



SCOTTISH EXECUTIVE

Effective Approaches to Risk Assessment in Social Work: An International Literature Review

Education



**EFFECTIVE APPROACHES TO RISK
ASSESSMENT IN SOCIAL WORK:
AN INTERNATIONAL LITERATURE REVIEW**

FINAL REPORT

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EXECUTIVE SUMMARY

Introduction

The need for a review of approaches to risk assessment was identified as part of the 21st Century Review of Social Work (2006a) (*Changing Lives*). It suggested that the social work profession was lacking in confidence, under-utilised its workers' skills, had become increasingly risk averse, stifled autonomy and lacked appropriate support. One of the key areas for change identified in *Changing Lives* was the need to develop a new organisational culture and approach to risk management and risk assessment which promoted excellence. The Scottish Executive Education Department commissioned the Social Work Research Centre at the University of Stirling to undertake an international literature review on risk assessment across the three main areas of social work expertise: criminal justice, community care and child protection. The main objectives of the review were to examine:

- the key differences in risk assessment approaches between the three categories of community care, criminal justice and child protection and what are the implications of such differences for a common language and understanding of risk assessment between and within the various professions;
- how risk is defined, assessed and applied in practice – what actuarial tools for risk assessment are available to social work, which ones are used and why, and how are differing practices justified;
- how information is shared between agencies and with users on risk assessment;
- to what extent organisational culture and organisational learning impact on risk assessment and management techniques, processes and outcomes;
- the implications of the varying approaches for future policy and practice in Scotland – including the development of nationally agreed risk assessment tools and procedures, learning from mistakes, staff training, professional autonomy, the need for a common understanding and language of risk assessment, inter-agency cooperation, user protection and public safety.

This report offers an international review of the literature (including refereed journal articles, policy documents, books and commissioned reports) within predominantly English-speaking countries about risk assessment in social work. The literature review includes an analysis of key research, policy, previously undertaken literature reviews and other relevant documentation primarily in the UK, North America, Australia and New Zealand.

Risk assessment in criminal justice

Criminal justice is the field possibly most influenced by the media and the wider public in respect of dangerousness of offenders and the vulnerability of [potential] victims. It is thus not surprising that the main focus of risk assessment in criminal

justice is in relation to violent and sexual offenders, around which a centre of excellence in criminal justice risk management has been set up and a myriad of legislation and guidance has been developed. The criminal justice system also arguably houses the most risk assessment tools, mainly actuarial rather than clinical, which has resulted in a preoccupation with how to measure static risk factors perhaps at the expense of what exactly one is measuring, to what end, and whether other forms of intervention may not prove more effective in reducing longer-term offending. The focus currently in criminal justice seems to be on managing risk rather than alleviating other problems in offenders' lives that might influence their behaviour. Supervising social workers tend to resort, under advice from the guidance, to merely making defensible decisions and offending becomes a matter of containment rather than resolution. Guidance apart, however, there is little consistency in practice in criminal justice although it is the field most advanced in terms of inter-agency collaboration. The culture of the various organisations, however, is doubtless an influence on the way risk is perceived and managed within each agency, making the gains from collaboration less obvious.

Despite such findings from the literature, there have been recent moves to develop risk assessment tools and procedures which encourage both consistency of approach and the active participation of the offender in his/her ongoing risk assessment and management. Similarly the development of accredited programmes both in prison and in the community also ensures that the offender is involved in an ongoing self-assessment of risk and in joint decision making in relation to risk management.

Risk assessment in community care

The community care field is possibly most akin to criminal justice in terms of media interest in its assessment and management of risk, again because of past dangerousness rather than future risk. However, unlike criminal justice, the community care field has a better established practice of user participation in decision making and there is also a strong lobby of users (e.g., those with mental health needs and people with disabilities) who actively seek choice and participation in decision making. In community care, the risk-taking model is more in use than the risk minimisation model, although one suspects that if the user movement for greater choice and participation was not so strong, managerialist imperatives would result in a greater use of the risk minimisation model. Recent community care policies and legislation emphasise the importance of ensuring that people have more say and more control over their lives. The use of direct payments, brokerage and advocacy services are strategies which add impetus to this agenda. Legislation in community care protects the aspirations and capacities of users to take risks, within certain safety parameters, and risk assessment tools in this field are less well developed than in the criminal justice system, with workers often resorting to monitoring or medication to ensure risk reduction. Within the community care field, in contrast to the criminal justice field but more closely aligned with child protection, the range of agencies involved have differing remits, are accountable to differing stakeholders and thus operate under differing definitions and philosophies of risk. Medical staff, for example, may have the concerns of the family or wider public in mind whereas social work staff, carers and user-led organisations may give greater representation to the needs and rights of the service user. There is also arguably less time available for risk

assessment and wider agency consultation in community care, as with child protection, since both tend to operate mainly in times of crisis. There has also been much criticism within the literature about risk assessment and management taking precedence over longer-term patient care and treatment.

Risk assessment in child protection

As with the other two fields, risk assessment in child protection is seen by practitioners and commentators as focusing too much on the process and not enough on the outcome of assessing risk. Legislation in this field, more so than in community care, takes into account the rights of families as well as the rights of the child and often this can cause tensions in risk identification and decision making. As in community care, there is also the issue of differing agencies having differing priorities and it seems from the literature that social workers tend to defer to the decisions of the judiciary and the medical profession in relation to risk assessment in child protection. There is also coverage in the literature of differing approaches to children's versus families' rights between the UK, North America and Australia compared with mainland Europe for example, where the latter see intervention to bolster family cohesion as the priority rather than the removal of the child to a place of safety. Risk assessment tools in child protection are criticised in the literature for being overly actuarial and time-consuming to complete, and little is known about the related risk factors. Culpability in child protection is also focused on the family (rather than external factors such as poverty in terms of child neglect, for example) and/or on the practitioner, and there is little evidence of corporate responsibility for child protection issues. This often results in practitioners working defensively and applying objective and often compulsory measures *to* families rather than building trusting relationships *with* families.

Organisational issues in managing risk

In order to learn from mistakes, as the *Changing Lives* review encourages, organisations involved in risk assessment and management have to adopt a participative, holistic and proactive approach which allows dialogue between workers, users and managers and organisational flexibility and performance incentives. Not only should working conditions be appropriate for such an approach, perhaps equally importantly, supervision needs to be non-judgemental and encouraging and training needs to be ongoing and relevant to, and encompassing, the ethos and expectations of all collaborating organisations. Equally, users should be seen as equal partners in the process and outcomes of risk assessment and management, giving greater respect to the views, rights and needs of offenders and accused persons as well as those with mental health needs or disabilities and those suffering from neglect. Given that *Changing Lives* promotes greater user involvement in risk assessment and other social work interventions, there is a need to find ways of better developing trust, reciprocity and openness between all parties – users, carers, workers and managers alike. However, to do this requires not only cultural change within organisations but also political change in the governance of risk. Policy and practice initiatives in risk management need to demonstrate confidence and commitment to encouraging rather than restricting the capacities and wellbeing of the vast majority of service users and not be driven by a hostile media backlash in a small minority of cases. Equally,

professional autonomy and recognition of the skills and experience of workers should not be dismissed in favour of administrative convenience or managerial 'back covering'. Risk has to be seen as a positive and enabling as well as a potentially harmful issue, that allows worker discretion to support risk taking amongst client groups but also ensures that proportionate efforts are made to reduce the likelihood of harmful outcomes.

Conclusions

Changing Lives seeks greater uniformity of purpose and practice in risk assessment and risk management which mirrors recent policy and legislation in the criminal justice, community care and child protection fields. However the findings from the literature review suggest that the experience at the time of writing may have been different. The review highlighted certain anomalies - for example, in organisational cultures, accountability frameworks and levels of accuracy of, and dependence on, risk assessment tools - which need to be addressed in order for social work to move in the direction advocated by *Changing Lives*. The review concludes that:

- most of social work's current accountability systems are reactive, adversarial and stifle professional autonomy;
- there is not a culture of learning from mistakes that enables confidential reporting and discussion of near misses; likewise, there is no culture of corporate responsibility;
- there is little confidence in the predictability of risk assessment tools and yet they are becoming the priority and the focus of much worker-client contact; tools thus tend to replace rather than inform professional judgement;
- social workers' views of risk are largely absent from the literature and yet they actively engage with risk on a daily basis;
- differing organisational cultures, differing definitions of risk and a hierarchy of professional expertise may deter the development of a common understanding and language of risk;
- the relationship between worker and client is paramount to effective working and yet is being eroded by the language and politics of risk.

In English speaking countries, the preoccupation is with thresholds and short-term crisis intervention, resulting in risk aversion and a questioning of the professional role. In European countries, however, it is the relationship with the family that engenders trust and risk taking and validates the professional role. Technical manuals tend not to work because they become part of the system rather than external to it. Human relationships cannot be predicted like machines can and manuals are also static instruments which can never fully or effectively measure dynamically evolving human processes. What is needed is a different method of achieving the same result. Cooper *et al.* (2003) recommend setting up 'confidential spaces' where those concerned can explore the problems without recourse to compulsory measures and to establish 'negotiation forums' where formal steps are taken to resolve conflicts before resorting to adversarial means. These authors argue for increased professional autonomy, accountability, reflection, community involvement, mediation rather than adversarialism, and diverse access points to services and advice. Such change will encourage worker confidence, authority and therefore job satisfaction; and the public

will trust professionals more if they are seen as responsible, open to negotiation and accountable to all stakeholders. This vision fits well with that of the *Changing Lives* review. It moves away from an overly risk-averse, managerialist and regulatory form of government to one of proactivity, risk-enablement, professional autonomy and a more open form of governance. It also allows for an organisational environment which has a confident workforce, sound leadership and a culture open to learning from mistakes.

CHAPTER ONE

BACKGROUND TO THE REVIEW

INTRODUCTION

A risk assessment can only identify the probability of harm, assess the impact of it on key individuals, and pose intervention strategies which may diminish the risk or reduce the harm. Assessments cannot prevent risk (Hope and Sparks, 2000: 137).

Risk became a dominant preoccupation within Western society towards the end of the 20th century, to the point where we are now said to live in a ‘risk society’ (Beck, 1992), with an emphasis on uncertainty, individualisation and culpability. Parton (1996) sees globalisation as fragmenting society and creating further uncertainty within social and economic life. There has been a concurrent growing mistrust of professionals in social work and an increased reliance by the profession on complex systems of assessment, monitoring and quality control (Stalker, 2003). The ‘blaming society’ is now more concerned with risk avoidance and defensive practice than with professional expertise and welfare development (Parton, 1998). However, risk is a normal and often beneficial part of everyday life, but while it enables learning and understanding, in the case of potentially destructive consequences it may need to be monitored and restricted. Cooper et al. (2003) argue that cultural factors relating to organisations and families are crucial to effecting positive change and that an over-emphasis on ‘automated’ risk assessment systems will reduce the likelihood of being able to identify and manage risk.

“The apparent inability of government to think in terms of systems instead of structures, and cultures instead of procedures, is extremely damaging.” (Cooper et al., 2003: 12).

Hood and Allison (2001) note that there is a general lack of understanding of the role of risk assessment and management within the local authority context, not least because of a persistent preoccupation with insurance and health and safety:

“... there is a clear dichotomy between the managerialism implicit in any corporate risk management strategy and the exclusively professional risks which Social Work staff feel more comfortable with.” (ibid: 15).

It is in the light of these changes in attitude towards, and experience of, risk in a ‘risk society’ that this literature review was commissioned.

THE CONCERNS AND ASPIRATIONS OF THE *CHANGING LIVES* REVIEW

The need for a review of approaches to risk assessment was identified as part of the 21st Century Review of Social Work (*Changing Lives*) (2006a). It suggested that the

social work profession was lacking in confidence, under-utilised its workers' skills, had become increasingly risk averse and stifled autonomy and appropriate support. One of the key areas for change identified in *Changing Lives* was the need to develop a new organisational culture and approach to risk assessment and management which promoted excellence. The review also recommended a personalised delivery of public services which included a therapeutic approach to change, building on the capacities of individuals and communities and developing 'collaborative forms of provision which are person centred, flexible, adaptive and supportive' (ibid: 33). However, the findings of the *Changing Lives* review suggested that effectively managing risk while encouraging innovative and personalised practice was one of social work's biggest challenges. It acknowledged that personalising independently provided services meant possibly less regulation and therefore, arguably, greater risk. To address this issue, a range of strategies for managing risk were suggested in the *Changing Lives* review, including:

- Clear accountability frameworks that make explicit the accountabilities of social workers
- Within such a framework of accountability, for social workers to exercise professional autonomy
- A new approach to governance of social work services that emphasises continuous improvement, effective risk management and creates an environment in which excellence can flourish
- Strengthening of professional leadership and governance roles of the chief social work officer
- Structuring approaches to managing untoward incidents that enable learning from mistakes
- The need to develop evidenced based approaches to risk assessment and management

Changing Lives acknowledged social work's expertise in professional risk assessment and management and yet saw as a challenge the increasing risk aversion mentality within the profession which constrains both workers and users alike: 'Many of the people who responded to our survey spoke of working in a climate of fear, hoping that nothing would go wrong that would open them up to media vilification' (Scottish Executive, 2006a: 52). Media coverage of 'failures' in risk assessment and management, coupled with growing pressures for organisational accountability, risk minimisation and public safety have increasingly constrained the role of the social worker. And yet a key role for the profession is to identify and assess not only a client's need for protection from self or others but also public and professional safety more generally.

Within this context of both uncertainty and optimism about the role of social work in risk assessment and management, the Scottish Executive Education Department commissioned the Social Work Research Centre at the University of Stirling to undertake an international literature review on risk assessment across the three main areas of social work expertise: criminal justice, community care and child protection.

AIMS AND OBJECTIVES OF THE REVIEW

In order to inform and develop these aspirations in Scotland, this report reviews the international literature within predominantly English-speaking countries about risk assessment in social work in relation to vulnerable groups. Pritchard (1997) defines 'vulnerability' as being at risk of abuse or injury resulting from age, gender, disability or mental capacity, but it also includes being at risk from perpetrators of acts of violence. Through an examination of refereed journal articles, policy documents, books and commissioned reports, this review aims to identify good practice and highlight the implications for policy and practice in Scotland. The review is informed by certain principles relating to rigorous risk assessment which were identified in the Research Specification. These principles include that:

- risk assessment should be based on sound evidence and analysis;
- risk assessment tools should inform rather than replace professional judgement;
- all professionals involved in risk assessment should have a common language of risk and common understanding of the main concepts
- information sharing for risk assessment should be based on clearly agreed protocols and understanding of the use of such information;
- risk assessment should not be seen as a discrete process but as integral to the overall management and minimisation of risk.

The main questions to be addressed from an analysis of the literature included:

- what are the key differences in risk assessment approaches between the three main social work categories of community care, criminal justice and child protection and what are the implications of such differences for a common language and understanding of risk assessment between and within the various professions;
- how is risk defined, assessed and applied in practice and how are differing practices justified;
- how is ambiguity and uncertainty about risk assessment managed at both the manager and practitioner level in social work;
- how is information shared between agencies on risk assessment, including how service users are involved in identifying and assessing risk. To what extent does this involvement vary between agencies and user groups;
- how effective are lines of communication between managers and practitioners; how is practice modified and improved based on successes and failures;
- to what extent does organisational culture and organisational learning impact on risk assessment and management techniques, processes and outcomes;
- what are the implications of the varying approaches for future policy and practice in Scotland – including the implications for the development of

nationally agreed risk assessment tools and procedures, staff training, professional autonomy, leadership and decision making, the need for a common understanding and language of risk assessment, inter-agency cooperation, user protection and public safety.

THE RESEARCH PROCESS

The literature review includes an analysis of key research, policy, previously undertaken literature reviews and other relevant documentation primarily in the UK, North America, Australia and New Zealand, but also in other countries where relevant. It covers the following three social work categories:

- community care (physical or learning disabilities, older people, mental health)
- criminal justice (youth justice, adult offenders, accused persons, sexual and violent offenders)
- child protection (child abuse and neglect).

It has not been possible within this review to cover all categories under these three broad themes, not least because the available literature tends to focus on those groups most 'at risk' of risk assessment and management procedures. One specific gap in the literature, and therefore in this literature review, is an examination of the risks associated with children and young people who are looked after, either in residential or foster care and the concurrent decisions made by youth courts, the Scottish Children's Hearings system and other youth tribunals internationally.

A manual and internet search¹ of all relevant journal articles, books and grey literature was undertaken and references and other publications accessed via colleagues in a range of academic, policy and practice settings. Summaries of articles and documents were examined and full articles read where appropriate. This report explores the issues and highlights the variations and commonalities between the three categories of criminal justice, community care and child protection, and suggests tentative ways forward for policy makers, policy analysts, practitioners and researchers.

DEFINITIONS OF TERMS

It is worth noting that the language used in this review reflects that found within the literature which may be considered to be outdated given new developments in policy and practice in risk assessment and management. For example, recent policies in community care emphasise risk enablement and risk empowerment. However, the literature doesn't necessarily reflect these terms in the same way, although it is recognised that there is an established practice of user participation in decision making in the community care field.

¹ The following databases were examined for relevant literature on criminal justice, community care and child protection: Assia, Sociological Abstracts, Social Science Abstracts, National Criminal Justice Reference Service Abstracts, IBSS, Social Care Online and Web of Knowledge.

Given one of the objectives of this review was to assess the potential for a common language of risk assessment throughout the three main social work themes of criminal justice, child protection and community care, it seems imperative that definitions and understandings of key terms are at least broadly compatible if not wholly consistent. The following, therefore, is a brief examination of the current use of language in relation to risk, risk factors, risk assessment, risk management, risk assessment tools, perpetrator/victim and vulnerability.

Risk originally meant calculating the probabilities of events, both positive and negative and yet increasingly, in social work at least, has come to be associated with negativity or adversity: ‘the relative variation in possible loss outcomes’ (Brearley, 1982: 82). Whilst there is no clear definition of risk, equally there is little consistency in definitions of high, medium and low risk across agencies and fields, especially in the criminal justice field. According to the Risk Management Authority (RMA), which oversees risk in criminal justice in Scotland, risk is defined as: ‘[the] nature, likelihood, frequency, duration, seriousness and imminence of an offence’ (2006b: 50), but argues that the *level* of risk presented is a matter of ‘professional judgement’ (ibid: 27). Stalker (2003) notes that risk tends to relate to vulnerability in older people, to dangerousness in offenders and to harm in children. ‘Dangerousness’ itself is another contentious word. The term is deemed more appropriately applied to situations (a hazardous incident) than to people (an inherently dangerous person), but increasingly in the mental health and criminal justice fields, it applies to people more than to situations (Malloch, 2002). Risk management has become synonymous with managing the dangers posed by the ‘heavy end’ mental health sufferers, offenders, child abusers, etc., and risk itself tends to be categorised into static and dynamic factors, as defined below.

Risk factors comprise static and dynamic factors. Static risk factors (age, sex, offence history, health record, etc.) do not change and perhaps for this reason are seen as more reliable indicators of future risk. Dynamic factors, on the other hand, include drug use, employment status, traumatic events, income, etc, and are both variable and often outwith the control of the individual. They are also deemed less promising indicators of future risk. Most academic commentators suggest that static factors on their own are unlikely to gauge future risk, given the interplay between personality, background, current circumstances and extraneous factors, but that when combined with dynamic factors are more likely to effectively predict risk.

Titterton defines **risk management** as ‘developing a systematic approach which allows for the planning of risk-taking strategies and for monitoring and reviewing... accountability, clarity and support for staff’ (2005: 92). Stalker (2003) quotes Gurney (2000: 300) as defining risk management as ‘the processes devised by organizations to minimise negative outcomes which can arise in the delivery of welfare services’, along a continuum from control through legitimate authority to empowerment. However, risk management also means maximising potential benefits (Stalker, 2003; Titterton, 2005) and Stalker notes that service users can also play an important role in managing risk alongside organisations. Risk management is often seen as being overshadowed by risk assessment and yet an assessment without an action plan will

not reduce the risk but only identify it. Titterton (2005) argues for both assessment and management to be interrelated within the same risk framework.

Risk assessment has been defined as ‘the process of estimating and evaluating risk, understood as the possibility of beneficial and harmful outcomes and the likelihood of their occurrence in a stated timescale’ (Titterton, 2005: 83). Two models of risk assessment have been identified (Davis, 1996):

- the risk-taking model (risk is normal and positive and assessment focuses on mental wellbeing, rights, abilities, choice and participation); and
- the risk minimisation model (which targets those most at risk and assessment focuses on physical health, danger, control and incapacity).

However, risk assessment also has a therapeutic role beyond that of mere information gathering (Millar & Corby, 2006), not least if the risk assessment is a two-way process of mutual respect and creative learning. Nevertheless, much risk assessment work currently focuses on information gathering only, mainly through the use of risk assessment tools.

Most **risk assessment tools** involve a form or table which the worker completes either on a one-off basis or over a period of time. There are three broad types of risk assessment tool: clinical, actuarial and structured clinical judgement. Clinical methods involve professional judgement about the individual plus information from risk factor research. They are deemed impressionistic and subjective, and are made with little information or scientific evidence about accuracy. They are also poor predictors of future harm. The actuarial approach involves a mathematical calculation of risk, comparing key factors about an individual with the statistical frequency of such risk within a matched sample. They may result in greater predictive power but offer no guidelines for managing risk. The structured clinical judgement approach combines clinical and actuarial methods to enable both assessment and management of risk. It includes consideration of static and dynamic risk factors and a multi-disciplinary approach. However, many academics caution against the emergence of false negatives or false positives² in risk assessments, which may skew the findings and have cost implications as a result. Likewise, many workers may be lulled into a false sense of security in dealing with actuarial risk assessment tools, not least because of the seeming reliability of mathematical calculation and scientific sophistication. There are, however, mixed feelings in the middle ground, where a combination of actuarial calculation and clinical judgement are seen as having both advantages and disadvantages, and these will be explored in greater depth in each of the three themes described in Chapters 2 - 4 below. In all three themes discussed in this report, there is a dichotomy for workers in assessing whether the risk is *to* the person being assessed (the recipient of the potential harm) or *from* the person being assessed (the source of the potential harm). There is also a significant difference in the way risk is perceived and therefore assessed and managed by different workers and managers both within and between organisations.

² **False negatives** occur where high risk cases are assessed as no-risk and **false positives** occur where no-risk cases are assessed as high risk.

To talk of **victim and perpetrator** is misleading in the field of risk, not least because an individual can be both recipient/victim and source/perpetrator of harm simultaneously. There are also other recipients and sources of harm beyond the 'victim'-'perpetrator' divide: notably, the family, the public and, as will be seen from this literature review, governmental and non-governmental organisations. Listed briefly below are the distinguishing features of recipients/sources of harm in each theme:

- within the criminal justice field, the accused or offender is the person being assessed (as the source of potential harm to other individuals and to the public);
- within community care, the individual 'client' is the person being assessed (as both the recipient of potential harm and the source of potential harm to other individuals and to the public); and
- within child protection, the child is the person being assessed (as the recipient of potential harm). However, increasingly, parents and wider family are being assessed, directly or indirectly, as sources of potential harm.

Examples in community care and child protection have more similarities to each other than in criminal justice, not least because it is argued that offenders and accused persons are not considered a threat to themselves but only potentially to other people (drug-related offending being a usually ignored exception to this rule). Offenders and accused persons also tend not to be termed 'service users' (and do not have the same participatory rights and lobbying powers that many disabled service users have, for example), not least perhaps because they are considered potentially culpable rather than vulnerable and issues of 'duty of care' tend not to arise; which brings us onto the meaning of vulnerability in risk assessment.

Vulnerability has been defined as risk of abuse or injury because of age, gender, disability or mental health problems – for example, older people, young girls, wheelchair users or people suffering from psychotic disorders. Vulnerability to abuse or injury can be both self-inflicted and inflicted on others, inadvertently or otherwise. Likewise the abuse or injury can vary between individuals and groups: older people living alone can fall or wander off; young girls can be both the victims and instigators of inappropriate sexual activity; wheelchair users may have restricted access and mobility as well as be subjected to discrimination; and people suffering a psychosis may have sudden relapses following the relaxation of medical and other support in an otherwise illness-free period.

LAYOUT OF THE REPORT

This introductory chapter has outlined the context in which the risk discourse has developed, including the concerns and aspirations of the *Changing Lives* review. The aims and objectives of this literature review were outlined and key terms defined. Chapters 2 – 4 explore the meaning and implications of risk in relation to the three main areas of social work – criminal justice (Chapter 2), community care (Chapter 3) and child protection (Chapter 4). Each chapter explores the current legislative and guidance frameworks, and briefly discusses risk assessment tools and any variations

in practice, before discussing the overall messages from the literature. Chapter 5 explores the risk discourse from an organisational perspective, including the influence of organisational culture, accountability frameworks and inter-agency collaboration. It also questions whether social work is currently operating within a conflictual or cooperative model of risk assessment and management. Chapter 6 concludes the review with a summary of the key findings and suggested ways forward for policy and research.

CHAPTER TWO JUSTICE

RISK ASSESSMENT IN CRIMINAL

INTRODUCTION

Within the criminal justice system, there is a heightened climate of fear amongst the general public as a result of media and political interest in crime, most notably in relation to youth crime, although it is often unsubstantiated, as Wood (2006: 319) suggests: ‘the current climate of fear of crime... is known to far outweigh the actual experience of it’. Risk in this regard relates not only to the possibility of becoming embroiled in the criminal justice system but also to becoming a victim of crime. Risk broadly refers to an individual’s *chance* of being exposed to harm. Little *et al.* (2004) note that the word ‘chance’ is the defining feature: children with multiple risk factors (truanting, single parent family, low achievers, minimal parental supervision, etc.) have a greater chance than their peers of exhibiting anti-social behaviour, but only 4 in 10 children with such risk factors will actually behave in an anti-social manner. The extent to which that ratio in youth crime may be exacerbated by public opinion and political rhetoric (arguably themselves both risk factors) is too broad an issue for this review, but suffice to say here that from an actuarial point of view, the risk of people becoming involved in crime (as offender or victim) is more prevalent in youth and reduces considerably into adulthood. In respect of young people, risk is no longer about dangerousness - which according to Brearley (1982) is a feared negative outcome of a hazard in the eye of the observer – but is about ‘undesirable conduct’ (Rose, 2000) and anti-social behaviour. Malloch (2002, 13-14) cites McConville *et al.*, 1991 and others when suggesting: ‘The uncertainty and fallibility of risk assessment in terms of the wider forms of behaviour management which professionals are expected to respond to can lead agencies to focus on particular social groups (the socially excluded) who become the “usual suspects”’. Risk assessment, rather than reducing pressure on the criminal justice system, can thus create a net widening effect. There is also a strong correlation between age and crime for both offenders and victims. Since the vast majority of adolescent offenders do not become adult offenders, it is argued that they in particular should be dealt with as vulnerable first and foremost rather than as culpable (SWSI, 2005).

However, youth crime apart, the focus of risk assessment and management is increasingly on serious and violent offenders in the UK and US in particular. The MacLean Committee on Serious Violent and Sexual Offenders was charged in 1999 with making proposals on the sentencing and future management and treatment of serious sexual and violent offenders in Scotland who may present a continuing risk to the public. The definition of risk assessment in relation to violence adopted by the Committee was ‘the process of evaluating individuals to characterise the likelihood they will commit acts of violence’. The Committee recognised the interplay between psychological factors and situational factors and viewed risk assessment as an ongoing process which required constant review and modification, primarily to ensure public safety.

To be constantly reviewed and updated, risk assessments need to use consistent criteria over time. The MacLean Committee advised that ‘it is in the interests of accuracy and efficiency if risk assessments are carried out using a common language, and sharing common information’ (Scottish Executive, 2000). To this end, the Committee recommended the setting up of an independent body, the Risk Management Authority (RMA), the aim of which was to ‘ensure the effective assessment, management and minimisation of risk of serious violent and sexual offenders, and become a national centre for expert advice on offender risk assessment and management’ (RMA, 2006a: 1).

This chapter focuses on the legislation and guidance relating to criminal justice matters, predominantly serious violent and sexual offenders and the plethora of risk assessment tools built up around them. It also examines the notion of defensible decision making and the various practices and risk assessment techniques of the different agencies. It concludes that there is currently a preoccupation with risk assessment *per se*, possibly at the expense of effective *interventions* with offenders.

LEGISLATION, GUIDANCE AND TOOLS IN CRIMINAL JUSTICE

The Criminal Justice Act (2003) and Sex Offenders Act (2003) target dangerous offenders in England and Wales who are assessed as posing a high probability of causing harm. The Criminal Justice (Scotland) Act (2003) allows for serious violent and sexual offenders to be subject to a Risk Assessment Order (RAO) and subsequently an Order of Lifelong Restriction (OLR). The findings of the RAO can be challenged by an offender, who may also commission his/her own additional risk assessment. This provision goes somewhat against the grain of ‘service user’ participation and infers adversarial rather than consensual practice. Indeed, Irvine (2006) suggests that the sex offender registration and assessment procedures in Scotland are flawed because of the lack of any statutory requirement on the part of an offender to participate in the process of risk assessment. Nevertheless, the development of recent risk assessment tools and procedures encourages the participation of the offender in his/her ongoing risk assessment and management. For example, Asset – a tool devised specifically for young people – actively engages the young person in the risk assessment process, as does the Dynamic Supervision Project risk assessment tool for sex offenders. The development of accredited programmes both in prison and in the community also ensures that the offender is involved in an ongoing self-assessment of risk and in joint decision making in relation to risk management.

Multi-agency Public Protection Arrangements (MAPPAs) have been put in place as a result of the Criminal Justice Act (2003) in England and Wales for serious and violent offenders, not only those convicted or imprisoned but also those pre-conviction. MAPPA offenders are categorised in England and Wales by offence rather than current circumstances. Offences are static factors and Wood (2006) has argued that MAPPAs can only be effective if they include a consideration of more dynamic risk factors as well. MAPPAs currently focus on an assessment of mental health or disability needs, offending history and housing, and risk categorisation should robustly reflect these factors. Such offenders are managed on a case conference basis

and the arrangements apply to those liable to post-release supervision, those released without post-release requirements and those on temporary (home leave) release.

MAPPAs were introduced in Scotland in September 2006 and the key players are Scottish Prison Service, local authority social work departments and the police. Whereas England and Wales included non-convicted offenders, in Scotland only convicted sexual or violent offenders, registered sex offenders, those acquitted on grounds of insanity and others convicted of an offence likely to cause serious harm to the public are included in these new management arrangements. In Scotland, there have been three levels of risk management identified, mainly underscored by 'defensible decision making', as in England and Wales. Offenders may be moved between the three levels of management depending on circumstances, input and outcomes and should be given the lowest intervention consistent with providing a defensible risk management plan (Scottish Executive, 2006b). These levels are:

Level 1 – ordinary risk management – low or medium risk, mainly managed by one agency;

Level 2 – local inter-agency risk management – needing active involvement of more than one agency, with MAPPA meetings chaired by someone at service manager or chief inspector level;

Level 3 – MAPP Panels – for the 'critical few' high or very high risk offenders, chaired at senior manager or chief superintendent level. These panels require close cooperation at a senior level because of the risk involved or because of potential media and public interest in a specific case.

Following the Management of Offenders Act (2005) in Scotland, from April 2007, all registered sex offenders are subject to MAPPA requirements. Given the paucity of information on longer-term risks from sex offenders, not least adolescent sex offenders, sex offender registers are crucial sources of information for managing both pre- and post-conviction offenders in Scotland. Whilst under-16s cannot be placed on a sex offender register, the police can carry out assessments on them and impose restrictions on their activities via other court orders. However, there are concerns that given the emphasis on convicted sex offenders in Scotland, first offenders may not be seen as a priority. For example, Irvine (2006) notes that some 36 per cent of serious sex offenders have no previous similar convictions, and are therefore likely to be assessed as low risk. Equally, a focus on risk - past, present or future - can often be at the expense of addressing needs or providing specific interventions to address behaviour.

There are many risk assessment tools on the market in criminal justice and youth justice, although arguably less so for young people or women. In the adult criminal justice system (over the age of 16 in Scotland), the most commonly used tools are the Risk Assessment Guidance and Framework (RAGF), the Offender Group Reconviction Score (OGRS), the Level of Service Inventory – Revised (LSI-R), Matrix 2000 and Tayprep. For young offenders, OASys, YLS and Asset are often used. McIvor and Kemshall (2002a) suggest several essential and desirable criteria for effective risk assessment tools in Scotland:

Essential criteria:

- at least one peer reviewed publication on validation of the tool;
- validation against a relevant population to the target group, ideally in Scotland;
- based on actuarial and empirical factors contained in the research literature;
- able to differentiate accurately between high, medium and low risk;
- has inter-assessor and inter-rater reliability

Desirable criteria:

- user-friendly;
- resource lean;
- 'easy' to train staff in its appropriate use;
- process of use is transparent and accountable.

These authors found that tools were more likely to be used by social work practitioners if they were easy to administer and had good predictive power, but their weaknesses were reported to be their complexity, their lack of objectivity and lack of accuracy in determining the specific risks posed by serious violent and sexual offenders. Whilst time constraints in completing risk assessment tools in community care and child protection are problematic (see Chapters 3 and 4 respectively), criminal justice staff are less likely to have to undertake a risk assessments as a matter of urgency. In an evaluation of OASys, the tool often used in England and Wales by probation and prison workers, Mair *et al.* (2006) found that the main complaint by probation officers was the time required to complete the assessment form, often up to two hours. Under a half of the respondents felt it helped in risk assessment, but it was deemed inappropriate for low risk offenders, arguably the mainstay of probation practice. An evaluation of Asset, the tool used across the Youth Justice Teams (Yots) in England and Wales (Baker *et al.*, 2003) found that it could predict reconviction over a 12 month period with 67 per cent accuracy. Asset is the first common, structured assessment tool to be used across the youth justice system, and this strengthens the statistics gained in the aggregation of data both locally and nationally.

The MAPPA Guidance which was revised in 2006 by the Home Office noted that decision making in the assessment of risk was not infallible but should nevertheless be underpinned by 'defensible decision making':

In place of infallibility, we must put defensibility – making the most reasonable decisions and carrying them out professionally in a way which can be seen to be reasonable and professional (Home Office, 2006: 5).

The revised Guidance notes that such decision making should not be defensive but be based on 'rigour and risk management with robustness' (ibid: 6). Kemshall (2003) identifies the following criteria for defensible decision making:

- all reasonable steps are taken;
- reliable assessment methods are used;
- information is collected and thoroughly evaluated;
- decisions are recorded and carried through;
- agency processes and procedures are followed;
- practitioners and managers are investigative and proactive.

McIvor and Kemshall (2002a) note that the use of risk assessment tools is primarily to ensure ‘defensible decisions’, which is quoted in a Scottish Social Work Services Inspectorate manual (undated) as when ‘a responsible body of co-professionals would have made the same decision’. Defensible decisions were noted by McIvor and Kemshall (2002a) as a driving force in certain workers’ choice of risk assessment tool: hence the preoccupation with accreditation and validity of certain tools (McIvor and Kemshall, 2002a). The MAPPA guidance described above specifically mentions defensible decision making as a priority for resource allocation:

“The risk management structure is based on the principle that cases should be managed at the lowest level consistent with providing a defensible risk management plan. The level at which a case is managed is therefore dependent upon the nature of the risk and how it can be managed.” (Scottish Executive, 2006b, para 47).

VARIATIONS IN PRACTICE IN CRIMINAL JUSTICE

“Opinions were divided on whether it was feasible or desirable to implement a common approach to risk assessment across different disciplinary groups, though a greater degree of consistency was considered desirable.” (McIvor and Kemshall, 2002b).

As the above quotation exemplifies, McIvor and Kemshall (2002b) suggest that risk assessment and management procedures are usually context and agency specific and are therefore less likely to be transferable to other situations or settings. According to the Expert Panel on Sex Offending (Scottish Executive, 2001), difficulties and confusion arise when different agencies use different tools at different times in the process of assessing risk for different purposes. Such assessments should be shared between agencies and risk assessments need to be ongoing and constantly updated using a structured clinical approach. MAPPA has ensured that this is now the case. Not only does the duty to collaborate create a climate for consistency and information sharing across the key agencies, but the development of static and dynamic risk assessment tools for use across Scotland’s local authorities and other agencies will ensure a common usage of risk assessment tools and continuity between prison-based and community-based interventions.

However, few tools are available for use specifically with certain heterogeneous groups, for example, women, young people and mentally disordered offenders and risk assessment procedures within and between local authorities in Scotland still vary in practice. Prison staff, for example, are more concerned with risk of violence within the prison, and also prefer validated tools, whilst the police, like social work, tend to use non-validated tools and ones with little proven scientific accuracy.

The Assessment, Intervention and Moving On (AIM) risk assessment tool provides guidelines for practitioners from a wide range of agencies and disciplines, including the police, social services, probation, education and health). It purports to give a common language and shared approach to sexual offending (Print, Morrison &

Henniker, 2000). Equally, in Scotland, the police in particular want greater uniformity and structure to risk assessment nationally, including the use of one specific tool throughout all forces (McIvor and Kemshall, 2002a). Inter-agency work was found in McIvor and Kemshall's study to be less likely to be effective if there was a failure to share information or because of the use of a variety of risk assessment approaches and interpretations. These authors also note that some agencies will go to arbitration to decide on risk where collaborating agencies disagree on the level of risk posed or its management, although this level of disagreement was rare. Some respondents in their study suggested that disagreements were actually productive, in that they resulted in more information being gathered and more opinions being formed.

DISCUSSION OF RISK ASSESSMENT IN CRIMINAL JUSTICE

The 'language of risk' (Horsefield, 2003: 376) masks the social and personal problems facing offenders and sees victims as the main consumers of risk assessments. Horsefield cites O'Malley (2001) who suggests that in the US at least, exclusion and separation has taken over from punishment in the name of risk management. Risk assessments may appear scientific, accurate and effective, but only really serve to give credence to an organisation in responding to crime, regulating its staff, and limiting its liability when things go wrong. Risk assessment has also been described as creating 'automated environments' which devalue personal relationships and the need for trust, and hence result in further exclusion of offenders (Hayles, 2006). Hayles argues that basing punishment on risk lengthens that punishment indeterminately – in other words, 'once a risk, always a risk'. She also argues that risk assessment tools 'label' for longer periods than is perhaps warranted by the type and severity of the offence. Reducing offending should be about offering alternative constructive activities and social bonds, rather than about reducing negative outcomes and attitudes via cognitive behavioural approaches (Barry, 2006; Hayles, 2006; Maruna, 2001).

Webster *et al.* (2006) note that the static risk factors usually associated with offending by young people are also prevalent amongst law-abiding populations. These authors equate so-called risk factors such as truanting, single parenthood, educational low-achievement and disruptive childhoods with poverty rather than criminality:

“the narrowing down of risk factors to the family, parenting, truancy and peer-groups, reflects more a process of political expediency... than any genuine attempt to understand the causes of criminality.” (Webster *et al.*, 2006: 12).

Webster *et al.* also draw attention to the 'false negatives' of young people who show all the predictive signs of offending but remain law-abiding and suggest that risk assessment may be a reactive process of containment rather than a proactive means of resolving structural constraints for many disadvantaged young people:

“Much of what happened in the lives of our informants could not have been predicted from earlier experiences... In isolating individual risk factors from their context in biography, place and social structure, such

[risk assessment] devices offer ways of managing offenders rather than addressing the causes and cessation of individual offending.” (ibid: 18).

Whilst in the recent past, there was an over-reliance on actuarial assessment based on static factors (e.g., previous criminal convictions) which inhibited rehabilitation in favour of management of ‘groups’ of offenders, introducing dynamic factors (e.g., employment status) into the equation now allows for more constructive work *with* (rather than *to*) offenders. Pitts (2001) quotes Farrington (2000: 7) in suggesting that the “risk factor prevention paradigm” is ‘easy to understand and to communicate, and it is readily accepted by policy makers, practitioners and the general public’. However, it has its limitations in that it cannot readily separate out cause from effect: homelessness, unemployment and low income, for example, can be both cause and effect of criminal involvement. Brown (2005) also criticises the literature on static risk factors which are deemed ‘modifiable’ by the individual rather than by society, notably those targeted by Farrington (2002):

“Perhaps the most unnerving aspect of the whole approach is that as Farrington comments, ‘prevention requires change within individuals’ (p. 661). Since the vast majority of ‘risk factors’ appear to be beyond the individual’s control (low family income, family breakdown, single parenthood, low IQ, etc.) this is puzzling. Presumably the idea is to change an individual’s *response* to their life circumstances, not the life circumstances themselves. In other words, offending is conveniently individuated and is not a matter for social justice or social inclusion.” (Brown, 2005: 101).

SUMMARY

This chapter has looked at the criminal justice field, the field possibly most influenced by the media and the wider public in respect of dangerousness of offenders and the vulnerability of [potential] victims. It is thus not surprising that the main focus of risk assessment in criminal justice is in relation to violent and sexual offenders, around which a centre of excellence in criminal justice risk management has been set up and a myriad of legislation and guidance has been developed. The criminal justice system also arguably houses the most risk assessment tools, which has resulted in a preoccupation with how to measure risk factors perhaps at the expense of what exactly one is measuring, to what end, and whether other forms of intervention may not prove more effective in reducing longer-term offending. The focus currently in criminal justice seems to be on managing risk rather than alleviating other problems in offenders’ lives that might influence their behaviour. Thus, supervising social workers may resort, under advice from the guidance, merely to making defensible decisions and offending becomes a matter of containment rather than resolution. Guidance apart, however, there is little consistency in practice in criminal justice although it is the field most advanced in terms of inter-agency collaboration. However, the culture of the various organisations (e.g., the police versus social work) is doubtless an influence on the way risk is perceived and managed within each agency, making the gains from collaboration less obvious to identify and more difficult to achieve.

CHAPTER THREE RISK ASSESSMENT IN COMMUNITY CARE

INTRODUCTION

Risk barely featured in assessments of needs for community care until high profile cases dominated media headlines in the early 1990s. Since then, minimising risk has become a key focus of community care policy. The move towards community care was partly influenced by hospitalisation possibly stifling everyday opportunities amongst in-patients but also by the realisation that many of those living in institutions could, with support, live in the community. This resulted in a strong lobby for the rights of people with learning disabilities in particular to take similar risks to others and to live as normal a life as possible (Alaszewski & Alaszewski, 2002). However, there are concurrent concerns about what is an 'acceptable' risk and minimising risk and empowering users are not necessarily compatible aims. Although the risk to the public from mental health users is minimal overall - sufferers are more likely to kill themselves rather than other people (Munro & Rungay, 2000) - they are nevertheless defined in terms of risk and dangerousness because of often unpredictable violent incidents and are thus unlikely to be fully involved in decision making.

In the disability and mental health fields in particular, where the social rather than the medical model of disability prevails, risk tends to be defined by service users as exposure to 'unmet need' (Read and Reynolds, 1997), where because they are denied appropriate or timely services, they are at greater risk of vulnerability. Risk management in this respect, however, focuses on risk redistribution at the expense of vulnerability and needs assessment. Again, bifurcation results: those perceived as high risk receive a service whereas those perceived as low risk do not; this is all the more worrying when research suggests that services users often disagree with their supervising social workers about the priorities for intervention (McIvor and Barry, 1998; Neill *et al.*, 1988, cited in Waterson, 1999).

This chapter highlights some of the research on risk in community care as well as exploring the issues for practitioners and policy makers in identifying and assessing risk. The literature demonstrates increasing bifurcation policies (of targeting resources at those assessed as high risk, to the possible neglect of those not assessed as high risk) and argues that the needs and wishes of service users are often marginalised, although arguably much less so in community care than in criminal justice.

LEGISLATION, GUIDANCE AND TOOLS IN COMMUNITY CARE

Recent legislation and policy in Scotland in the community care field aims to ensure faster and better assessments, more integrated professional working, better information sharing across boundaries and opportunities for greater control for individuals. In particular, Community Health Partnerships are not only a response to

the need for integration between primary care and secondary care and between primary care and community care, and but also result from a desire to involve the public in the delivery of primary care services. A National Child Health Support Group also joins partners in local authorities and the voluntary sector towards a responsive and evidence-based child health service. Like social work, the National Health Service and Community Health Partnerships aim to 'shift the balance of care' (Scottish Executive, 2005b) through offering a preventive approach, supporting self care, ensuring better targeting of resources to those at greatest risk and developing anticipatory care services for high risk individuals.

'The same as you?', A review of services for people with learning disabilities report (Scottish Executive 2000b) was a key driver in empowering individuals with a learning disability to lead a better quality life, with appropriate supports in place within the wider community. One of the key principles underpinning this review was the need for people to have more say and more control over their lives. The use of direct payments, brokerage and advocacy services was recommended as a way to assist people to have more influence and control over their lives.

There are a range of legal measures to protect the interests of vulnerable adults and their carers in terms of assessment, including the NHS and Community Care Act (1990) which spells out the duty to assess those in need of 'community care services', and the Carers (Recognition and Services) Act 1995 which introduced the right of assessment for carers. In terms of risk taking and user empowerment, both the Adult Support & Protection (Scotland) Act 2007 and the Adults with Incapacity (Scotland) Act 2000 stipulates that interventions must be the least restrictive to achieve the desired benefit, and that the individual should be encouraged to use existing skills and develop new ones. The Mental Health (Care and Treatment) (Scotland) Act 2003 also states that restrictions must be the least necessary to ensure safety and well being. This Act which is regarded as being an exemplar for other countries in the care and treatment of people with mental health problems, also requires attention to the following principles:

- non-discrimination and equality on the grounds of capacity, age, gender, ethnicity, etc.,
- agency commitment to provide safe and appropriate services,
- voluntary rather than compulsory care,
- participation of service users,
- support and respect for carers,
- minimal and least restrictive intervention, and
- positive outcomes/benefits from an intervention.

The Mental Welfare Commission for Scotland stresses that risk to the individual should be the paramount concern, not risk to the organisation caring for that individual. The Commission recently issued guidance on restraint (in 2006) based on the premise that the user should always be involved in decisions and restraint should be avoided wherever possible.

The Mental Health Tribunal for Scotland which was established in the Mental Health Care and Treatment (Scotland) Act 2000 sets out procedures for ensuring that in any decision on compulsory care, the patient and a number of forms of patient representative are actively involved in the hearing to ensure that they influence any decision or assessment of level of risk (to both the community and patient themselves).

The Adult Support and Protection (Scotland) Act 2007, to be commenced in autumn 2008, provides protection for adults at risk of harm, enshrines key principles to be followed by practitioners, and specifies duties on statutory agencies to co-operate in investigating harm, and assessing risk.

Monitoring of client groups within community care, like that of the criminal justice field, now also draws on electronic technology, although the terminology has been softened in relation to other client groups compared with offenders and accused (i.e., 'wandering technology' rather than 'tagging'). Such technology can more readily, and perhaps more cheaply, monitor the safer movements of service users where they are deemed at risk within the community. Risk assessment tools in the field do not readily differentiate between different types of illness and levels of risk and therefore medication and monitoring are often the main methods of risk management:

“... the objective of a standardized, reliable, generalizable set of criteria for dangerous predictions, in law and in mental health, is still an elusive and distant objective.” (Menziez *et al.*, 1994, quoted in Munro & Rungay, 2000).

Alongside the criminal justice and child protection systems, registers of known risk groups in mental health have been developed as a further monitoring mechanism. Supervision registers within the mental health field were implemented in 1994 in England and Wales following the death of someone at the hands of a discharged patient suffering mental health problems (Davies, 1998). These registers classify people as being a significant risk to themselves through self-neglect, being a risk to others or being suicidal. However, numbers of people fitting those categories are generally low and Munro and Rungay (2000) suggest that low numbers in a given potentially risky population make risk predictions less accurate.

VARIATIONS IN PRACTICE IN COMMUNITY CARE

Within the community care field, in contrast to the criminal justice field but more closely aligned with child protection, the range of agencies involved have differing remits, are accountable to differing stakeholders and thus operate under differing philosophies about risk. Medical staff, for example, may have the concerns of the family or wider public in mind whereas social work staff, carers and user-led organisations may give greater representation to the needs and rights of the service user. Waterson (1999) suggests that professionals and users tend to disagree on levels of risk, not least because risk is subjective and can apply to environments as well as to people. Alaszewski and Manthorpe (1998) equally argue that risk is perceived differently by different professionals and allocating blame is one of the main concerns

of public enquiries into failures of community care interventions. If an organisation is secure, it will respond more proactively to risk rather than adopt a blaming approach. Alaszewski and Alaszewski (2002) found that users, families and professionals had differing views about risk and safety. Users and families tended to defer to the wishes of professionals, whilst professionals tended to balance normal risk taking against a 'duty of care'. In these authors' experience, few organisations were able to give equal weight to safety and empowerment, with the effect of tending towards safety at the expense of empowerment.

Various groups have an interest in risk assessment – professionals, service users, carers and advocates - and it is therefore difficult to be completely user-centred when assessing risk. Assessments of people in the community care field are more likely than in other fields to happen at a time of crisis, and are thus generally reactive rather than proactive, and workers in these instances may focus on weaknesses and inabilities rather than strengths and abilities. Professionals thus play safe, minimising risk at the expense of user empowerment. Likewise, performance management has largely replaced trust as a means of auditing such professional practice.

Training in risk assessment and the close recording of decisions are thus seen as crucial in community care work, the former to ensure greater consistency of approach and therefore defensibility, and the latter because of the potential number of professionals who may draw on that assessment for further work with, or management of, the client.

DISCUSSION OF RISK ASSESSMENT IN COMMUNITY CARE

In a study of the role of risk assessment in predicting or preventing homicides by people with mental health problems, Munro & Rungay (2000) found that 27.5 per cent of their sample of 40 cases could have been predictable and 65 per cent could have been prevented. In 29 of their 40 cases, the authors found that the public inquiry deemed there to be insufficient evidence of imminent risk: in only 8 cases (20%) were patients judged to be high risk at the time of the homicide. In 17 cases, the inquiry concluded that better psychiatric care generally would have been preferable to, and more effective than, better risk assessment:

“... more homicides could be prevented by improving the response to patients who start to relapse, regardless of their assessed potential for violence, than by trying to identify high-risk patients and target resources on them.” (ibid: 118).

These authors suggest that patients may vary in their level of risk or vulnerability over time, and indeed a 'ladder of dangerousness' has been devised (Lingham *et al*, 1996, cited in Munro & Rungay, 2000) which can help plot a patient's level of risk over time. However, targeting resources on high-risk patients is, to these authors, counterproductive given the high numbers of false positives (non-violent patients being assessed as high risk and having limited resources focused on them unnecessarily). Public perceptions of risk are exaggerated as a result of the current culture of risk assessment and management amongst policy makers as well as

sensationalist media reporting. Contrary to common myth, a policy of resettlement from long-stay hospitalisation and integration within communities has not increased the rate of homicides by those with mental health problems: deaths of innocent victims at the hands of drunken or careless drivers far exceed the deaths resulting from mentally ill people being cared for in the community (Munro & Rungay, 2000).

Risk assessment and public inquiries caused by public pressure are both intrusive of families and draining on limited resources for those most in need. Mental health professionals, according to several authors in the field, should concentrate on diagnosing and treating *actual* mental health needs rather than assessing, containing and targeting *potential* risk. However, having said that, there are examples where risk features little in work with community care clients: Langan and Lindow (2004), for example, interviewed 56 professionals in England and found that few undertook systematic risk assessment or developed risk management plans for their clients.

In all aspects of social work, but with the strongest lobby in the community care field, service users' vulnerabilities need to be taken into account when assessing risk and service users should be included in that process. In the field of older people, for example, the literature stresses the need for people to have choice and opportunities to take risks towards maintaining their independence and self-determination: 'risk taking is choosing whether or not to act to achieve beneficial results in an awareness of potential harms' (Lawson, 1996: 55). However, risk assessment in work with older people tends to focus on the worker's interpretation of events and the worker's plans for the future: for example, 'what benefits do you hope to achieve with the user?'. Assessments need to identify what the user wants, why they want it, what their abilities are to fulfil that aspiration and whether there are risks involved within the immediate environment. Risk taking should be carefully planned to enable a good quality of life, developing new skills and trying previously untried experiences. Risk assessment should not be about containing risks or rationing resources/services, which may result in service users being constrained from defining their own risks and needs (Waterson, 1999). Risk assessment in any social work theme should incorporate the views of those whose needs are being addressed by such assessments. What they want, why they want it, what their abilities are and whether there are extraneous risk factors all need to be taken into account, otherwise the service user may not feel committed to or 'own' the resulting intervention. Risk enablement should be carefully planned to promote a good quality of life, to develop new skills and to try previously untried experiences (Tindall, 1997). Although service users are deemed less likely to identify risks than their families or professional workers, they may also feel under pressure to comply with the wishes of others or to fit into existing services. Nevertheless, several authors argue for greater user empowerment, partnership and informed consent in risk assessment and management (Parsloe, 1999; Stalker, 2003; Waterson, 1999).

SUMMARY

The community care field is possibly most akin to criminal justice in terms of media interest in its assessment and management of risk, again because of past dangerousness rather than future risk. In addition, these two fields may sometimes

‘share’ the same client group. However, unlike criminal justice, the community care field has a better established practice of user participation in decision making and there is also a strong lobby of users (e.g., those with mental health problems and people with disabilities) who actively seek choice and participation in decision making. In community care, the risk-taking model is more in use than the risk minimisation model, although one suspects that if the user movement for greater choice and participation was not so strong, managerialist imperatives would result in a greater use of the risk minimisation model.

Recent community care policies emphasise the importance of ensuring that people have more say and more control over their lives. The use of direct payments, brokerage and advocacy services are strategies which add impetus to this agenda. Legislation in community care protects the aspirations and capacities of users to take risks, within certain safety parameters, and risk assessment tools in this field are less well developed than in the criminal justice system, with workers often resorting to surveillance measures or medication to ensure risk reduction. There is also arguably less time available for risk assessment and wider agency consultation in community care and child protection, since both tend to operate mainly in times of crisis whilst the user is living in the community. There has also been much criticism within the literature about risk assessment and management taking precedence over longer-term patient care and treatment.

CHAPTER FOUR RISK ASSESSMENT IN CHILD PROTECTION

INTRODUCTION

Child protection work has become much more reactive and less optimistic since the 1970s when the death of Maria Colwell in 1973 resulted in a moral panic and preoccupation with culpability, blame and retribution (Parton, 1996). Child abuse became like a disease which can be predicted, diagnosed and treated, without any acknowledgement of the social context. There was no question as to how risk was constructed by professionals, only that it was present. In child protection work in particular, the main aim of risk assessment now is to gather forensic evidence, prioritise cases and predict risk. There is thus a recent split in child welfare work internationally, between child protection and family support:

- Child protection – a neo-liberal approach to private issues as public issues and the adoption of a focus on risk. Kemshall (2002: 113) describes neo-liberalism as ‘privatisation, de-regulation and marketisation of the state sector’. This type of approach is mainly adopted in the UK, North America and Australia.
- Family support – proactive intervention with children and families through health and educational services primarily, giving primacy to the family and a less specialist role for child welfare professionals. It respects family diversity and family values but it fails to explore power inequalities and patriarchal models of control (especially in relation to child sexual abuse by adults). This type of approach is mainly adopted in continental Europe.

Trotter et al. (2001: 9) give a useful illustration of the difference between the two approaches:

“The difference between the European and British systems is well illustrated by the common characterisation of the first child protection visit in which the British child protection worker comments: ‘I am here to investigate a report of suspected abuse against your child’. The European child protection worker comments on the other hand: ‘I am here to see if I can help you with any problems you might have with your child’.”

Much of the literature on child protection focuses on the forensic nature of child protection procedures, namely risk assessment and management, the centrality of evidence gathering and surveillance of perpetrators, and this chapter explores this forensic approach in relation to legislation, guidance and tools. It compares and contrasts different models of practice and explores the rights of families in child protection and the tensions between the various professionals involved.

LEGISLATION, GUIDANCE AND TOOLS IN CHILD PROTECTION

The Children Act (1989) and the Children (Scotland) Act 1995 both aimed to balance the protection of children with the rights of parents and to limit compulsory intervention to a minimum. Nevertheless, further compulsory intervention orders were developed in Scotland, namely, the Child Protection Order which allows for the detention or retention of a child in a place of safety for up to 8 days; the assessment order, which allows for an assessment of a child for up to 7 days; and an exclusion order, which allows for the removal of an alleged abuser from a household (instead of the child being removed) for up to six months. McGhee and Francis (2003) note that even with the climate of managerialism and accountability (albeit greater in the criminal justice and community care fields than in child protection currently), these orders have been little used in child protection cases in the UK to date. However, these authors infer that there has been a greater involvement of legal services within local authorities following the implementation of the Children's Acts north and south of the border, which may have stifled professional discretion to intervene where deemed appropriate. However, Francis *et al.* (2006) also suggests that the minimum intervention principle now operating in most areas of social work is having a significant influence on the raising of child protection thresholds. For example, social workers are more willing to suggest that removing a child may result in greater harm than leaving the family intact and they try to find alternative methods of containing or resolving problems within the home environment.

Whilst intervention may not have become more intrusive following new legislation, risk assessments *per se* have been encouraged in recent years. An initial evaluation of the Department of Health's Assessment Framework was published three years following its instigation in 2000 (DOH, 2003). The original aims of the framework were to make practice across departments more consistent, for assessments to be more child-friendly and family-oriented and for assessments to inform the future work with the child/family. However, it has been noted that there are over 750,000 permutations of significant risk factors within this framework, thus making predictability less accurate (Edinburgh City Council, 2004). The DOH evaluation found that parental involvement in the process of assessment had increased substantially but not so much for children and young people themselves. Social workers also felt that the increased participation of family members enhanced the quality of the assessment but many expressed concerns about their ability to undertake a good assessment in terms of information gathering and inter-agency working. Although their workload was seen to have increased because of the assessment process, they were nevertheless likely to spend more time working directly with children and families, and collaborating with other agencies, as a result of this process.

In a more recent critique of the DOH Framework, Millar and Corby (2006) suggest that the structure of the framework allowed for greater accountability to, and communication with, service users, which parents and other family members appreciated. These authors also argue that the prescriptive nature of the framework, whilst criticised in earlier evaluations, can indeed be helpful in establishing dialogue and credibility between worker and the family. Nevertheless, Booth *et al.* (2006) maintain that the timeframes given for the DOH assessments are too tight and restrain

the building of such dialogue and credibility. However, they stress the need for adequate resourcing to address the needs of vulnerable people.

Of 29 local authorities in Scotland that Francis *et al.* (2006) included in their evaluation of risk assessment in relation to child protection orders, only five used the DOH's Framework for Assessing Children in Need. Although respondents were aware of several alternative models of risk assessment, these were seldom used in any systematic way because they were deemed not comprehensive enough to be used in all situations (pre-birth risk; addiction of parent; Children's Hearings reviews, etc), resulting in many social workers resorting to pragmatic professional judgement, willingly or otherwise. Equally, less than one third of their sampled authorities issued specific guidance on assessing 'significant harm', not least perhaps because it was rarely defined. However, there was some ambivalence about whether it should be rigidly defined, which may preclude professional judgement and instinct (at least amongst the more experienced social workers). Most agreed that a broad definition would be helpful without being overly prescriptive or stifling of professional discretion.

So as to enable greater conformity and consistency across Scotland, the Scottish Executive (2005c) proposed a programme of change – *Getting it right for every child*, incorporating the development work undertaken on an 'Integrated Assessment, Planning and Recording Framework' (IAF). *Getting it right for every child* concentrates on planning and action to address children's needs. Integrated assessment should be undertaken only where the child's circumstances require it and should include the views of all stakeholders (including children and families). Assessments apply in a holistic fashion to all children and 'travel' with them between authorities and between agencies. '*Getting it right for every child*' – which was subject to consultation in 2005 - outlines a programme which would give authority and responsibility to agencies and professionals to work with children, families, local communities and partner agencies; to take action which is appropriate, proportionate and timely and which focuses on improving outcomes for children and young people.

The development work for the Integrated Assessment Planning and Recording Framework was piloted in two areas of Scotland (Gibson *et al.*, 2006) but was found to result in poor assessment record keeping and action planning, and a failure by some staff to follow up on potential risks to children. This was deemed to result from a lack of integration and analysis of varying agency files. Although the researchers had concerns about inter-agency working at the assessment stage, parents were more positive about both the assessment processes and the resultant additional services put in place to support them (Gibson *et al.*, 2006).

Legislation is also currently being developed (the Children's Services (Scotland) Bill³) which requires inter-agency cooperation and information sharing and streamlines the Children's Hearings system to focus only on cases which require compulsory measures of care/control in cases where significant need is identified (including patterns of behaviour which give cause for concern). The bill itself would place duties on agencies to work collaboratively to support children and to make clear

³ See www.scotland.gov.uk/childrenservicesbill for a full version of the draft Bill.

plans for children with complex needs; to ensure that the views of children and their families are taken into account; and to refer to the Children's Hearings system only where compulsory measures were considered necessary to help the child.

In terms of risk assessment tools in child protection, actuarial models of risk assessment are criticised by many writers, but Trotter *et al* (2001) note that mainland European child protection systems tend to be less hierarchical and forensic in practice, thus offering more autonomy for practitioners to use professional judgement in risk assessment and management in comparison to the UK, North American and Australian child protection systems. In New Zealand, the Risk Estimation System (RES) developed in the 1990s, is a nationally-adopted, computer-based, consensual model of identifying areas of severity of abuse, vulnerability of children and likelihood of further abuse. However, Stanley (2005: 80) argues that '[r]isk is slippery and can escape the disciplines of positivistic risk assessment technologies'. He goes on to suggest that 'the calls for more generalised and common frameworks do little to establish deeper analytical understandings of how definitions and assessments of risk are formulated' (ibid: 86). Munro (2004: 881) also notes that numbers in actuarial calculations 'have an air of authority and objectivity that can mislead people into crediting them with more accuracy than they deserve'.

Warner suggests that in the UK, there is limited knowledge of known risk factors in relation to child protection work, no theoretical basis for assessments and a failure to revise initial assessments. In Australia, Warner suggests that risk assessment tools are used more pragmatically, to cover the backs of professional organisations rather than to further the interests of client safety. The USA has a more formalised and widespread use of risk assessment tools than other developed countries although the evidence to suggest that these inform professional judgement is limited (Ryan *et al.*, 2005). In some US states, only 50 per cent of substantiated cases of child abuse result in a service being offered, even though child welfare is 'big business' in the USA and often privatised and unregulated (de Panfilis & Zuravin, 2001). At least 42 US states use at least one type (actuarial, clinical or combined) of risk assessment tool in child welfare decision making (Loman & Siegel, 2004). One such actuarial tool is the Family Risk Assessment (FRA), which encourages accurate and consistent predictions of family risk of future child abuse and neglect in order to enable consistent decision-making about further work with families. Although it proved to have higher than average inter-rater reliability, its evaluation (Loman & Siegel, 2004) suggested that it could only accurately classify risk in two out of three cases and should therefore not be used in isolation. These authors also noted that misclassification arose more in families with low to moderate risk factors who were less likely to receive a service (especially in urban areas) as a result of such a classification. Other problems with this tool were that it could not readily differentiate recent past from distant past incidents of abuse, mitigating (protective) factors which may offset the risk factors, and incidents of mental health problems.

VARIATIONS IN PRACTICE IN CHILD PROTECTION

Francis *et al.* (2006) suggest that inter-agency cooperation varies between different agencies in different geographical areas. Equally, differing agencies have different

values, cultures and interpretations and language about risk; levels of trust and confidence in other agencies may thus be low. These authors particularly singled out the divide between social work and education in Scotland in relation to child protection training and procedures, where they described these variations in practice as ‘deep-seated differences in professional values, culture, language and attitudes’ (ibid: 9). They find, amongst others, that thresholds of risk vary not only across agencies but also *within* agencies, notably with older, more experienced workers operating at a higher threshold of risk than their recently trained counterparts. Likewise, Gold *et al.* (2001) found that the age and experience of the workers resulted in differing assessment outcomes. A further study (Brown and White, 2006) assessed the literature on integrated working in children’s services and similarly found cultural differences between professionals. They also suggested that integrated working demonstrated limited evidence of improving outcomes for children and families.

In their comparative study of risk assessment practice in Canada and Israel, Gold *et al.* (2001) found that whereas Canada prioritises the rights of children over the centrality of the family, Israel still prioritises the rights of the family to care for their own children. As a result of these differing philosophies, assessments and interventions reflected the professional, political and social mood in both countries. In terms of children’s versus family rights, in the UK the paramount interest is the child’s rights, not least because it is possible that involving the family in a risk assessment may create further harm or anxiety for the child (Marshall, 2006; pers. comm.). Hayes and Houston (in press) argue that in decision making in child protection within a family group conference arena, there may be power struggles between the child and the family and between the family and the professionals. However, these authors argue that such an arena tends to be seen favourably by both professionals and families and challenges the often risk-averse nature of child protection work. A further Canadian study of family group conferencing found that bringing the various parties together served to ‘interrupt’ thinking on how to reduce family abuse and engendered a strategy for the future and a commitment to the programme of work (Pennell and Burford, 2006: 126). This review did not, however, uncover any specific literature relating to risk assessment or management in family group conferencing and the primacy given to the rights of children versus their families. It is ironic, perhaps, given that New Zealand is the birthplace of family group conferencing, that Stanley suggests New Zealand is moving away from a family-oriented approach to one of child protection, albeit currently combining ‘family-centred decision-making with a forensic eye on child protection’ (2005: 38). The move towards a child protection approach in New Zealand came with the introduction in 1992 of the Paramountcy Principle, which privileges child protection in situations where the rights of parents are in conflict with the rights of the child. Social workers are mandated, through the Children, Young Persons and Their Families Act 1989 to remove children at ‘serious risk of harm’.

Horwath (2005) notes that the role of the social work team in determining the focus of an assessment, the definition of neglect used and the subjective factors within individual social workers may all impact on assessments. She also states that while the Irish do not have a child protection register, they do have a child protection notification system and she found three different approaches to risk assessment in her sample of social workers in Eire:

- assessments which merely confirm that abuse took place;
- assessments which confirm whether the child has or will suffer harm;
- assessments which confirm not only potential harm but also the impact of that harm on the child's future well-being.

In a vignette exercise undertaken by Horwarth's sample of social workers, 50 per cent of respondents focused on the present crisis (abuse), 22 per cent considered the context and the pragmatics of the situation; and 18 per cent considered the child's wishes and longer-term well-being (Horwath, 2005). Horwath found that over half of the actual cases in her sample of child neglect incidents were closed because the neglect was unconfirmed or carers/agencies did not respond to requests for information. However, this study took place before a framework for assessment was developed in Eire. Howarth also notes that child neglect is more prevalent than other forms of child abuse in the western world but research is limited, mainly to the USA and UK.

Taylor and Meux (1997) also suggest that the identification of risk is influenced by the occupation to which professional respondents belong. Britner and Mossler (2002) argue that good child protection practice should encompass the rights of the child, the integrity and rights of the family and the duties and powers of the state. Different professionals represent those three interest groups and yet little research to date has explored the differences between professionals in the factors which influence their decision making (Stanley, 2005). Britner and Mossler (2002) found different professionals assessed risk not according to the characteristics or circumstances of the client but of the organisation within which they worked. Their study found that the different professionals involved in the same cases placed different emphases on factors influencing the risk assessment process and outcome. Such findings are not conducive to a common language of risk, as will be explored further in Chapter 5.

DISCUSSION OF RISK ASSESSMENT IN CHILD PROTECTION

The focus in the child protection field is on service responses to children at risk rather than the child's own developmental needs. Equally, because definitions of risk are unclear, different professionals have different perceptions of risk level and severity, and given the call for inter-agency cooperation, this is a worrying fact, as Little *et al.* (2004: 106) point out:

“When one professional talks to another about a child at risk, there is likely to be some misunderstanding and in the worst-case scenario they will be talking completely at cross-purposes.”

In an international review of child protection literature over the preceding five years or so, Trotter *et al.* (2001) identified a key theme of a focus on procedures and forensic evidence in child protection, especially in the USA, UK and Australia. One consequence of this was the criticism of child protection services as ineffective in providing ‘genuine assistance to families’ (*ibid.*: 7). Although there is much literature on the pros and cons of different approaches to risk assessment, there is a dearth of

empirical material on the effectiveness of risk assessment tools versus professional judgement. Parton (1997) suggests that child welfare practice has been ‘colonised by juridical priorities’ of risk and harm (quoted in Trotter et al. 2001: 8). Another prevalent theme in this literature review was that child protection systems are net widening (e.g., drawing more children into the system because of lower thresholds of risk), when many children and families need more welfare than protection interventions.

‘*Messages from Research*’ (DOH, 1995) argues for a family support rather than forensic approach and for better relationship building between worker and client. However, Bell (1999) argues that there is a conflict of interest between partnerships of worker and client and the dual task of assessing and managing risk within families. Equally, Trotter *et al.* (2001) suggest that partnership and risk assessment are not obviously compatible concepts as they produce conflicts of interest and rights. Equally, partnership rarely applies to worker and client but more to inter-agency working.

European models are deemed better in terms of giving workers greater autonomy and responsibility, without recourse to legal measures. Much of the literature acknowledges the better outcomes in reducing child abuse if welfare needs are paramount. Time spent on risk assessment could therefore be more gainfully employed on problem solving with families. Britner and Mossler (2002) suggest that many studies have found an inverted correlation between the need to remove children from their families and the level and intensity of service provision to that family following removal. It is as though the removal of the child means the removal of the problem.

SUMMARY

This chapter has examined the literature on risk assessment in child protection, focusing almost exclusively on the literature on child abuse and neglect. As with the other two fields, risk assessment in child protection is seen by practitioners and commentators as focusing too much on the process and not enough on the outcome of assessing risk. This results in ‘bifurcation’ (prioritising high risk groups at the expense of other needs/groups), being risk averse (to avoid litigation), intervening to make defensible decisions and reducing the professional autonomy of workers. Legislation in this field, more so than in community care, takes into account the rights of families as well as the rights of the child and often this can cause tensions in decision making. As in community care, there is also the issue of differing agencies having differing priorities and it seems from the literature that social workers tend to defer to the decisions of the judiciary and the medical profession in relation to risk assessment in child protection. There is also coverage in the literature of differing approaches to children’s versus families’ rights between the UK, North America and Australia compared with mainland Europe for example, where the latter see intervention to bolster family cohesion as the priority rather than the removal of the child to a place of safety.

Risk assessment tools in child protection are criticised for being overly actuarial and time-consuming to complete, and little is known about the related risk factors. Culpability in child protection is also focused on the family (rather than external factors such as poverty in terms of child neglect, for example) and/or on the practitioner, and there is little evidence of corporate responsibility for child protection issues. This often results in practitioners working defensively and applying objective and often compulsory measures *to* families rather than building trusting relationships *with* families.

In the following chapter, these broader issues of organisational structure and culture, which are prevalent in all three social work themes, are explored in greater depth.

CHAPTER FIVE THE ORGANISATION OF RISK: CONFLICT OR COOPERATION?

INTRODUCTION

The *Changing Lives* review argues for a new governance of social work which includes clear accountability frameworks, the protection of professional autonomy, learning from mistakes and strong leadership. The extent to which these aspirations can be met within a climate of risk, responsabilisation⁴ and regulation poses challenges for the social work profession, and it is hoped that this literature review goes some way towards better understanding and addressing those challenges. This penultimate chapter therefore focuses on issues relating not to front-line practice with service users/clients but to the ‘behind-the-scenes’ organisational issues for agencies and workers who assess and manage risk. To reflect the concerns of the *Changing Lives* review, the chapter explores differing cultures of organisations (including accountability frameworks, learning from mistakes and supervision/training), the use of risk assessment tools, inter-agency and user collaboration and the ‘politics of risk’. As much as possible, the chapter draws distinctions between the three themes covered in this review and assesses the extent to which the language of risk in social work is premised on the basis of conflict or cooperation.

ORGANISATIONAL CULTURE

Organisational culture means the values, norms and beliefs that exist within an organisation, depending on its structure and managerial and operational systems. Because uniformity of structures and systems across agencies is both unrealistic and unworkable, most current theories of organisational culture seek a systems approach: ‘the match of people to systems, of task to environment and of the interrelationship between people, systems, task and environment’ (Bell, 1999: 17). Bell points out that in child protection work in particular, cultural tensions may well arise between, for example, the police (which may exhibit a masculine, tough, status-oriented and monopolising culture) and social work (which may exhibit a feminine, caring, deferential and power-sharing culture).

Management hierarchies

In a study of agencies involved with vulnerable children or adults with learning disabilities, Alaszewski and Manthorpe (1998) argue that agencies should be the bridge between practice and policy but given their differing interpretations of risk and assessment, this does not always happen. These authors assess the contributions of various theorists of organisational structure, namely, Weber (1947), Goffman (1961), King *et al.* (1971) and Hood *et al.* (1992). Weber identified two types of cooperation – one based on rationality and bureaucracy – explicit and legally defined goals, and

⁴ The term ‘responsibilisation’ was coined by Rose (1996) to describe the process of generating self-discipline and hence culpability when things go wrong. Critics argue that it focuses too much on individual rather than structural change (see also Kemshall, 2002).

the other on charisma – faith in a respected leader. Bureaucracies focus on predictability and the negative effects of risk taking; they are also expert-oriented, punishing and non-participative. Goffman's (1961) organisational framework is similar to Weber's – focusing on hierarchy, inflexible rules and procedures, elitism and risk management by strict internal government and by insulation from the external environment. King *et al.* (1971) adapt Goffman's model, which they define as 'staff-centred' and compare it with a 'child-centred' approach within a child-care setting. Staff-centred residential units, for example, are inflexible, hierarchical and procedural, whereas child-centred units are decentralised, autonomous, and more tolerant of risk taking. Hood *et al.* (1992) identify various dimensions of organisations, of which Alaszewski and Manthorpe (1998) adapt three to the workings of welfare agencies:

- **participation versus non-participation in decision making** (open or closed to technical or moral advice or values): Hood *et al.* (1992) note, however, that often experts are not trusted and there is little consensus between them (the BSE crisis and the MMR vaccine issue were recent cases in point);
- **allocation of blame versus absolution** (blame encourages 'safety' whereas a no-fault approach encourages learning): systems can either encourage learning or openly allocate blame/responsibility, but the latter may result in 'cover-up' by frontline staff and resultant whistle-blowing. Confidential, independent systems can be made available for disclosure of concerns in order to learn from mistakes and change practice accordingly;
- **anticipation versus response** (proactive prediction of risk or reactive minimisation of resulting harm): the former can result in a false sense of security and measures not being in place to respond to failures to predict; child protection systems tend to operate on the latter basis: rapid response once it has either been identified as likely to occur or has actually occurred.

Given the tacit acceptance that risk cannot be wholly removed, agencies may take steps to transfer blame through a focus on procedures and regulation rather than intervention *per se*. Munro cites Hood *et al.* (2000) who depict a 'blame prevention re-engineering' culture, especially in the UK:

“... the organisation introduces more and more formal procedures to guide practice so that they create a 'correct' way to deal with a case. Then, if a tragedy occurs, they can claim the defence of 'due diligence' and show that their employees followed these correct procedures in working on the case. A child may have died but the agency staff can show a clear audit trail of what they did... In a defensive culture, the protection of the agency can start to dominate over the protection of children.” (Munro, 2004: 880).

Munro (2004) argues that organisational culture needs to encourage workers to see risk assessment more as a tool which complements professional judgement and encourages constant and critical review, rather than an end in itself. She also argues that social workers need to shift from seeing assessment as revealing 'truth' to assessment as ongoing hypothesis building. Reflective practice is important as is a culture of supervision of workers' practice issues rather than supervision of administrative processes.

Accountability frameworks

Accountability, like risk, is a nebulous concept which defies definition. One dictionary identifies 26 separate definitions of the word, although 'to account' is generally meant to mean 'to enumerate' or 'to be responsible for'. The Queensland Government in Australia (Office of the Public Service Commission, 2004) went further to suggest that accountability meant:

how – and how well – one's responsibilities are being met on actions taken to correct problems and to ensure they do not reoccur. It involves accepting personal consequences... for problems that could have been avoided had the individual acted appropriately (ibid: 4-5).

This definition cannot readily apply to risk assessment or management in social work, not least because it focuses on correcting problems and ensuring a non-recurrence following appropriate action. These terms are not conducive to understanding human behaviour but perhaps are more appropriate to solving administrative or mechanical problems. The Scottish Executive (undated), in its accountability framework for antisocial behaviour, which arguably epitomises one form of problematic human behaviour, has four broad framework objectives:

- to reduce antisocial behaviour;
- to reduce public perceptions of antisocial behaviour;
- to improve the performance of relevant agencies; and
- to improve public perceptions of such agency performance.

However, again the focus tends to be on the 'how' rather than the 'why' of intervention, reducing behaviour to discrete mathematical formulae. Burgess *et al.* (2002: 1) were commissioned to examine accountability frameworks for the Treasury. They suggest that accountability means being clear 'who is responsible, what they are responsible for and what powers and freedom they actually have to deliver'. This definition offers a more helpful guide on what constitutes an appropriate accountability framework in social work – even though the authors are dealing with treasury matters. They identify several factors for clarification and development in accountability:

- outcomes;
- roles and responsibilities;
- performance expectations;
- review of performance;
- intervention if performance slips;
- incentives for improved performance;
- flexibility of objectives/priorities;
- recognising and learning from achievements/difficulties;
- communication of performance across the whole organisation.

This literature review seems to concur with the accountability indicators of Burgess *et al.* which could usefully be used in any future assessment of organisational culture in relation to risk assessment and management in social work. However, it is important, first, to assess the stage the organisation is at in terms of its management style and need for accountability. Houston and Griffiths (2000), for example, suggest that an organisation's approach to risk assessment and accountability will depend on its history and current phase of transition. These authors cite Handy's (1985) model of organisations which develop in three sequential phases:

- the pioneer phase, the early period in an organisation where it is paternalistic, expert and has few procedures;
- the scientific phase, when organisations become preoccupied with systems, bureaucracy and procedures following increased customer demand;
- the integrated phase, which is most effective in meeting customer needs, moving away from bureaucracy to adaptability and customer-driven innovation based on participation and democracy. The lack of 'red tape' allows risk taking, fairness and flexibility.

It would seem that the organisations involved in the three themes of social work described in Chapters 2 - 4 are at differing phases of transition according to the above model, although probably mostly are placed within or between phases 2 (scientific phase) and 3 (integrated phase). Certainly the literature reviewed in this report would suggest that there is a government-led preoccupation with scientific systems and procedures in all three themes (although the extent to which the practitioners in each theme have taken these systems and procedures on board is variable). The word 'customer' noted in phase 2 also perhaps relates more to the media, policy makers and the general public than to service users *per se*; whereas in phase 3, 'customer' relates more to service users (ideally to include those also involved in the criminal justice system).

Learning from mistakes

SCIE (2005) uses the analogy of 'near misses' from the aviation industry to emphasise the need for inter-agency collaboration and information sharing so as to learn from past mistakes. The authors define 'near misses' as incidents where something could have gone wrong but was prevented, or something did go wrong but no serious harm was caused. They suggest that current organisational culture in social work has resulted in the needs of at-risk groups being overlooked until the risk of harm is imminent. They argue strongly for greater involvement of service users and carers in the identification and management of risk and in a more frank and open discussion about past mistakes and future opportunities for learning. The SCIE report also develops the concept of 'safeguarding incident', where harm or potential harm is identified as a result of an agency's (rather than a carer's) failure to keep a child safe. Whilst identifying such incidents may engender a learning culture, the authors grapple with the need to 'grade' such incidents, which may well, in theory at least, result in further administrative work for practitioners which in turn might detract from the actual work with a family and create yet more of a 'tick-box mentality' amongst frontline staff. However, the SCIE report concludes that the current culture of blame

does not encourage reporting or recording of incidents or mistakes, let alone learning from them, even though practitioners welcome the possibility:

“[T]he majority of people who took part in this study were individually supportive of the idea of learning from mistakes before harm is caused, but felt strongly that, due to organisational constraints, their hands remained quite firmly tied.” (SCIE, 2005: 46).

Alaszewski and Manthorpe (1998) found that child care agencies were most defensive and reactive, whereas learning disability agencies were most open to learning and advice, partnership-oriented and keen to anticipate risk. Their research examined how organisations responded to risk rather than examining why different strategies were adopted across different agencies. They expressed concerns that little research had been undertaken on the role of agencies in risk assessment, given how crucial the structure and culture of an agency is to its shaping of professional practice. Certainly in one study by Francis *et al.* in Scotland, social workers found certain professionals, notably hospital-based doctors and GPs, to be more bounded by professional confidentiality clauses than by inter-agency cooperation clauses. Although the ground was shifting more towards inter-agency information sharing more recently in child protection cases (without necessarily a concurrent drop in confidentiality levels), Francis *et al.* (2006) noted differing professional concerns about their responsibilities towards the family and in determining the balance of rights of parents versus children in potential child abuse cases.

Supervision and training

Supervision is one of the key avenues for practitioners to have the time and capacity to reflect on their practice and to identify, discuss and learn from mistakes. However, the culture of the organisation needs to allow for such dialogue with confidence and trust on the part of both the supervisee and supervisor. Stanley's (2005) study of social workers in New Zealand found a positive response to the value of supervision for assessing and managing risk in child protection, but on the assumption that the organisational culture will be welcoming of sharing and learning in supervision, rather than being fearful of reprisals for admissions of failure.

Closely allied to organisational culture and learning cultures is the issue of training in risk assessment and management which should ideally be compatible, if not consistent, across those agencies working collaboratively on risk. Training is an issue both inter- and intra-agency, with differing agencies having differing views about priorities and values. Francis *et al.* (2006) found wide variations on the impact of the level and consistency of training on different authorities' practices. Equally, inter-agency training is limited, not least in respect of a standardised understanding of risk and the threshold of risk adopted across all agencies. The culture of an organisation will obviously impact on such an understanding of risk and related thresholds. The fact that there is no centralised system for promoting or funding training across the themes of social work may well create additional barriers to inter-agency training. Equally, training is also an essential prerequisite of understanding risk assessment tools and yet McIvor and Kemshall (2002a) suggest that the cost of training staff across agencies on standardised risk assessment tools could be high. Francis *et al.*,

(2006) also stress the importance of joint training in raising awareness of the need for inter-agency cooperation and information sharing, but her sample of social workers commented that training had decreased across Scotland in relation to child protection following a surge of activity at the time of the implementation of the Children (Scotland) Act 1995.

Stanley (2005) talks of the ‘practice wisdom’ inherent in the informal and tacit knowledge gained by social workers over time and he argues that this should be utilised more in developing training materials. Training should focus more on effective practice skills and less on risk identification and assessment. Stanley (2005) also argues for better training opportunities for social work around risk and child protection to boost its standing in the professional hierarchy, which may likewise enhance inter-agency collaboration and consensual decision making. O’Sullivan (2003) found that irrespective of length of service, social workers in one agency who had received the same training were more likely to be consistent in risk assessment decision making. However, in a climate of budgetary restrictions, training is often the first budget to be cut (Titterton, 2005). Yet training not only has practical implications for the work with clients, but also managerial and legal implications for ensuring ‘defensible decision making’, an approach increasingly cited as the basis for all risk assessment and risk management work (McIvor and Kemshall, 2002a; Scottish Executive, 2006b; SWSI, undated).

The use of risk assessment tools

The use and dependency on risk assessment tools are closely aligned with organisational culture. Risk assessment tools have often been criticised for being too narrow in focus, in terms of user group or specific risk factors, in particular relating to criminal justice (certain tools cannot account for youth offending, female offending or drug-related offending, for example) and community care (certain tools cannot account for different types of mental illness). Although in criminal justice this has not lessened the use of actuarial risk assessment tools, in community care and child protection there is a tendency to resort to clinical professional judgement as a means of counteracting the limitations of certain actuarial instruments.

Much of the work of community care and child protection is crisis-driven – reactive rather than proactive – and short timescales in such emergency situations do not allow for assessments which take hours, days or even weeks to complete. All risk assessments take time and especially in the child protection field, time is of the essence. Indeed, Francis *et al.* (2006) found that children and families social workers in Scotland were concerned about the time needed to collate all necessary information in the assessment process, given the possible urgency of the potential risk to the child. Some assessment frameworks have been developed which should ideally be undertaken over a period of weeks, rather than in a crisis situation but in child protection cases in particular, this is not always possible. Booth *et al.* (2006) also note that a tight timescale works against the building of trust and understanding, not least with parents with learning difficulties and need further time to complete the process in a meaningful way.

Stanley (2005) argues that reliance on risk assessment tools shifts the emphasis and therefore the culpability from agency to worker. It also dissipates the assessment process and narrows the definition of risk. The 'how' has taken over from the 'why' in child protection work. He concludes that 'expert' assessments validate interventions and provide:

a welcome and "objective certainty" within a practice environment fraught with ambiguity and uncertainty... Social workers are drawn to strategies that provide certainty, definition, and legitimation for their actions (ibid: 267-8).

Certainly, this literature review would support the argument that social workers tend to seek assurances, legitimacy and certainty from risk assessment tools that arguably professional autonomy cannot give them, and yet much criticism is also levelled at the reduction in professional autonomy that results from a risk-averse and instrumentalist organisational culture.

Bessant (2004: 68) suggests that 'an overly instrumentalist cognitive approach' (which relies on technical rationality and sees the practitioners as a perfunctory problem solver) does not allow for the building and sustaining of meaningful relationships with clients or for professional judgement (other than the professional judgement required to identify, operate and quantify risk assessment instruments). From a management perspective, risk assessment tools also offer reduced and simplified workloads: they 'entail an uncomplicated process of questions, answers and a little arithmetic' (ibid: 71). Often such assessments are undertaken over the phone and are neither analytical nor reflective and can hinder rather than promote worker-client relationships.

INTER-AGENCY AND USER COLLABORATION

A further theme explored in the literature is inter-agency and user communication and collaboration in risk assessment and management and whether there is a common language of risk between the three themes both inter- and intra-agency. Different organisations have different requirements for risk assessments, and different values and philosophies on which such assessments are made, but they nevertheless have to work in collaboration with other agencies in order to fulfil the terms of their duty of care to clients and/or the public. It is also deemed essential for effective risk assessment that all agencies share and collaborate on the evidence collected and review it on an ongoing basis. However, McIvor and Kemshall (2002a) caution, on a less positive note, that inter-agency working is also deemed essential by some stakeholders to avoid any one agency being held accountable for adverse outcomes. This suggests a risk minimisation approach to risk assessment rather than a risk-taking approach, as outlined by Davis (1996) (see Chapter One, p.5). It also suggests a reactive rationale for collaboration rather than a proactive one.

Huxham and Vangen (2005) differentiate 'collaborative advantage' – where organisations come together to achieve proactive and positive change, from 'collaborative inertia' – where organisations find collaboration difficult, reactive or

unproductive. They cite various reasons for wanting to achieve collaborative advantage, including:

- access to resources (pooling financial, technical or human resources);
- co-ordination and seamlessness (one-stop shops to ensure an holistic approach or combined services);
- learning' (mutual understanding and information sharing);
- the moral imperative (that certain issues - crime, poverty, etc. - cannot be tackled by one organisation alone); and
- shared risk (to specifically collaborate to reduce and share the consequences of failure to deliver).

Huxham and Vangen (2005) suggest that collaborative ventures often combine all these rationales, and certainly in the field of social work, inter-agency collaboration to assess or manage risk undoubtedly involves several of the above.

Social work is often seen as a lesser profession than, say, the legal or medical professions, partly because of the predominance of women in social work (often married and working part-time), partly because of the ethos in social work of sharing power and knowledge with clients. In one study of social workers' views of risk (Stanley, 2005), they tended not to problematise risk but accepted it as a 'matter of fact' (ibid: 276). They were also less likely - or less able - to challenge legal perspectives (e.g., lawyers or police) in case conferences. According to Stanley, community-based social workers are more likely to listen to a notification from a paediatrician than from a hospital social worker, because the former has more status as a member of a professional body. Equally, social workers will defer to the Family Court in New Zealand, which adopts a child protection rather than child welfare approach. Inter-agency collaboration also offers a 'rubber stamp' to the final agreement, although as suggested above, that final agreement may be reached more by deference to 'higher authority' than by consensus.

However, professional reports generated through the use of scientific risk assessment tools - irrespective of whether they are collaborative documents or owned only by one agency - to varying degrees 'offer legitimacy in decision-making and validation in removal decisions' (Stanley, 2005: 299). Stanley describes risk assessment as a 'black-box', which if opened, can make visible the mechanisms of risk assessment processes and outcomes. However, this can have both positive and negative repercussions: it can encourage greater inter- and intra-disciplinary dialogue and increased user understanding (Stanley, 2006, pers. comm.), but also can result in risk being seen not as socially constructed or as context specific but as a technical or scientific fact, an opaque process in which science and technical knowledge are 'knowable' and therefore rendered invisible to critical analysis.

User involvement

Although user empowerment has been an aspiration of workers in both community care and child protection⁵, it has not been obviously successful to date in terms of risk assessment and management, not least because of the focus on vulnerability rather than empowerment of user groups. Risk assessment in community care and child protection is very much addressing issues first and foremost of vulnerability and risk minimisation rather than empowerment and risk enablement. However, practitioners are also known to adopt defensive practice, irrespective of users' wishes, in both community care and child protection. Langan and Lindow (2004), amongst others, note that service users are rarely informed of, or know about, risk assessments carried out on them, and yet such information is shared with other agencies and can label an individual for life.

Within the criminal justice system, offenders (and to a lesser extent accused persons, prior to findings of guilt) are rarely seen as 'users' in the context of partnership or empowerment because they are seen as more culpable than vulnerable, and the prevailing principles of 'punishment' do not sit comfortably with the ethos of empowerment. However, the National Probation Directorate in England and Wales is currently devising basic methods by which offenders can be more involved in the planning and implementation of criminal justice services (Wiggins, 2006, pers. comm.).

Changing Lives encourages the involvement of users in assessments of risk although again it tends to focus on users from community care and child protection rather than from criminal justice. Whilst service user involvement in risk assessment in social work is an innovative and welcome area for development arising from the review, when coupled with the need for social workers to be more accountable to their organisations for effective risk management, it nevertheless becomes another major challenge, as *Changing Lives* has highlighted.

THE POLITICS OF RISK

Debates about risk are inherently linked to debates about management and governance (Bessant, 2004): such debates promise a degree of certainty, an illusion of objectivity and seemingly unambiguous diagnoses. Bessant also argues that a preoccupation with risk assessment and management allows governments to regulate and control 'problematic' populations rather than to address the underlying problems facing such populations. Service users are taken outwith the contexts of their environments and assessed in a vacuum of individual deficits and problematic behaviours. Such an approach is both informed by and satisfies populist demands for action to reduce risk. Carlen (2002) talks of the 'political risk' of not being seen to do something about crime and much risk management in community care and child protection could also arguably be seen to be addressing the needs of the tabloids rather than those of the wider community.

⁵ It would seem that empowerment in community care has been driven from the grass roots by service users themselves, whereas in child protection, social workers and allied child- and family-centred organisations may advocate on behalf of children or families' rights to participation and empowerment.

Gray (2005) likewise argues that the ‘politics of risk’ approach blames deficiencies on individual shortcomings rather than external factors and allows such calculable risks to be managed by changing the attitudes and behaviour of the individual rather than having to look to improvements to the wider society. Trotter *et al.* (2001) suggest that in Australia, North America and the UK at least, the forensic and political agenda in child protection ‘has overtaken the general social welfare of children’ (p. 7), thus limiting the ability of child protection services to offer genuine support to families. Parenting deficits are also the focus of child protection risk assessment, thus blaming individual parents for being at fault for their children’s predicament rather than, for example, focusing on issues such as agency policy, practice, funding or other organisational or structural constraints (Gambrill & Shlonsky, 2001).

Bifurcation

There is also increasingly a policy of ‘bifurcation’ in assessing and managing risk – offenders who are deemed a risk are labelled and separated from ‘ordinary’ offenders, with sexual and violent offenders being labelled as high risk regardless of seriousness or frequency of offence and moderate to low risk offenders being sidelined and denied services. In many cases of risk assessment, ‘worthiness’ determines who is protected and who is prioritised (Stalker, 2003). Bessant (2004: 62) quotes Foucault (1991) in suggesting that such ‘dividing practices’ are the ‘core business’ of the sociology of risk: those at risk are separated out from those not at risk and the latter category becomes increasingly small in comparison to the former, given the unlimited number of potential risk factors. Bifurcation is an issue that has been raised in all themes, but particularly in criminal justice and community care, and this seems more to do with resources and visibility (being seen to be doing something) than with needs *per se*. Thus, bifurcation could be used not only for budgetary reasons but also for political expedience.

Bifurcation is an attractive option where resources are limited, not least given the uncertainty and inaccuracy of much risk assessment work. Identifying and grading ‘problem’ populations also allows governments to both streamline resources and offer targeted, measurable interventions. Risk assessment is thus used as primarily a resource-rationing device to gauge priorities (Waterson, 1999). Risks can be prioritised to allocate increasingly scarce resources (Kemshall *et al.*, 1997) and can also be used to legitimate professionals as ‘experts’ in the eyes of not only families but also other professionals. There is an assumption on the part of policy makers and managers that bifurcation is cost-effective: resources could be targeted to specific high risk groups who pose the greatest perceived threat to public safety (Malloch, 2002). However, the number of false positives (people who are targeted as high risk when they are actually low risk) and false negatives (people who are identified as low risk when they should be high risk) arising from such a policy may suggest that there will be increased costs incurred in the future because of inappropriate targeting. However, it is often a false economy since where there is a low threshold for action against potential risk (because of media/public concern), and therefore a net widening effect, there is bound to be a higher number of false positives which have resource implications. Equally, where the threshold is high (to allow greater risk taking as well as to more finely target limited resources), a larger number of false negatives will

result in depriving those patients in need of a service and potentially placing them and the public at greater risk in the longer term.

Houston and Griffiths (2000: 1) equate risk in social work with a ‘first-order construct’ or totalizing scheme against which client need is rationed. These authors argue that the current objectivist approach to risk assessment (where scientific analysis of objects of study is the focus) is technocratic and prescriptive in nature. They argue that this has resulted in a surface, rather than depth, practice orientation:

“Surface interventions are linked to processing and classifying clients rather than promoting understanding of their actions... risk assessment has become formulaic and mechanical.” (ibid: 5).

The language of risk is thus managerial not compassionate (Parsloe, 1998; Parton, 1999; Stalker, 2003) and agencies often find scapegoats rather than accepting corporate responsibility. Houston and Griffiths conclude that the way forward for risk assessment is a subjectivist approach based on partnership and meaningful relationships between professionals and families, a concern with the narratives and resilience of children, and an acknowledgement of their right to responsible risk taking:

“professionals need to be dethroned of their expert status and participate alongside parents, children and significant others, to try to attain a reasoned and fair decision” (ibid: 8).

CONFLICT OR COOPERATION?

Much of the literature on risk in social work highlights the dichotomy between reducing conflict and ensuring cooperation. Whilst cooperation results from a client/worker (and worker/employer) relationship that is based on mutual trust and respect, conflict both creates risk and is generated by risk-taking. In terms of the client/worker relationship, Cooper *et al.* (2003) identify three key principles for effective intervention:

- trust (between workers and clients and between workers and managers);
- authority (for professionals to work with confidence in their own abilities/knowledge); and
- negotiation (between and within agencies).

They argue that in English speaking countries, the preoccupation is with thresholds and short-term crisis intervention, resulting in risk aversion and a questioning of the professional role. In European countries, however, it is the relationship with the family that engenders trust and risk taking and validates the professional role. Technical manuals tend not to work because they become part of the system rather than external to it. Human relationships cannot be predicted like machines can and manuals are also static instruments which can never fully or effectively measure dynamically evolving human processes. Chaos, they argue, need not result from a lack of manuals and technical control; what is needed is a different method of

achieving the same result. Cooper *et al.* (2003) recommend setting up ‘confidential spaces’ where those concerned can cooperate in resolving problems without recourse to conflictual and compulsory measures and to establish ‘negotiation forums’ where formal steps are taken to resolve conflicts before resorting to adversarial means. They also argue for:

“the rights of adults and children to exercise the maximum feasible autonomy over their own affairs, even in circumstances of acute interpersonal conflict and risk.” (ibid: 86).

They also caution against structural change, without concurrent cultural change in professional views (both managers and workers), and argue for increased professional autonomy, accountability, reflection, community involvement, mediation rather than adversarialism and diverse access points to services and advice. Such change will encourage worker confidence, authority and therefore job satisfaction; and the public will trust professionals more if they are seen as responsible, open to negotiation and accountable to all stakeholders.

McNeill *et al.* (2005), in a supplement to *Changing Lives*, identified three approaches to work with offenders which the review’s authors have implied could be relevant in promoting behavioural change and reducing problematic behaviour across the board in social work, not just in criminal justice. These were:

- accurate empathy, respect or warmth and therapeutic genuineness;
- establishing a therapeutic relationship involving mutual understanding and agreement about the nature and purpose of intervention;
- person-centred and collaborative working, taking into account the client’s perspective and using the client’s concepts.

These three approaches cannot be effective in a climate of conflict or mistrust but require all parties to work together towards a common goal. Just as these three approaches can apply to offenders and other service users alike, it is argued in this literature review that many of the principles and philosophies behind the specific work of each social work theme can equally apply to other themes. Concepts such as vulnerability, trust, authority, autonomy, reciprocity, empowerment and negotiation are not peculiar to one or other theme in isolation but are concepts that should be common to all individuals and working practices, regardless of needs, expectations and desired outcomes.

It is acknowledged that the organisations collaborating in the social work field in social work are currently disparate in their cultures and remits and within risk assessment and management, there are also disparate views operating about the definition and language of risk. However, it is important to encourage a common language of risk that is neither stifling of integrity nor restricting in scope. The predominant current approach for workers is defensive practice and for managers defensible decision making – risk minimisation at the expense of user and worker empowerment. This makes for conflict between agencies in risk assessment and management. However, if the common denominator for managing risk is a) the well being of users and their families; b) the concurrent safety of the public; and c) a

working environment that promotes trust, efficiency and effectiveness, then the aspirations of the *Changing Lives* review can more easily be realised.

SUMMARY

This chapter has explored various models of organisational culture and concludes that in order to learn from mistakes, as the *Changing Lives* review recommends, organisations involved in risk assessment and management need to adopt a more participative, holistic and proactive approach which allows dialogue between workers, users and managers and organisational flexibility and performance incentives. Not only should working conditions be appropriate for such an approach, perhaps equally importantly, supervision needs to be non-judgemental and encouraging. Training also needs to be ongoing and relevant to, and encompassing of, the ethos and expectations of all collaborating organisations.

In addition, users should be seen as equal partners in the process and outcomes of risk assessment and management, giving greater respect to the views, rights and needs of offenders and accused persons as well as those suffering from mental health issues, disabilities or neglect. This and the preceding chapters have highlighted the tensions between user empowerment and rights and the needs of organisations to ensure defensible decisions are made in respect of the care and control of those at risk. Given that *Changing Lives* promotes greater user involvement in risk assessment and other social work interventions, there is a need to find ways of better developing trust, reciprocity and openness between all parties – users, carers, workers and managers alike. However, to do this requires not only cultural change within organisations but also political change in the governance of risk. Policy and practice initiatives in risk management need to demonstrate confidence and commitment to encouraging rather than restricting the capacities and well being of the vast majority of service users and not be driven by a hostile media backlash in a small minority of cases. Equally, professional autonomy and recognition of the skills and experience of workers should not be dismissed in favour of administrative convenience or managerial ‘back covering’. Risk has to be seen as a potentially positive as well as a potentially harmful issue, that allows worker discretion to support risk taking amongst client groups but also ensures that all efforts are made to reduce the likelihood of harmful results.

CHAPTER SIX DISCUSSION AND CONCLUSIONS

INTRODUCTION

“We are all, it would seem, one step away from being ‘at risk’.”
(Stanley, 2005: 25).

Social workers operate in an ever-changing social, political and cultural environment supporting people of all abilities, behaviours and expectations. Likewise, the factors at work in each of the three themes of criminal justice, community care and child protection are multi-faceted, dynamic and unpredictable, given the range of problems, attitudes and contexts which service users experience in each theme. The *Changing Lives* review seeks greater uniformity in social work *practice*, but in this multi-dimensional environment, one can only hope for greater consistency of *approach* whilst respecting the diversity of the client groups involved, the limitations of the agencies and the skills of their respective professionals. When dealing with risk in the social work field, as can be seen from this literature review, ‘the only common characteristic is variability’ (Coppock, 1997, Pers. Comm). This final chapter identifies the common threads and challenges from the literature, to inform the *Changing Lives* aspirations of a common language of risk, personalised services and a professional culture of learning and autonomy.

DISCUSSION

As mentioned in Chapter 1, the *Changing Lives* agenda highlighted several key objectives for 21st century social work:

- Clear accountability frameworks that make explicit the accountabilities of social workers and enable them to exercise professional autonomy;
- A new approach to governance of social work services that emphasises continuous improvement, effective risk management and creates an environment in which excellence can flourish;
- Strengthening of professional leadership and governance roles of the chief social work officer;
- Structuring approaches to managing untoward incidents that enable learning from mistakes;
- The need to develop evidenced based approaches to risk assessment and management.

The *Changing Lives* review argues for the development of a model of social work governance, as opposed to management control, which enables professional autonomy in a culture not of blame but of learning from mistakes. Systems, it is argued, need to be put in place so that workers and managers can learn to improve practice. This should include the following objectives:

- having access to evidence to support decision making;
- career development initiatives;

- performance improvement frameworks;
- consultation and peer review;
- training; and
- joint working (including with users and their families).

This literature review has highlighted certain gaps in those objectives specifically in relation to risk assessment and management internationally. None of the three social work themes, according to the literature from several English speaking countries, seems to have accountability systems that are proactive, clear and which enable professional autonomy. At most, there are accountability systems in place which are reactive, open to interpretation and which stifle professional discretion. In criminal justice, the tensions are less obvious because actuarial and administrative functions have all but taken over from one-to-one work with offenders and there are fewer worker expectations of professional autonomy. Within the UK, arrangements to protect the public from violent and sexual offenders ensure that inter-agency collaboration takes place according to the level of risk rather than the needs of the individual offender, but these arrangements do not exist for other categories of offender. In community care and child protection, workers still expect greater discretion to work *with* clients and therefore the tensions over autonomy versus administrative regulations are all the more apparent. Equally in these two latter fields, there are no statutory arrangements in place to collaborate based on levels of risk.

Because of the lack of autonomy of workers and the reduced confidence placed in workers compared with risk assessment tools, there is not a culture present at practitioner level for voicing concerns, discussing failures or near misses and therefore learning from mistakes. This review could not access literature on the quality and value of supervision in the eyes of supervisees and supervisors, but it is presumed that such supervision will vary across departments and local authorities and will therefore impact on, and no doubt be influenced by, the culture of the organisation in terms of learning from mistakes. However, this somewhat begs the question as to what constitutes a mistake: creating headline news about an organisational ‘error’, or putting an individual at undue risk of harm.

The Research Specification for this review highlighted certain key principles of risk assessment:

- risk assessment should be based on sound evidence and analysis;
- risk assessment tools should inform rather than replace professional judgement;
- all professionals involved in risk assessment should have a common language of risk and common understanding of the main concepts;
- information sharing for risk assessment should be based on clearly agreed protocols and understanding of the use of such information;
- risk assessment should not be seen as a discrete process but as integral to the management and minimisation of risk.

As with the objectives of the *Changing Lives* review, this literature review has also highlighted gaps in the above key principles. There was disagreement amongst commentators on the soundness and reliability of the evidence for risk assessment

tools and guidance, given that no tool or procedure can adequately account for and predict human behaviour, not least when such behaviour is influenced by external structural constraints. Likewise, often tools were seen as replacing rather than informing professional judgement, with social workers relying primarily on their own or other professionals' scientific assessments rather than challenging these and engaging in dialogue with both agency workers and users and their families. As with the focus on risk assessment tools at the expense of the human element, so too workers may focus on the process of risk assessment at the expense of its ongoing management. Certainly in criminal justice, much of the literature on interventions currently talks of 'number crunching' or 'a tick-box mentality' where the administrative process takes over and the rationale for the intervention and its desired outcome is lost. One study (Mair *et al.*, 2006) cited in Chapter 2 suggested that social workers prefer to use certain risk assessment tools because of their ease of administration, and yet many of these have poor levels of accuracy in prediction. There is also uncertainty about what factors create risk, not only amongst practitioners but also amongst leading academic experts in the field of risk prediction.

There is also the problem inherent in all social work fields, that whilst the client may have the potential for exhibiting or being the victim of risky behaviour, that risk may never manifest itself in a negative light: what for one person is a risk factor may for another person be a protective factor (being a member of a large family, for example). Risk may be correlated with outcomes but not necessarily cause them. Professionals are under pressure to focus on a snapshot in time, to focus on negative rather than positive outcomes and to think of targeting services rather than needs. For children, amongst others, risk does not necessarily manifest itself at the same stage, in the same context and in the same way. Equally, different combinations of risk will have different impacts on people depending not only on the age and stage of the person in the life course but also on environmental and social factors extraneous to the individual.

Stanley (2005) explores how social workers actively construct knowledge around risk identification, assessment and management. He theorises the relationship between meanings of risk and decision making, and suggests that approaches to risk run along a continuum from realist to constructionist: from scientific and forensic evidence to historically, politically and socially constructed perceptions. Social workers' views and experiences of risk assessment are largely missing from the social work literature and yet they are strategists, actively engaged in constructing knowledge around risk. Social workers tend to use the language of risk to legitimate their intervention decisions, thus rendering the work more orderly and focused. Applying objective measures of risk *to* families is thus seen as preferable to building subjective assessments *with* families. And yet the social work literature generally stresses that the relationship between worker and client is crucial to developing trust, cooperation and motivation to change. But such relationships are being dissipated by the politics and language of risk.

This review has demonstrated a distinct lack of a common understanding about risk (both within and between agencies) as well as a lack of a common language. Organisations have differing cultures, differing definitions of risk and differing expectations of frontline staff. There is also the inference from the literature that there

is a professional hierarchy which may deter negotiation about a common language or understanding. The confusion around the terminology itself (see Chapter 1) does not auger well for devising a common language of risk but as suggested in the introduction to this final chapter, perhaps the language of risk is not as important as the overall approach to risk, a theme which is the focus of the following conclusions.

CONCLUSIONS

Changing Lives seeks greater uniformity of purpose and practice in risk assessment and risk management which mirrors recent developments in policy and legislation in the criminal justice, community care and child protection fields. However the findings from the literature review suggest that the experience at the time of writing may have been different. The review highlighted certain anomalies - for example, in organisational cultures, accountability frameworks and levels of accuracy of, and dependence on, risk assessment tools - which need to be addressed in order for social work to move in the direction advocated by *Changing Lives*. The review concludes that:

- most of social work's current accountability systems are reactive, adversarial and stifle professional autonomy;
- there is not a culture of learning from mistakes that enables confidential reporting and discussion of near misses; likewise, there is no culture of corporate responsibility;
- there is little confidence in the predictability of risk assessment tools and yet they are becoming the priority and the focus of much worker-client contact; tools thus tend to replace rather than inform professional judgement;
- social workers' views of the language of risk are largely absent from the literature and yet they actively engage with risk on a daily basis;
- the relationship between worker and client is paramount to effective working and yet is being eroded by the language and politics of risk;
- differing organisational cultures, differing definitions of risk and a hierarchy of professional expertise may deter the development of a common understanding and language of risk.

The *Changing Lives* review stresses the need for flexible, participative, adaptable and preventive measures in supporting individuals and families. The findings of this literature review complement that vision. However, there is one anomaly in the *Changing Lives* review that has been highlighted by recent literature. The *Changing Lives* review recommended developing self-assessment procedures, and this was subsequently welcomed by the Scottish Executive. Self assessment may well seem empowering and participative, and no doubt would ease social work budgets. Nevertheless, it is argued here that self-assessment procedures go against one of the crucial factors for effective working identified not only in the work of McNeill *et al.* (2005) but of many other contributors cited in this literature review: that of worker-client relationships. It is one thing to check in one's own baggage at the airport, but there is a limit to how well technology can cope with human feelings, fears and inconsistencies in risk assessment, and how wise it is to reduce risk and vulnerability to an administrative process of accountability. Social workers have the skills, the

experience and the commitment to work closely with people at all levels of vulnerability and risk, irrespective of policy directives and guidance; equally, those in need of such personal social services (not only practical but also emotional) often find the face-to-face contact and understanding a vital source of support, confidence and comfort. Many authors in this review suggest that risk assessment needs not only to be objective but also subjective – from the individual and family perspectives as well as based on the worker’s assessment. Where individuals and their carers/families are capable and willing to participate in such a dialogue, their interpretations of risk are perhaps the most expert, accurate and ‘telling’ and should be taken into account in a consensual and combined assessment. But this cannot be done easily without a worker–client relationship, a listening ear and a sounding board that is free of compulsion and fear.

The vision of Cooper *et al.* outlined in the preceding chapter fits well with that of the *Changing Lives* review. It moves away from an overly risk-averse, managerialist and regulatory form of government to one of proactivity, risk-taking, professional autonomy and a more open form of governance. It also allows for an organisational environment which has a confident workforce, sound leadership and a culture open to learning from mistakes. Social work is not only about risk but also about supportive relationships. Social work in the early 21st century could well learn from social work 100 years ago when, in 1907, the Probation Act recommended that practitioners ‘advise, assist and befriend’ their clients. That message still holds true today, whatever the risks.

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