Theories for Child and Family Social Work. *European Journal of Social Work*. <https://doi.org/10.1080/13691457.2021.2016651>

**Published in:**

European Journal of Social Work

**Document Version:**

Peer reviewed version

**Queen's University Belfast - Research Portal:**

[Link to publication record in Queen's University Belfast Research Portal](#)

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**Acknowledgements** [to be added in appropriate place after peer review]

We would like to thank our colleagues in the *Decisions, Assessment and Risk Special Interest Group* of the *European Social Work Research Association* for their inspiration and encouragement.

**Funding** [to be added in appropriate place after peer review]

**Disclosure statement**

The authors report no conflict of interest.

**Authors' Own References** (to be added in appropriate place after peer review; indicated in text by square brackets [ ])

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## **Abstract**

There is increasing interest in decision making in social work. Much of the attention has been on individual professional judgement rather than on group decisions processes. This paper outlines key theoretical approaches from diverse fields of knowledge for conceptualising professional group decision processes in child and family social work, as a framework for future research and more focused theoretical developments. The main theoretical approaches considered include (1) group consensus processes; (2) exchange and the use of information; (3) naturalistic studies emphasising group complexity; and (4) incremental improvement processes. The analysis highlights the possible impact of individual, organisational and contextual factors, as well as their complex interconnections, on group decision making. The paper provides a valuable resource for reflecting on group decision processes in child and family social work, and how they complement individual professional judgements and the interactive processes with children and families. Next steps for the development of practice, policy, and research to improve group decision making are discussed. Using theoretical models to underpin empirical research will enable greater connection to be made between studies, and hence further the knowledge base for social work in this field.

**Keywords:** group, decision-making, social work, children and families, theory

## **Introduction**

There is increasing interest in decision making processes in social work ([19]) which are recognised as a fundamental feature of practice (O'Sullivan, 1999) particularly in relation to child and family work. Much of the attention of researchers has been on individual professional judgement ([11]; Cheung, 2017; [14]) rather than on decisions processes by groups of professionals ([3]), which can often present their own challenges (Ambrose-Miller & Ashcroft, 2016). However, there is much that can be learned about group decision making from generic

understandings across social work ([8]) and from wider fields of knowledge as explored in this paper.

The specific focus here is on processes of professional group decision making in child and family social work. The involvement of children and families in decision-making is, of course, important, but is beyond the scope of this paper and is a topic in its own right ([15]). Various professionals and organisations may be involved in decision making regarding a particular family, including at the stages of understanding the ‘problem’(diagnosis), formulating a plan of action, and implementing the intervention or support plan ([15]). Collaborative decision-making practices in child and family welfare considered here include informal email exchanges and phone calls between professionals; structured case conferences or ad-hoc meetings; courts and comparable bodies; school-based collaborative arrangements; and multi-professional teams co-located within the same place and working under unitary management ([4]; Baginsky & Manthorpe, 2020; Burns et al., 2017; [12]; Skivenes & Tonheim, 2019).

For the purposes of this paper, we define a *group* as a functional unit that has a purpose or mandate to make decisions or to make recommendations to some decision-making person or body (such as a court). This includes both face-to-face groups and inter-organisational collaborative teams that communicate by diverse means. Group decision making (GDM) is usually described as a best alternative(s) process of choosing the most suitable course of action from a given set of feasible options based on the views of a group of people, sometimes referred to as ‘experts’ (Pérez et al., 2018). To make decisions in a group, the individual members, each with their own knowledge and skill base (‘professional judgement’), pool their assessments to reach (ideally) an agreed understanding and then contribute to deciding on an integrated plan of action (Dong et al., 2018). In child and family social work the composition of the group may vary across contexts (e.g., healthcare services, schools, social services, and courts) and

jurisdictions, as well as according to the seriousness and complexity of the decision ([2]; [4]; Baginsky & Manthorpe, 2020; Burns et al., 2017; Skivenes & Tonheim, 2019).

One perspective on GDM is to see it as an approach to risk management, particularly in our increasingly risk-averse society ([17]). The framing of risk issues may be an intrinsic part of decision making in social work ([13]). Other perspectives consider GDM as an opportunity to go beyond the narrow focus of a distinct professional domain and recognise the views and expertise of diverse professionals (O'Connor & Leonard, 2014) or the mandate of specific organisations ([12]). The involvement of multiple organisations should expand the range of services and resources available for children and families to enhance the quality of intervention ([2]; [15]). These complexities prompt the need to understand better the various multi-professional decision-making processes that are involved (Hitzler & Messmer, 2010).

A key question is how an 'ideal process' perhaps formulated by just one profession or one professional translates into practice when diverse professions – and individual professionals – are involved? ([7]). From the outside 'looking in' it may appear as if such a process is relatively straightforward with factual information accumulated and rationally weighted, cognitively processed and an outcome, the best possible decision, collectively agreed. However, from an inside perspective the challenge of cooperation is significantly more complex when the perspectives, interpretive frameworks and motivations of each group member are considered (Housley, 2003).

This paper outlines a range of theoretical approaches from diverse fields of knowledge, covering a range of psychological and sociological dimensions, which may be useful to understand and inform GDM by professionals in child and family social work. For reasons of manageability, we have generally excluded in this paper explicit political or organisational analyses and the interactive decision processes with children and families. The issues considered here include (1) group consensus processes; (2) the exchange and use of

information; (3) naturalistic studies emphasising complexity; and (4) incremental improvement processes. This is intended as a preliminary framework to prompt and guide future research and more focused theoretical developments.

### **Historical Background: Development of Research on Group Decision Making**

Historically, small groups have been studied primarily within *empirical psychological research* and in a fragmental way, without a unifying theoretical framework (Kerr & Tindal, 2004; Tindale & Kameda, 2000). The literature demonstrates a sharp, some may argue artificial, distinction between subdisciplines (i.e., organisational, cognitive, and social psychology) in relation to topics investigated and the way groups are viewed (Kerr & Tindal, 2004; Levine et al., 1993).

In a nutshell, *organisational psychology* covers team research, thus focusing on long-term groups that have multiple responsibilities, usually within an organisation (Ilgen et al., 2005). Organisational psychology researchers commonly view teams as complex and dynamic systems; investigate issues such as development of trust, roles, and interaction patterns in the team; and generate applied knowledge (Ilgen et al., 2005). By contrast, cognitive and social psychology researchers study small groups, whether institutionalised (e.g., juries) or ad hoc (e.g., laboratory groups) and tend to undertake more basic research (Davis, 1973; Levine et al., 1993) although there are boundaries between the latter subdisciplines in the way that groups are perceived.

At its core, *cognitive psychology* focuses on the individual's mental activity. Cognitive psychologists view the group interaction as a stimulus that affect people's mental work, that is, the content or processes of individual cognition. The most prominent examples to this approach are studies showing that the mere presence of other people, even without an opportunity for interaction, influence (either facilitating or impeding) cognition (Levine et al., 1993). This is well-demonstrated, for example, by the 'social loafing' phenomenon, showing people's



investment of efforts on cognitive tasks is decreased when led to believe they are operating in a group (Latane, Williams, & Harkins, 1979). Another common line of studies investigates the effects of individuals' perceptions about groups (e.g., perceived group homogeneity) on their performance (Kerr & Tindale, 2004).

In *social psychology* the unit of investigation is the whole group, while individuals are largely considered as contributors to the group's performance or consensus choice. Traditionally, social psychologists adopted an individual-into-group approach (Davis, 1973) and applied individual-level cognitive models to the analysis of group processes (Kerr & Tindale, 2004). This tendency can be seen, for example, in studies into whether groups exacerbate or attenuate individual decision biases (Kerr & Tindale, 2004; Levine et al., 1993); the role of mental models in coordinating group members activities (Cannon-Bowers et al., 1993); and systematic measures of group intelligence (Woolley et al., 2010).

Within the field of *social psychology*, the literature is divided between two broad research areas which differ in theoretical assumptions and methodology: (a) group performance, involving, for example productivity, problem-solving and creativity tasks, and (b) group decision making, which emphasises the collective selection of a response from a fixed set of alternatives (Patel et al., 2002; Tindale & Kameda, 2000). According to Tindale and his colleagues (Kerr & Tindale, 2004; Tindale & Kameda, 2000), GDM research went through a paradigm shift during the 1990s moving from its early focus, during the 1960s and 1970s, on the ways in which group members combine their preferences into one (consensus or not) choice, known as preference-aggregation paradigm (e.g., Davis, 1973), to focusing on how they use and share information (e.g., Stasser & Titus, 1985).

A common theme that occupied psychologists along the years, relates to the question whether several heads are better than one, which seems to have no simple answer (Kerr & Tindale, 2004; Levine et al., 1993). Groups may produce better or poorer performances and

choices relative to individuals working alone, depending on the context in which group processes occur, for example, whether the group motivates the investment of additional effort.

In the present ‘information age’, the issue of information sharing in and by groups continues to draw considerable attention from groups researchers (Tindale & Kameda, 2000), and is gradually appearing in varied disciplines, including sociology, economics, communication, education, medical information, military science and social work ([2]; Patel et al., 2002; Tindale & Kameda, 2000). This emphasis on the way groups process and use information is also demonstrated in child and family social work by the emergence of technological artifacts and ‘big data’ machine learning knowledge designed to mediate GDM processes ([1]; [4]; [6]).

### **Key Theoretical Approaches and their Application to Social Work**

It will be apparent that the above brief outline of the development of theoretical approaches to understanding group decision processes will have some relevance to social work in child and family welfare. In this section we focus in detail on four key approaches to theorising GDM; critically discuss the research evidence; and emphasise their applicability to every-day social work practice with children and families. This paper has drawn from a previous systematic narrative review which synthesised the findings of empirical research papers on group decision making in social work ([3]; [4]). This paper gives an overview of key theoretical perspectives identified through that review.

We start with the preference-aggregation paradigm and focus on group consensus processes, specifically groupthink and group motivation to reach agreement or change direction. We then move to the information sharing paradigm to discuss issues relating to distribution and usage of information. Next, we consider the emergent complexity of groups operating in real-world settings. Finally, we discuss incremental techniques to support effective GDM, such as the Delphi approach, based on modelling the group decision process.

### ***Group Consensus Processes***

Traditionally, studies of majority and minority influences within groups focused on how interpersonal disagreement can influence the individual's cognitions but disregarded explicit pressure on group members to reach a shared decision (Levine et al., 1993). The landmark research of Janis in the early 1970s presented an original analysis (Janis, 1971). He showed that group decision making may result in suboptimal decisions due to the effect of 'groupthink', a concept he developed to describe when groups make decisions based upon a wish to conform and thus avoid disagreement (Janis, 1971). He used it to explain large-scale policy such as the Bay of Pigs fiasco and the Cuban missile crisis in US foreign policy history. Groupthink is characterised as: 'A mode of thinking that people engage in when they are deeply involved in a cohesive in-group, when members' striving for unanimity overrides their motivation to realistically appraise alternative courses of action' (Janis, 1982 p. 9). There are a number of core signs of groupthink:

- Group members' have unquestioned beliefs in the inherent morality of in-group, combined with feelings of invulnerability.
- Warning and negative feedback are rationalised and people outside the in-group are ignored or demonised, often by self-appointed censors or 'mind guards'.
- Group members are under pressure from the group or from self-censorship to keep quiet about misgivings, especially to outsiders.
- Decisions are characterised by illusions of unanimity, where it is assumed that anyone who is silent is in full agreement with what is said (Janis, 1971).

Janis' model is valuable because it identifies a number of strategies to counteract groupthink. These include leaders initially avoiding stating their views, the explicit encouragement of different views, the inclusion of external experts and allowing lower ranking members of the group to speak first (Janis, 1971, 1982).

Within the field of social work, the concept of groupthink has been applied in a number of studies from the 1990s focused upon child protection case conferences in the UK (Kelly & Milner, 1996; Corby et al., 1996; Prince et al., 2005). In these studies, researchers reported low levels of disagreement; a tendency to support the first 'sufficiently-good' solution suggested by an influential group member; shared illusions of unanimity; and direct censorship of dissenters (Corby et al., 1996; Prince et al., 2005). More recently, this concept of groupthink was applied in a study of child protection interdisciplinary committees in Israel ([2]). The study found that discussions suffered significantly from groupthink mechanisms, such as directive leadership that was manifested in group leaders' habit of speaking on behalf of the entire forum in a way that created a false sense of consensus and significant pressure toward conformity ([2]). Put together, the practical implications of these findings are that practitioners need to pay attention to interaction patterns, group dynamics, and organisational practices that can lead to groupthink.

The influential work of Kruglanski and his colleagues (Kruglanski et al., 1993) sheds further light on the impact of contextual and individual factors on the group motivation to reach consensus or 'persuasion' processes. The researchers use the concept *need for closure* (individual or collective), described as 'the desire for a definite answer on some topic, *any* answer as opposed to confusion and ambiguity' (Kruglanski, 1989 p. 14). It is suggested that the motivation to achieve consensus is greater when the cost of not achieving consensus is considered to be higher for example, when there are time-restraints or environmental discomforts (Kruglanski & Webster, 1991). The researchers found that (a) the closer the deadline loomed the less likely the group were to consider opposing opinions and (b) noise, with the additional 'effort' required to communicate, enhanced the likelihood of reaching consensus, thus fostering a 'collective need for closure' (Kruglanski & Webster, 1991). In their later work the researchers examined the need for closure as personal orientation,

manifested in motivation to apply cognitive abilities, i.e., choose the quickest route to closure or process information more extensively (Kruglanski et al., 1993). It was found that when individuals with a higher need for closure lacked prior knowledge, they were more persuadable and promoted attempts to quickly attain agreement. By contrast, when they had prior knowledge, they were more resistant to persuasion and tended to influence their discussion partners.

Taken to the field of social work, the need for closure concept can contribute to our understanding of the persuasive effects of contextual factors like the urgency to reach decisions within time constraints due to the potential danger faced by vulnerable children (Shlonsky & Wagner, 2005) and time-frames set by statutory or organisational frameworks. The common tendency of services to manage workloads by scheduling a number of consecutive group discussions (e.g., case conferences, committees' meetings) with limited flexibility ([2]) may also have a persuasive effect on GDM.

A related issue is the group's ability to change its direction. Numerous researchers highlight the significance of child protection workers' skill at revising their views over the progress of a case as a key source of good decisions, often compromised by confirmation biases (Munro, 1999; Spratt et al., 2015). In relation to GDM, Kameda and Sugimori (1993) suggest the concept of 'psychological entrapment' where group members strengthen their commitment to a previously-made decision despite evidence of inaccuracy. Similarly, Montecinos-Pearce et al., (2020) consider the psychological concept of 'escalation of commitment' (also known as 'sunk costs' in the field of behavioural economics) where continued support, justified in terms of the resources already committed, is given to a failing course of action (Staw, 1976). Commitment to a previously-made decision can also depend on the level of perceived risk, for example, if the risks associated with continuing a particular course of action are low (Jani, 2011) or, if the task or project is near completion (He & Mittal, 2007). Anger, shame, and

embarrassment are identified as emotions more likely to lead to increased commitment (Tsai & Young, 2010) with fear of regret and a 'sense of duty' more likely to support a change of direction (Wong et al., 2006).

### ***Group Information Sharing***

In social work practice, it is crucial that all participants have equal access to key information informing a decision and the opportunity to communicate their understanding of it (Hitzler & Messmer, 2010). The question then arises as to how information is shared within a group of professionals charged with responsibilities for decision making. In this regard, some researches direct attention to the skills and competence of the chairperson (Appleton et al., 2013). The group chairperson should be able to surface the relevant information; maintain a clear distinction between fact, observation, allegation, and opinions; and help the group maintain its focus on service users (Harlow, 2004; Prince et al., 2005). Yet, findings from studies of child protection GDM, warn against traditional discussion models that allow the chair excessive power that hinders communication in the group ([2]; Appleton et al., 2013).

An even more fundamental determinant of GDM effectiveness than the way information is exchanged (i.e., the 'how'), is what information is exchanged. The groundbreaking work by Stasser and Titus (1985) using the *hidden profile* technique demonstrated that group members often do not disseminate all the information available to them. The researchers' well-replicated finding referred to as the *common knowledge effect*, shows that group discussions tend to be dominated by information that their members initially share at the expense of unshared information, thus failing to uncover better alternatives ('hidden profiles') to their initial preferences (Stasser & Titus, 1985). The likelihood of a piece of information being recalled or brought up in a discussion may depend on the number of group members who hold it (Tindale & Kameda, 2000).

Research suggests several processes that may trigger the overreliance on shared information, including the tendency to discuss shared information early in the discussion; premature closure; people's preference to present information that others already know so they be perceived as more competent and credible; a tendency to weight unshared information as less important than information known to the group; and group members' reluctance to change their initial preference (Schulz-Hardt et al., 2000). Later studies have reported on a variety of ways to moderate the dominance of shared information and increase the likelihood that all relevant information is distributed and used in GDM. Such strategies involve extending the discussion time; allowing group members access to written reports, rather than only relying on memory; assigning a group member to be an advocate for the alternative involved unshared information; having members rank order alternatives; and breaking down decision-making into two sequential tasks, starting with information search and moving to integration and decision (Kerr & Tindale, 2004; Tindale & Kameda, 2000).

While some of these mechanisms are recognized in the context of child protection group discussions, for example through structured meetings' protocols and decision-making tools, their implementation and effectiveness require more research ([1], [2]; Appleton et al., 2013). Nonetheless, straightforward resolutions may still not overcome challenges rooted in the quality of information available when making decisions about children and families. This knowledge is not exact, presenting the decision-makers with unenviable ambiguity ([9]; [10]). Group members thus must judiciously consider available information in a more systematic and calculated manner, and critically judge what information is missing and who may provide it.

### ***Complexity: Simultaneous Impact of Varied Factors***

Notable criticism of traditional small-group research involved the tendency to oversimplify complex processes by focusing on linear causal relationships between few isolated variables (Kerr & Tindale, 2004). Research on GDM typically focused on the role of single discrete

factors (an atomistic approach), or the combined summation of such factors (Tindale & Kameda, 2000). Later, more advanced perspectives started to emerge, taking into account the simulations impact or interconnection of varied internal and external factors on GDM (Kerr & Tindale, 2004). As an example, Levine et al., (1993) call for a *sociocognition* approach to understand GDM, arguing that: ‘In the messy “real world” it is difficult to imagine any situation that is purely cognitive - devoid of emotions, social meanings, social intentions, and social residues in the form of inherited roles and tools’ (p. 604). This growing awareness of complexity rings true, of course, in social work. In this respect sense-making in groups can be perceived, particularly in social work, as a social activity to make the ‘meaningless meaningful’ (Helm, 2013 p.32), and participants' capability to cooperate as rooted in the ability to establish joint intentions ([12]). Members of a group share (often implicitly) a set of meaning which allows them to understand each other and form a collective identity (Arrow et al., 2000; Patel et al., 2002). Language is one example of such set of shred meanings, and the knowledge about appropriate behaviour in a particular situation is another (Arrow et al., 2000).

A further step forward in research was to conceptualise and analyse groups as complex systems. Understanding complexity requires a non-linear approach, retracing processes of sense-making in interactions emerging from different interrelated factors, such as group member’s expectations, tasks-related intentions, and available resources (Arrow et al., 2000). In naturalistic professional contexts where groups are part of an organisational setting such as in social work, group members are also representatives of their respective institutions, which may be characterised by distinctive or even competing culture, legislation, policy, and procedures (Arrow et al., 2000; Hood et al., 2017; [12]). In addition to their personal and professional background, group members also bring with them aspects relating to their relationships with their own organisation (e.g., a sense of pride and belonging, burnout, detachment) and their organisation's relationships with ‘partner’ institutions (Ambrose-Miller



& Ashcroft, 2016; [5]; Scott, 2005). Taken together, this can potentially lead to a ‘process losses’, when groups experience destructive conflicts and are unable to communicate effectively (Brodbeck et al., 2021).

In this regard, it is important to consider the *integrative complexity* perspective, which specifies how humans deal with multidimensional and complex matters (Suedfeld & Tetlock, 2014). Complex decision-making profits from *differentiation* and *integration* of diverse perspectives and knowledge (Schroder et al., 1967). Taken to the GDM context, differentiation can be apparent when group members' various perspectives on a potentially complex matter are deliberately recognised and expressed. This requires that the inevitable ambiguity will be tolerated (Schroder et al., 1967). As indicated before this heterogenous pool of knowledge may also include, for example, interpretations, motivations, attitudes, and emotions (Housley, 2003; Kruglanski et al., 1993; [12]; Tsai & Young, 2010). Integration is apparent when group members recognised the relationships, such as interactions, organising principles or trade-offs, between different viewpoints and perspectives, and consequences are clearly considered (Schroder et al., 1967; Suedfeld & Tetlock, 2014). This process requires considerable flexibility and creativity within the group.

A valuable, holistic approach to GDM can be found in the utilisation of *Gestalt Theory* of modern psychology to clinical decision-making and assessments, illustrated in the case of radiology (Koontz & Gunderman, 2008). Decision making is understood as a schematic (rather than a summative) process, in which the different factors are combined to construct the whole structure (gestalt) which is made not only of the component parts, but also of the relations among them, and the relations of the whole and its environment. From such a perspective, the group should not be perceived as standing alone in separation from its environment, and the members of the group should not be perceived as separate from the group (Fairfield, 2004). Rather the group with its environment is a field of complex systems, in which complexity can

lead to the emergence of new decisions. The field is made of multiple, mutual, and complex influences, creating a systematic web of relationships or a unitary whole.

Making decisions, especially in the context of children and families social work, involves operating in an ever-changing field combined of the child or family situations presented to the group; changing social and political context; relations within the group, etc. In order to make use of such richness, the group should be able to allow for a development of creative adjustment to the demands of the situation or problem presented to it.

### ***Incremental Improvement Processes***

A growing field of research seeks to explore complex situations where unanimity is not possible and ‘soft’ consensus is required (Herrera-Viedma et al., 2014). In such circumstances the fuzzy (imprecise) preferences of individuals are combined to produce a group decision. By modelling these processes, it is possible to use incremental techniques to adjust the judgements of individual group members and thereby improve the decision of the group. Such ‘fuzzy’ concepts have been discussed in relation to individual professional judgement in social work recently ([16]; [17]), but there has been limited application as yet to group decision processes.

For example, in the field of computer and information science, mathematical modelling is used to assess the two main processes of GDM, categorised as either *consensus* processes that support a compromise agreement or *selection* processes that seek to rate each judgement and identify the best (Cabrerizo et al., 2017). The more-often used consensus process seeks to support the decision making until obtaining the highest agreement level. Aggregation is used to calculate the consensus level that the decision makers have reached. On the other hand, in the selection process the individual members’ views are typically fused into a shared opinion, from which a group decision is derived via the ranking of the different alternatives. Aggregation is used here to both compute the collective opinion and to order all alternatives from best to worst by means of precise numerical values (Tapia García et al., 2012).

In an alternative process, group members are encouraged to revise their judgements in the hope that opinions will converge towards agreement. The Delphi technique has been described as a structured forecasting approach in which experts (panellists) are invited to develop opinions and then revise these in subsequent rounds so as to achieve greater levels of agreement (Kistin et al., 2010). The Delphi technique has been used in health and social care settings, among others, to support effective group decision-making. For example, Kistin et al., (2010) used a modified Delphi approach to establish expert consensus among relevant professionals in relation to factors influencing the effectiveness of hospital-based child protection teams. Nonetheless, scholars recognise some problematic aspects of the approach, given it presumes that expert practitioners exist and that their opinions are sound (Hasson et al., 2008). It is also based on ‘the assumption of safety in numbers’ (Hasson et al., 2008 p. 1013), that the group is more able than the individual and that by a series of engagements the expert panel will agree on the optimum solution. Yet, more generally these and other modelling techniques tend not to contribute to our theoretical understanding of decision-making processes.

### **Discussion**

This paper has outlined a range of theoretical approaches from diverse fields of knowledge that may help us in conceptualising GDM processes in child and family social work. Exploring the psychological, social work, healthcare, and information science literature, GDM has been discussed in the context of processes such as sharing information; synthesising different viewpoints; considering alternative directions; and reaching an agreement. These all have a valid part in everyday social work practice.

### ***Limitations***

This paper has focused on theoretical approaches from a broad psychological perspective. A comparable analysis with more focus on theories from a sociological perspective (including

more attention to concepts such as power and inequalities) is the focus for a separate paper, as would a focus on organisational perspectives. An analysis from a psychodynamic perspective would merit a paper in its own right, as would the topic of client involvement in group decision making, where concepts such as emotion and trauma, would be particularly relevant.

### ***Implication for Research***

Despite the striking progress in empirical research summarised in this paper, the literature on group decision making seems to need further research on two cardinal accounts: what is shared within the group and how.

Firstly, as to what is shared in the group, we still know little about intragroup processes other than cognitive-based or information-related analyses (Hood et al., 2017; Kerr & Tindale, 2004; Levine et al., 1993). For example, social elements, both conscious and unconscious, shared by group members - for example identities and norms – are little studied for their effects on decision making (Hood et al., 2017; Tindale & Kameda, 2000). When studying group decision-making in child and family social work it is necessary to reconstruct the many interacting factors in a given situation despite the need to reduce complexity so as to construct useful models ([14]).

Secondly, as to how it is shared, field studies show that the habitual individual-to-group transfer approach cannot adequately account for the way that groups operate in real world environments ([2]; Hood et al., 2017; Patel et al., 2002). Group members' characteristics, preferences, motivations, and qualities do not simply add on or combine into a collective outcome, but rather they meaningfully transform the group, so that the whole is greater than the sum of its isolated components (Patel et al., 2002). At its best, the group is dealing creatively with the challenges of the environment, both 'internal' and 'external', including the presenting problems that call for decision making.

### ***Implication for Policy and Practice***

Group decision making is a common way of working in child and family social work. This paper provides a range of models (based on empirical research and theorising) for reflecting on ways in which groups may facilitate or hinder good decision making. Our analysis highlights the possible impact of varied individual, organisational and contextual factors, as well as their complex interconnections, on GDM.

The common technical-rational approach to improve social workers' decision making, through the utilisation of structured guidelines, protocols, and artifacts ([1]; Hood 2017), may contribute helpfully to the clear exchange of information in GDM and subsequent recognition of the existing diversity among group members' perspectives ([15]). Yet, applying fixed ways of working may also hinder the extent to which group members are encouraged to consider and develop new or adjusted ways of perceiving and offering solutions, without fixating into customary or conflictual positions. When coming to draft structured procedures and working regulations policy makers should be mindful of allowing group members the necessary flexibility, improvisation, and creativity for dealing with real-world situations in child and family social work ([4]).

We would support the argument of Hood et al., (2016), that GDM is an expertise in its own right which requires education and training (Sonney et al., 2018; Wilcox et al., 2017). It cannot be assumed that 'professionals will learn simply as a result of being "thrown together" in a meeting, case conferences, and so on' (Hood et al., 2016 p. 495). Social workers need to be equipped with sufficient knowledge and skills in order to be able to perform effectively in group decision-making processes in child and family social work. Nor can we assume that learning on qualifying training is sufficient ([18]; [20]). It is important to put into place mechanisms for regular monitoring and reviewing practice, including feedback and collaboration satisfaction levels from all shareholders involved in GDM (Balsley et al., 2019; Lalayants, 2013). Opportunities for joint training with partner institutions are an essential part

of a strategy for group members to develop the knowledge and skills required for effective group decision making ([4]; Bond & Dogaru, 2019; Szilassy et al., 2013).

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