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Chapter 8 Risk and Protection

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Introduction

We are living in a 'risk society' (Beck, 1992). Wherever we look, we are faced with the dangerousness of life in the early twenty-first century. But there is a paradox here. Just as we are confronted by risks at every corner, so we have come to expect that we should be protected from risk as never before. Within the field of social services, there is an increased expectation that risk should be controlled so that vulnerable children and adults are protected. When social work or health agencies fail in this endeavour, the public outcry is characterised by hurt and anger. The underlying message is clear: 'We trusted you, and you let us down.'

This chapter will begin by considering the meanings of risk and protection, before going on to explore a series of broad considerations which are fundamental to risk and protection, including legislation, values, rights and responsibilities. Drawing on evidence from literature and our own work experience in children and families' and criminal justice social work, we will discuss the two key concepts of 'risk assessment' and 'risk management'. We will argue that although these concepts are undoubtedly central to what social workers do (and have always done), we should not be lulled into a false sense of security – into thinking that somehow we have 'covered' the risk or guaranteed protection. In offering suggestions for good practice in social work, we are acutely aware that there is no 'quick fix' solution to the uncertainty and unpredictability of life. Our achievement, at best, must be that we behave in a professional, ethical manner, working alongside service users and other professionals to share the responsibilities and challenges that real life brings.

Understanding risk and protection

A quick search of any sociological database tells the same story: risk is 'big business' (Adams, 1995). From chemical accidents, to low birth weight infants, nuclear terrorism, environmental protection, flood risk, HIV prevention, data protection, consumer risks and child protection, research studies implicitly (and sometimes explicitly) take it for granted that the world is more unsafe than it was in the past, and that something must be done about it.

One of the most influential writers on risk is Ulrich Beck (1992, 1999). He argues that there has been a major shift in the way that we view risk. In 'traditional' or 'pre-modern' societies, disasters such as famine, disease and flood were viewed as acts of God, or accidents of fate; there was little that anyone could do to either prevent catastrophes or protect themselves from future adversity. Industrialisation brought with it a new, 'modern' outlook, which presumed that human beings could and should seek to control such misadventure. But, Beck (1992) argues, industrial society did not remove risk; instead, it created new and more damaging risks. While 'modern' industrial society brought wealth and 'goods', it also created 'bads', or threats, including environmental problems such as pollution, and social problems such as unemployment and family breakdown. These were not simply 'negative side-effects of seemingly accountable and calculable action' but rather they are 'trends which are eroding the system and delegitimating the bases of rationality' (Beck, 1999: 33). Risks, he argues, have become more difficult to calculate and control; they are global and at the same time local, or 'glocal' (1999: 142). 'Risk society' therefore equals 'world risk society', in which human experience is characterised by unintended consequences and in which greater knowledge does not ease this state of affairs; instead, more and better knowledge often leads to more uncertainty (1999: 6). 'Expert' and lay voices now compete with one other as the outcomes of modernity are challenged on all fronts, in a process Beck calls 'reflexive modernisation'.

Whilst highly convincing, it seems likely that Beck's thesis may have contributed to a rather pessimistic view of risk and protection. Beck fails to acknowledge the contradictions, ambivalence and complexities which are an inevitable part of the individual's response to risk. Not only this, Tulloch and Lupton (2003) suggest that he does not pay sufficient attention to the roles played by class, gender and 'race' in constructing different risk knowledges and experiences. In their comparative study of attitudes to risk in Britain and Australia, Tulloch and Lupton found that early 'modernist ideas' about the control of risk still dominated people's ideas, as did some pre-modern notions about 'fate'. Although many risks were indeed categorised as 'uncontrollable' by individuals, this was not because they were incalculable or global. Instead, fate or the actions of others were seen as beyond the individual's control (2003: 37). What is more, Tulloch and Lupton point out that risk is not necessarily negative. People choose to take risks all the time, for personal gain, excitement or self-actualisation, or 'simply as part of the human project'. A life without risk may be perceived as 'too tightly bound and restricted, as not offering enough challenges' (2003: 37). Risk-taking is therefore part of the process through which human beings create themselves as individuals; it is a 'practice of the self' (Foucault, 1988).

Risk, protection and the law

Legislation shapes and determines what social workers do, so this is our starting point in considering risk and protection. It will not be surprising, given the discussion already, to learn that there is no explicit legal definition of risk in either English or Scottish law, although it will often be pertinent to both civil and criminal matters in all aspects of social work. There have been significant developments in this direction, however. In Scotland, under the provisions of the Management of Offenders etc (Scotland) Act 2005, new duties were placed on local authorities, the police and the Scottish Prison Service to establish joint protocols for assessing and managing people who had been convicted of sexual offences and those who had been convicted of serious violent offences. This led to the establishment of Multi-Agency Public Protection Arrangements (known as MAPPA), through which all registered sexual offenders are now administered (Scottish Executive, 2006a). Similar developments were introduced in England and Wales in 2001.

Given the absence of a precise *legal* definition of risk, the onus is on the social worker or probation officer to familiarise themselves with applicable primary legislation and procedures in children and families' social work, community care and criminal justice social work. Social workers must also be aware of secondary, procedural legislation as it applies to specific work activities. For example, the Criminal Procedure (Scotland) Act 1995 Section 210A(1) requires that the author of a social enquiry report (known as a pre-sentence report in England and Wales) produces a risk assessment of any potential harm a violent and/or sex offender may cause, so that the judge can make a decision about whether to impose an extended sentence. In such a situation, the social worker must know the type of case which could legally result in an extended sentence being imposed, the type of offences which fall into this category (and those which do not) and the type of court procedure which is being used.

Social workers must also be knowledgeable about key governmental policy directives, and these often emerge as an outcome of a high-profile case where protection has failed. The inquiry into the death of Victoria Climbie (Butler-Sloss 2003) was one of these watershed moments. This inquiry, and a Department of Health report published the same year, were instrumental in the changes which appeared in the Children Act 2004 and the programmes instituted through *Every Child Matters* (2004). The emphasis (and indeed the language) shifted from the notion of 'protection' to the much wider concept of 'safeguarding': a duty was placed on local authorities to work with all relevant agencies (health, education, social work, police and voluntary agencies) to promote the well-being of children and young people. Statutory Local Safeguarding Children Boards were set up from April 2006, replacing the former (non-statutory) Area Child Protection Committees, and strategy plans for children and young people were published. Scotland has seen a similar set of changes, with the publication of a key policy report in 2002 (*It's Everyone's Job to Make Sure I'm Alright*) and the development of Integrated Children's Services Plans (Scottish Executive, 2004).

Policy initiatives in relation to risk and protection have not only been the province of children and families' social work. The care of 'vulnerable adults'

has experienced a great deal of public attention in recent years (Stanley et al, 1999), and over the last decade, steps have been taken throughout the UK by way of legislation, government policy and practice guidance for health and caring agencies to bring practice in line with measures designed to protect children. In England & Wales, as part of the implementation of the Care Standards Act 2000, the government introduced the Protection of Vulnerable Adults scheme (POVA). This recognised the need to ensure that those deemed unsuitable, are prevented from working with vulnerable adults, (Department of Health, 2004). POVA effectively acts as a workforce ban on professionals who have harmed vulnerable adults in their care and prevents known abusers from entering the workforce. POVA compliments other initiatives (Department of Health, 2000; Social Services Inspectorate Wales, 1999) which lay out multi-agency codes of practice aimed at detecting, preventing and tackling abuse of vulnerable adults. Local Councils were given the lead responsibility for ensuring the above guidance is observed in practice, and in 2005, *Safeguarding Adults* was published, setting out a national framework of good practice standards in order to ensure consistent good quality practice with vulnerable adults throughout all local authorities (ADSS, 2005).

Developments in adult protection were again accelerated by a highly-publicised failure to protect, this time in Scotland, and another inquiry report (Social Work Services Inspectorate and Mental Welfare Commission for Scotland 2004). In March 2002, a woman with learning disabilities was admitted to Borders General Hospital in Scotland having suffered extreme levels of physical and sexual abuse within her household over an extended period. In September 2002, three men were imprisoned for this abuse. This woman had been in receipt of social work services from Scottish Borders Council and its predecessor authorities and from NHS Borders since her early childhood. Her case highlighted the importance of protection not just for children, but for all those who are vulnerable, and led to the passing of new legislation (the Adult Support and Protection (Scotland) Act 2007), and the development of new training requirements in risk and protection for all those working with vulnerable adults. Other chapters in this book will provide more detailed analysis of specific policies in relation to the care of children and adults. However, it is enough to state here that a good knowledge of policy and procedures is critically important for all social workers, because a failure to follow procedural guidelines has been recognised as a contributory factor to 'things going wrong' (Butler-Sloss, 2003).

Adherence to the relevant legislation, policy and procedure thus provides three corners of a working framework which should anchor good practice in relation to assessing and managing risk and protection. The fourth corner must be attention to rights.

LEGISLATION   POLICY

PROCEDURE   RIGHTS

Risk, protection and rights

In considering issues of protection and risk, it must be recognised that those we consider to be 'at risk' and those whom we believe may present a risk equally have rights; social workers have duties to observe the rights of others and advise them about their rights (Wallace, 2000). Just as Article 19 of the UN Convention on the Rights of the Child (1989) assures a child the right to protection from abuse and neglect, so the Human Rights Act 1998 (which came into force in October 2000) guarantees all citizens certain absolute and qualified rights, which all public bodies in the UK (including social services, social work and probation departments) must adhere to when dealing with the public (Walden and Mountfield, 1999).

The Human Rights Act guarantees basic civil, political, social and economic rights. Some are absolute, for example, 'Article 3: Freedom from Torture'. Others are subject to some limitations and qualifications, and in such cases, the Act seeks to balance the rights of the individual against other public interests (Harris et al, 2005). For example, 'Article 8: The Right to Respect for Private and Family Life' has a proviso that interference by a public body is permissible, if it is in the interests of preventing a crime or protecting the rights and freedoms of others. However, before a public body can overrule an individual's rights in such a situation, five issues must be considered: proportionality, legality, accountability, necessity/compulsion, subsidiarity (see Walden and Mountfield (1999) for a fuller discussion on these principles). Any infringement by a public body or an employee of another's rights must therefore be justified and transparent.

Given the uncertainties and grey areas which abound in assessing potential risk and questions of protection, social workers must develop a good working knowledge of the European Convention on Human Rights 1950 and the Human Rights Act 1998 and ensure that protocols and practice are compatible with the Convention. This should include making recipients of social work services aware of their rights in a meaningful fashion, not only in terms of a narrow reading of the Act, but also that they reach a deeper understanding of what they can expect as a recipient of a social work service and what recourse they may have, if they are not happy with the service they are receiving (Wallace, 2000). A rights-based framework should ensure sharper, more open and transparent decision-making with clear lines of accountability. The concept of the 'defensible decision' is especially useful here: if you were to hand over your case notes to another professional, would they act in the same manner as you had, because you had taken the correct steps and acted ethically in the process (Kemshall, 2002a)?

Risk, protection and responsibilities

Alongside rights, inevitably come responsibilities. There are commonly two sets of responsibilities to be considered: the responsibilities of the client, service user or offender and his/her contacts, and the responsibilities of the social worker or probation officer. When a tragedy occurs and a child or vulnerable adult is hurt or dies, thoughts turn very quickly to blame: to whom can responsibility be attributed? Who is to blame? Sir Louis Blom-Cooper, who has chaired many inquiries into abuse, including homicides, states that the purpose of inquiries is 'to examine the truth … what happened … how did it happen, and who if anyone was responsible, culpably or otherwise, for it having happened?' (Blom-Cooper, 1993: 20).

But what is 'the truth'? Whose 'truth' are we to believe? In an examination of the role of the public inquiry in welfare scandals, Butler and Drakeford (2003: 219) argue that the inquiry is itself 'a player in the contested terrain, contributing its own voice to the construction of the original events'. Furthermore, the 'truth' which inquiries seek to uncover 'is influenced by the institutional framework within which the seeking-after is constructed … If scandals are constructed, then, they are manufactured with a purpose' (2003: 221). The purpose, Butler and Drakeford assert, is to manage the immediate consequences of the scandal and, in so doing, leave the wider institutional order intact. Public attention is thus diverted from organisations onto individuals, and larger questions of historical and structural significance are avoided.

In thinking about the ways in which inquiries focus on the actions of individuals, Peay (1996: 11) tellingly asks: 'subject to this level of analysis, which of us would be likely to be found completely without fault?' The following case example, which describes a real scenario from practice, demonstrates that responsibility cannot be held by a social worker alone, or even by a team of professionals. Parents, relatives, neighbours, friends, health, education and social care professionals and society as a whole must share some responsibility for keeping children safe. All names have been changed to protect anonymity.

CASE EXAMPLE – VIVIENE

A health visitor referred a 28-year-old white, single mother to the voluntary sector children and families' agency where I worked. Joan was isolated and depressed following the break-up of her marriage, and wanted information about welfare benefit entitlements, as well as an opportunity to talk with a social worker about the marital breakdown. The health visitor also made a referral to the local children's centre for part-time provision to enable Joan's children Lisa (aged 2 years) and Robert (aged 4 years) to enjoy some quality time away from Joan.

As our relationship developed, Joan gradually told me the story of her life; the violence in her marriage and her father's sexual abuse of her when she was a child – abuse which had continued, sporadically, into her adult life. She was eager to try to understand what had happened to her and, with my support, she began to write her story down, and write poems which she shared with me. I introduced her to a local incest survivors' group, and she began to grow in confidence as she heard the stories of others. One day, her son Robert began to draw scary pictures at the children's centre, and speak about a 'night monster with a prickly chin' that sometimes came to his bedroom and climbed into his bed. On questioning, he told the daycare worker that the night monster was 'Pappa' (his name for his grandfather). A case conference was called, and Joan had to confront the reality that her father may have abused her son and perhaps also her daughter.

It emerged that while Joan had been making such strides in her own life, her father Peter had continued to play an important role with the family, supporting Joan financially and helping her with everything from decorating to babysitting. It should be stated that, aside from Robert's story (which he retracted a few days later), there was no evidence at this time that either Robert or Lisa had been sexually abused. The case conference recommended that voluntary measures of care should remain in place, and that all those working with the family should continue to monitor the children carefully. Joan assured the case conference that she would never again leave the children alone with her father, and that she would restrict his contact to occasional visits.

The postscript to this case is that six months later the police were called at 1am to Joan's house. The 10-year-old son of a neighbour had been sleeping in Joan's house (this boy was unknown to the agency) and had telephoned the police to report that he had been attacked by Peter and had defended himself with a knife. Peter was subsequently taken to the police station for questioning and all sheets in the house were removed for forensic examination. I was called out to the house and arranged for the children to be placed temporarily in foster care; Joan was nowhere to be seen and had been out all night at a party. Following a children's hearing, the children returned home under a statutory Supervision Order; meanwhile, there was insufficient evidence to pursue any complaint against Peter. I continued to work with Joan alongside a local authority social worker until I left the agency the following year. No further action was taken against Peter.

This case highlights a persistent reality in social work practice: that even when we have done everything possible to protect those with whom we are working, we cannot, with any certainty, know what is going on in a family when we are not present. Two options had been available in this situation, and neither had been in any way palatable: Viviene could seek to remove the children for their own 'protection' from a mother whom they loved and who loved them; or the children could be left at home, albeit with supervision, where sexual abuse may occur. Because of the lack of 'hard' evidence of abuse, only the second option could ever be realised, and the children continued to live at home with as much support and monitoring as was possible. But this could not remove all risk of harm from the children.

Risk, protection and values

As this case demonstrates, the whole process of dealing with risk and protection is fraught with moral and ethical dilemmas for social workers, primarily as a result of the uncertainty of outcomes. There are no 'right' or 'wrong' answers in most cases; assessing risk is never an exact science, and if the wrong decision is reached, this can have grave and profound implications. In any assessment of risk, there are four possible outcomes:

	Prediction	
Outcome	A	B
	True Positive Prediction	False Negative Prediction
	C	D
	False Positive Prediction	True Negative Prediction

Source: Kemshall (2002b: 14)

☐In box A, it is predicted that harm will occur and it does

☐In box D, it is predicted that there will be no harm and it does not occur

☐In box B, it is predicted that there will be no harm but it does occur

☐In box C, it is predicted that there will be harm but it does not occur

From this representation, the two outcomes which clearly present most difficulties for social workers, service users and the public at large are B and C. In the case of box B, vulnerable adults and children may be harmed or killed, and their agencies may be brought into disrepute; box C raises significant ethical dilemmas for practitioners and those concerned with civil liberties (Kemshall, 2002b: 14). MacDonald and MacDonald (1999) assert that we frequently over-emphasise low-risk, extreme outcomes (for example, child death), and argue that what is needed is a revisiting of the moral assertions made about risk. They assert that 'our untutored, intuitive perceptions of risk are likely to be systematically misleading, so that we must use 'a more stringent, scientific approach in the future' (1999: 43). This is self-evidently a worthwhile goal. But the reality is that all of us must make decisions under conditions of 'manufactured uncertainty, where not only is the knowledge base incomplete, but more and better knowledge often means more uncertainty' (Beck, 1999: 6). Furthermore, 'to be free to act well, is to be free to act badly' – autonomy brings risk, inevitably (Caddick and Watson, 1999: 66).

CASE EXAMPLE – SUSAN

Matthew was a 24-year-old white man subject to a Supervised Release Order, having spent 18 months in custody for a series of car crimes. Three special conditions were attached to Matthew's Release Order: firstly, he should reside at an address approved by his supervising social worker; secondly, he should seek employment; and thirdly, he should undergo drug counselling.

I had not met Matthew until shortly before he was due to be released from prison. He had a long history of involvement with the social work department as a child due to a rather chaotic home life, which resulted in him being taken into care. As an adult, he was also well known to the criminal justice system and had served a number of prison sentences. Stealing cars and driving without a licence were his main type of crimes. Departmental records indicated that mental health personnel had seen Matthew on a number of occasions. He had never been diagnosed as suffering from a recognised mental illness, however concerns had consistently been expressed regarding his mental well-being. He impressed as a very troubled soul with a history of self-harm and suicide attempts.

Matthew moved into supported accommodation after his release from prison. As the weeks went by, I became increasingly concerned about Matthew. He acknowledged that he was drinking a lot and using drugs, and he appeared incredibly distressed. I arranged for Matthew to be assessed by a psychiatrist but subsequent events took over. Matthew walked into a police station one evening in November stating that he did not want to carry on and wanted to die. He was taken to A&E where he was seen by the duty psychiatrist, who reported that because Matthew did not suffer from a recognised mental illness, he could not be admitted to hospital for assessment/treatment. The psychiatrist was clearly of the opinion that he needed help, but the system was not able to avail him of this.

A few days later, Matthew's solicitor contacted me. Matthew had been arrested the previous evening for stealing a car. He was due to appear in court later that morning. Whilst in custody, Matthew had bitten his arm very badly and his solicitor was concerned about his state of mind. I shared my own concerns with him. The solicitor decided not to oppose any moves that Matthew should be remanded in custody. This was an unusual action, but we both felt that given his fragile state of mind and inability to access an admission to a psychiatric hospital, prison may well provide a secure and safe environment for him to be monitored.

Matthew was remanded into custody. Discussions immediately began with prison social work and health services. A case conference was convened and the decision was taken that Matthew should be placed under suicide watch and he should undergo assessment and receive support. A week passed, Matthew appeared to be stable and had not caused himself any further injury. On Christmas Eve, Matthew asked to see a nurse. He explained that he was feeling much better and was desperate to be moved into one of the regular remand wings in the prison. He was very persuasive and the duty nurse agreed to his move, although this contravened established protocol which stated that such a decision should only be taken by a reconvened case conference. A few hours later, Matthew was found dead in his cell.

This case again highlights profound issues about risk and protection. It demonstrates that, in spite of the willingness of social work and health professionals to work together, Matthew 'fell between two stools', in this case, between the mental health and criminal justice systems. Susan was forced to accept that the only way Matthew could be protected from himself was in prison; but even this was not sufficient to prevent the eventual outcome. The case also shows that where procedures and protocols exist, they should be rigorously followed; the decision to take Matthew off suicide observation should not have been taken by one person, and the nurse's actions left him open to accusations of blame. But does this make him responsible for Matthew's death? Who has the right to interfere with an individual's choice to determine whether to take his or her own life? These are ethical and moral questions which go far beyond a common-sense reading of risk and protection.

Risk assessment

All social work practice, implicitly or explicitly, involves an assessment of risk. But risk measurement is no easy task, and what might work well in one setting may not readily transfer to another. 'Risk assessment is a process of analysis, not a specific kind of research and not a result, and it must be viewed as a process that is subject to much uncertainty' (Bailar and Bailer, 1999: 285). Although writing about risk relating to chemical hazards, these sentiments equally apply to risk assessment in social work. The one certainty in social work that does exist is that there are no certainties, at best probabilities. In thinking about risk assessment, we need to be clear what the risk is, who presents the risk and to whom. Parsloe usefully separates out three different kinds of risk:

☐Risk to service users from other people, usually their own relatives

☐Risk to users themselves from their own behaviour

☐Risk to known or unknown others from service users (1999: 11).

Two methods are currently used in assessing risk in social work: actuarial and clinical methods.

Actuarial method in risk assessment

The actuarial (or statistical) method has its roots in the insurance industry; it involves statistical calculations of probability, in which an individual's likely behaviour is predicted on the basis of the known behaviour of others in similar circumstances. This method is relatively easy for social workers to use, since it presents them with a fixed set of questions to ask and a simple way of calculating level of risk (they simply add up the number of 'high risk' responses).

There are, however, major methodological limitations in transferring information about the behaviour of a group to an individual risk assessment. For example, in the field of criminal justice social work, where actuarial tools have been employed for several years, many of the risk assessment tools currently in use have been developed using male prison populations. These do not readily apply to other groups such as female offenders, or specific types of offender (Kemshall, 1997; Silver and Miller, 2002). This point is further elaborated by Hart et al (2007). In an exploration of the use of risk tools in the prediction of violence within the mental health field, they caution that it is of vital importance for practitioners to familiarise themselves with the limitations of tools. This becomes particularly relevant in situations where lengthy periods of incapacitation may be determined on the strength of a 'risk score'. There is also a recognised problem with cultural transferability, when tools developed in one socio-cultural jurisdiction are employed in another culture. Many of the risk assessment tools being employed in the UK today have their origins in US and Canadian populations. Smith and Vanstone (2002) indicate that this can lead to deep-rooted problems which may require much more than merely tipping the cap to 'cultural sensitivity' when using imported materials. Moreover, Silver and Miller (2002) note how easy it becomes for those conducting risk assessments to depersonalise the subject of their assessment so that they come to see the person merely as a collection of 'risk variables'.

Clinical method in risk assessment

Clinical assessment is the traditional and more familiar method used in social work practice, and employs diagnostic assessment techniques relating to personality factors and situational factors relevant to the risky behaviour and the interaction between the two (Prins, 1999). It is highly dependent on the interaction between the social worker and client or service user; interviewing and direct observation are the key components used to collect information on social, personal and environmental factors associated with the problematic behaviour. Its main usefulness has been in terms of making sense of an individual's risky behaviour, by shedding light on the attitudes, motivations and precipitating factors which led to the risky behaviour and assessing their likely responses to 'treatment' (Prins, 1988; Kemshall, 1997).

The clinical method has serious limitations as a predictive tool. Clinical assessment is a highly subjective process, which is affected by the individual background, values and beliefs of the assessor (Kemshall, 1997). In this uncertain world of risk assessment and prediction, the most promising and productive practice would seem to be to draw on a combination of actuarial and clinical assessment methods (Kemshall, 1997). By combining clinical assessment (with all its potential for eliciting 'rich' information relating to an individual) with actuarial information (developed from broader populations with higher predictive accuracy), risk assessments are likely to be stronger, more focused and more useful than simply using one method.

But this does not go far enough. Social work values promote the worth of the individual and the uniqueness of human beings in their social and cultural contexts. By channelling all our energies into the assessment of risk, we may lose sight of social work's traditional values, especially when the service user is regarded by society as 'dangerous', or when his/her behaviour is seen as abhorrent, such as in the case of sexual offenders (Harris et al, 2005). Risk assessment methods illustrate a wider process in social work in which tasks are becoming increasingly routinised and performed in often highly prescriptive ways. McBeath and Webb (2002) assert that accountability, quality control and risk management dominate social work today, with an accompanying emphasis on duties and regulations. This has led to the development of defensive forms of social work, which, they argue, are uncongenial to the development of human qualities likely to promote engagement in discussion of what counts as good practice in social work.

This is a good place to start in terms of a rethink about risk assessment. If the assessment of risk is, as we have stated, at the heart of social work practice, it provides an opportunity to work with service users in an empowering rather than oppressive way. Regardless of whether the service user is a willing recipient of care (for example an older woman who has had a fall at home) or an 'involuntary client' (such as a young parent under investigation for neglecting their child), those whom we are assessing should feel part of the process of assessing risk (Trotter, 1999). This means at the outset that attention must be paid to the relationship between the worker and the service user. This is not about encouraging service users to see us as their 'friends'. Instead, it is about being clear with service users what our role is, what our responsibilities and obligations are, what the service user can expect from us and the organisation and what may happen in the future. Only then will service users be able to make informed decisions about the risks they are prepared to take (and not take) and the protection they may require.

Risk management

Risk assessment is not and should not be an end in itself, but is best considered as part of a wider risk management strategy. There have been occasions in the past when the process of registration, for example, at a child protection case conference or a sex offender registration conference, has been treated as an end in itself; it has become an administrative procedure, rather than the opportunity to address the future management of risk as part of an ongoing process (Kemshall and Maguire, 2001). This has had disastrous consequences (Butler-Sloss, 2003).

Risk management, like risk assessment, brings its own dangers. An investigation of risk management in the world of business draws interesting parallels with risk management in social work. Traditionally, risk management in business was concerned with assessing how and why a company experienced losses, with a view to minimising those losses. However, heightened sensitivity to risk exposure has led to a huge elevation in the importance of risk management. Instead of being a useful tool, it starts to become 'an unnecessary self-regulation', and companies become far too cautious (Hunt, 2003: 93). This is undoubtedly a real possibility in social work, as workers become afraid to show creativity and initiative, and become procedure-driven and overly concerned with self-protection.

Davis (1996) points out that risk management is often interpreted simply as a risk minimisation strategy. In terms of mental health, this means locating risk 'in a deficient and potentially dangerous minority of individuals who need to be identified, registered and managed by medication and surveillance' (1996: 113). In doing so, real issues for the majority of service users are often ignored, and little attention is paid to the ways in which 'social, economic, cultural and interpersonal environments influence vulnerability as well as a potential for violent, harmful and self-neglectful behaviour' (1996: 114). Davis thus shifts attention from the 'dangerous' individual to the wider context, including the relationship between the service user and the agency, the locations where practice takes place, the different agencies involved and the organisational structure. Mental health service users must be empowered to take risks to be whole human beings. In order for this to happen, workers must be adequately supported and supervised in their own organisations.

But there is another important point here. Social workers are never alone in carrying the management of risk (although it may feel like this at times) and it is vital that there is a clear sharing of tasks and responsibilities between all those in an individual's social network. This is likely to include formal supports (through social work, health professionals, teachers, police) and informal supports (through relatives, family friends, local community groups and so on). Most children, Beckett (2003) indicates, look to their parents for protection first and then to neighbours, friends and other family members. This means that social workers must be prepared to work in partnership at all levels and appropriately share information and responsibility, in such a way that service users know what is happening and why.

Checklist for good practice

We have considered some of the general themes underpinning risk and protection in social work. These raise a number of fundamental questions for practice:

☐What is the risk? Is it positive or negative, and for whom?

☐What is the relevant legislation?

☐What procedures and policy frameworks apply to the situation?

☐Whose rights and whose responsibilities need to be safeguarded?

☐What values issues need to be considered?

☐What methods of assessment should be used and why?

☐How can decision-making and tasks be shared between agencies?

☐What support systems are in place for you as a worker?

☐What are the lines of accountability? How can these be shared?

☐How will the work be monitored and reviewed?

CONCLUSION

In reviewing this chapter, a number of themes emerge. Firstly, we have argued that risk and protection are a huge preoccupation in social work, as they are in society as a whole. Massive sums of money have been earned by North American companies that have tapped into this preoccupation with risk, seeing a gap in the market to produce risk assessment tools which have eagerly been snapped up in the UK. Our questions remain: how far have these actually met the needs of the situation? And more provocatively, are these tools in fact a 'smoke screen' to convince ourselves and others that we are doing something positive in a situation over which we may have little control?

But this seems overly pessimistic. Our second thesis is that although risk is everywhere, it is not necessarily negative. Social work should be about much more than minimising risk; it should be about maximising welfare (Munro, 2002). This means that in some situations, we will be encouraging people to take risks – to continue to live at home in spite of physical or mental frailty, join a self-help group, go to school, apply for a college course. Social work is in this way a balancing act in which we encourage service users to take risks and learn by their mistakes. Each new abuse scandal becomes another 'nail in the coffin' for preventive practice. This must be resisted at management and organisational level (Spratt, 2001) if social work's core values and skills are to be upheld.

Thirdly, we have argued that while 'risk' and 'protection' may be social constructions, perceived differently by different people at different times, this does not make them imaginary. On the contrary, as our two case examples demonstrate, risk can have serious consequences for individuals and their families. Social workers must therefore work from the basis of a sound understanding of legislation, policy, procedure and rights. They must be prepared to examine their practice from a moral and ethical perspective and work from the basis of theories which aim to challenge, not support oppression, in other words, they must act with integrity (Cree, 2000: 209). Lastly, they must seek to work in real partnership with service users, other professionals and members of society to ensure that the risks which are taken have positive outcomes and that protection allows vulnerable children and adults to live creative, full and, if at all possible, 'safe' lives.

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