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Making Sense of Risk: Social Work at the Boundary between Care and Control

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Brian Taylor and Mary Baginsky led the writing of the section about assessment and care planning at the care and control boundary; Jim Campbell and Jane Shears led the writing of the section about mental health social work; Duncan Helm and Andrew Whittaker led the writing of the section about child and family social work; Campbell Killick led the writing of the section about adult care services; Paul McCafferty led the writing of the section about the use of professional knowledge at the care and control boundary; Judith Mullineux led the writing of the section about criminal justice social work; the development of the concept for the article and the integration of the above sections were led by Ravit Alfandari, Alessandro Sicora and Brian Taylor.

Abstract

‘Risk’ has become a central concept for social work practice in countries with more developed social welfare systems. As argued by Hazel Kemshall and colleagues (1997), ‘risk’ has often replaced ‘need’ as the main driver for social work interventions as societies seek to avoid harm to citizens. This shift of focus raises a tension between care (support for the individual or family in their own right) and control (seeking to prevent harm to themselves, each other or other citizens). This article considers some of the key developments in the 25 years since the above article, including the development of risk communication; the growing familiarity with both likelihood and severity concepts of risk; the assessment of risk as part of organisational arrangements to manage risk; and theoretical developments linking social work assessment, ‘working with risk’ and decision making. In the first part of this article we explore the care versus control boundary through focussing, in turn, on child and family social work, adult care services, mental health social work and criminal justice social work, and their respective developments. We then further extend two key foci regarding assessment and care planning as well as use of professional knowledge at the care and control boundary. Our analysis of these developments points towards more nuanced approaches to managing risk and making decisions at these sometimes contentious boundaries.

Keywords

Assessment; communication; decision making; risk; social care; social work.

Introduction

“Risk’ has become a central concept in social work practice in countries with developed social welfare systems (Brearley, 1982). Arguably, ‘risk’ has replaced ‘need’ as the main driver for

social work interventions as societies seek to avoid future harm to citizens (Kemshall et al., 1997). This shift of focus makes more pronounced the tension between care (support for the individual or family in their own right) and control (seeking to prevent harm to themselves, each other or other citizens). This tension becomes a 'boundary' for social workers who often have to balance their efforts across both sides of this 'line'.

The concept of 'risk' provides a language for communicating as social workers seek to make sense of and act in relation to diverse potentially-harmful situations facing individuals and families (Gregory & Holloway, 2005). These 'risks' encompass a broad range of potential future harms that may occur throughout the life course. Social workers deal with client and family situations where the risk is primarily from another individual (for example, child abuse or elder abuse); by an individual to themselves (for example, suicide, self-harming or self-neglect); or to another individual, group or society (for example, youth crime or a person with dementia who might set fire to the block of flats). The challenges of addressing such issues require the social work profession to continually develop its understanding of the complexity of human relationships and behaviours including, particularly, dimensions now conceptualised in terms of 'risk'.

The tension between 'care' and 'control' has been an aspect of social work since the beginnings of the profession, although the emergence of the 'risk society' (Giddens, 1990) has highlighted the issues as policy-related and wider cultural concepts of 'risk' have developed (Stevenson et al., 2018). The 'Child Welfare Officers' and 'School Attendance Officers' were concerned both to help families and to limit troubling behaviours. The 'Police Court Missionaries', who were the forerunners of our modern Probation Service, offered to take on responsibility for supervising the offender (involving some measure of control as well as support) if the courts were willing not to make custodial sentences. Any intervention for intimate partner violence, to be effective, must take account of both supporting (caring for) relationships as well as controlling abusive behaviour (McGinn et al., 2021).

Concerns for the needs and wishes of wider society (including control of individuals to prevent harm to or by them) now have a higher profile, rather than considering the social work task as done if steps have been taken to address presenting or expressed needs. Technical developments have also (gradually) increased the possibilities for estimating the likelihood of future harm. This has gradually informed the development of assessment and care planning tools and processes, and the management of services and systems of social care. The effects of technology and greater knowledge have been a heightening of the tension at the boundary between care and control.

In this article we explore decision making at the boundary between care and control in social work across a range of international contexts, with particular attention to developments in the United Kingdom. We focus on key changes in the 25 years since the seminal article by Hazel Kemshall and colleagues in the UK (1997) including: the development of risk communication; the growing familiarity with both likelihood and severity concepts of risk; the assessment of risk as part of organisational arrangements to manage risk; and theoretical developments linking social work assessment, 'working with risk' and decision making. We highlight issues in four practice settings - family and child care; adult care services; mental health services; criminal justice services. Two key aspects of care-versus-control debates are then highlighted: assessment and care planning, and the use of knowledge to inform such boundary decisions. For the purposes of this article, we define a 'boundary' as 'anything that helps to differentiate you from someone else, or shows where you begin and end' (Cloud & Townsend, 1992, p35). Applying this concept to behaviour rather than to people and their personal space, the conceptual 'boundary' of concern to social workers in these contexts is the point at which the more usual 'caring' role must be replaced or complemented by some measure of 'control' against some person's wishes, such as in: some child protection cases; some situations where a person is suicidal; some situations of vulnerable adults at risk of abuse or neglect; and the continuing balance between support and control for social workers supporting offenders to re-engage effectively with society.

Care vs control boundaries in four central social work practice domains

Child and family social work

In child and family work, the tension between care and control has increasingly become conceptualised at the threshold between child protection and family support (Platt, 2001, 2006). From the 1970s, there was a shift in focus in many countries from preventative, family support services focused on need to a child protection approach focusing on risk of child abuse (Hayes, 2006). Anglophone industrialised countries, such as the UK, Australia and New Zealand, followed the approach of the USA, strongly influenced by Henry Kempe's identification of 'battered child syndrome' (Kempe et al., 1962; Spratt, et al., 2012). As such, child abuse was viewed as a distinct behavioural syndrome and the consequence of pathology, thereby under-estimating both the scope and complexity of the problem (Stafford et al., 2012). According to Parton (1979, 1981), this represented a stage in developing the concept of child abuse as a social problem, where the initial 'discovery' of child abuse had developed into a stage where child abuse came to be viewed as a major issue within society.

A key element in the development of the conceptualisation of child abuse in the UK was the influence of high-profile child death inquiries starting with the major public inquiry into the death of Maria Colwell in 1973. The subsequent inquiries in the 1980s propelled child abuse into the public sphere, leading to an ongoing cycle of crisis and reform (Warner, 2014). Shoesmith (2016) identifies the birth of the fledgling approach of risk assessment and management to the publishing of the Jasmine Beckford inquiry in 1986. Influenced by early work on the identification of risk factors for 'at risk' families, the inquiry concluded that social workers should be trained to predict and therefore prevent child abuse and homicide in a new 'science of child abuse' (Parton, 1986, p.522).

These high-profile public inquiries created significant anxiety because such tragic deaths represent what Bauman (1992, p.14-15) describes as the 'ultimate humiliation of reason'. At a time of increasing societal and media concerns about avoiding risk, any approach to predicting and preventing risk was appealing because it provided a 'framework for managing our fears' (Roth, 2010, p.470). In particular, it provided a means of believing that we could move from the unknowing of uncertainty to (measurable) risk, to use Knight's (1921) classic distinction. In a situation of risk, we cannot be certain what will happen, but we can calculate probabilities.

The statutory nature of child protection and the 'blame culture' in much of the British media tends to emphasise the alignment of (largely publicly-funded) organisational priorities with protective (control) activity. Child protection has gained a high media and political profile in many countries across Europe and the impact of media reporting has been central to the creation of current systems (Gilbert et al., 2011).

However, by the mid-1990s research was highlighting significant problems with the child protection system in the UK (Gibbons et al., 1995; Waldfogel, 1998). In response, Kemshall and colleagues (1997) issued a warning that 'assessing risk' was getting close to being the *raison d'être* of children's services and other areas of social work. They cited an example of 'risk analysis' involving the simple counting of risk factors in order to highlight the over-simplistic nature of some analyses purporting to be 'assessment'. One of the key developments since their prediction has not been a return to focusing on need, but an extension of 'assessing risk' into 'assessing and managing risk' (Carson & Bain, 2008) and the formalising of the threshold between 'needs focus' and 'risk focus' into distinct family support and child protection services (Spratt, 2000).

Adult care services

In adult care services, social workers increasingly find that they are torn between the principles of autonomy and protection. Adults are regarded as having a right to self-determination although some are deemed to be so vulnerable that they need to be protected from harm. Countries, including the UK, Australia, Ireland and USA are developing increasingly sophisticated adult safeguarding systems, in many ways paralleling the earlier child safeguarding systems (Chesterman, 2019, Flynn, 2021; Killick et al., 2015; Lu & Shelley, 2021). A social worker involved in an adult safeguarding assessment has to consider a

complex dynamic of decisional capacity, consent (usually to something regarded as 'caring') and the protective mandate of society (involving concepts of controlling 'risks') as enshrined in organisational policies and procedures. The task is complicated by imprecise definitions, multi-faceted and dynamic social situations, and changing public opinion.

It is not surprising that there is evidence of variation in perceptions of risk across localities and between professional groups (Garma, 2017). Similarly, people who use services may have a different understanding of risk to those professionals who provide them (Killick et al., 2015). Even within the social work profession, practitioners' attitudes to risk can lie on a spectrum between a procedural / protective approach and a more client-centred approach (Killick & Taylor, 2012). Practitioners may not be sure whether their priority should be to prosecute abusive acts, to protect vulnerable people, or to engage with families in a way that seeks (but without certainty) to prevent harm from occurring.

There is a growing recognition that being overly focused on risk can result in defensive practice that may distract from the wellbeing of the primary client. There is concern that 'risk' rather than 'need' has become, or is becoming, the dominant factor in the allocation of limited public and charitable social care resources (Kemshall et al., 1997; Waterson, 1999). For social workers within adult services, the challenge is to recognise the diverse harmful possibilities within the client and family system. Strengths-based assessment (Simmons, 2012) and person-centred approaches (Thompson et al., 2007) encourage this balanced approach, while positive risk management (rather than total risk-aversion) involves working to maximise the benefits of an activity whilst also seeking to reduce the likelihood and seriousness of harm. Increasingly, the social work role involves skilled assessment (including the building of trust) that will support joint decision making and positive risk management (Brown & Calnan, 2013).

Kinsella (2000) has provided useful guidance on addressing risk in a person-centred way. He suggests that good practice involves clarity about (1) the specific issue; (2) its cause; and (3) the positive or negative consequences. This facilitates a collaborative approach to devising and evaluating strategies that balance safety with the individual's lifestyle of choice. One form of collaborative approach is the family group conference where family members are facilitated to work in partnership to ensure the wellbeing of the individual (Kirk et al., 2019).

Daniel and colleagues (2014) reported that people with disabilities found formal decision-making processes about risk stressful, even when they were trying to promote wellbeing. Participants in their study described feeling judged, and fearing that risk-averse practices could take away choice and limit their opportunities. Participants furthermore stressed the importance of trust in the working relationship that was built through listening and involving people in decisions.

In the UK and countries with comparable wide-ranging social welfare systems, many of the decisions relating to risk in adult services are taken in a multidisciplinary context. Contemporary adult safeguarding legislation (like child protection legislation) stresses the importance of effective interagency working (Stevens, 2013). A clear understanding of risk requires the sharing of information between agencies and professional groups. This requires agreed definitions and conceptualisations that will help to support collaborative decision-making processes. The way that information relating to risk is communicated is an important area of developing research for social work and social care.

Mental health social work: statutory roles at the interface of care and control

The complex relationships between issues of care and control are also evident in the field of mental health social work. Practitioners are often involved in using mandated and non-mandated forms of control when assessments reveal higher levels of risk to the person or by this person to others (Davidson et al., 2015). It has been argued that there is a need to avoid functional or instrumental approaches to risk assessment. For example, conventional actuarial and clinical judgements should also be complemented with an understanding of alternative service users perspectives (Stanford et al., 2017). When mental health social workers are engaged in mandated roles, these judgements become more visible and explicit. For example, mental health social workers in the UK routinely use mental health laws to admit service users to hospitals against their wishes when the legal conditions are present, specifically that the

person is deemed to be mental disordered and that there is sufficient risk to justify the admission. An example of this in the English context is as follows.

In England and Wales, for example, 95% of Approved Mental Health Professionals (AMHPs) are registered social workers (Department of Health, 2019) with post-qualifying training to develop the legal literacy and professional skills required to make the decision to detain someone in hospital against their will in order to protect others or (more often) to protect them from self-harming or suicide. AMHPs co-ordinate assessments and must interview the person in a 'suitable manner'. Following interview and assessment, the AMHP has the power to make an application for compulsory admission to hospital for assessment or treatment. An application requires two medical recommendations from registered medical practitioners. The AMHP needs to be satisfied that the criteria are met and acts independently when making a decision to make an application (or not). Even if both doctors make a recommendation, the final decision is made independently by the AMHP.

Slay and Stephens (2013), in reshaping the *Ladder of Participation* towards co-production, suggest that traditional mental health services operated from the 'doing to' coercive approach. At its extreme, people who did not fit into the dominant construction of 'normal' can be segregated or removed from mainstream society. Article 5 (1.e) of the European Convention on Human Rights refers to the lawful detention of persons for the prevention of the spreading of infectious diseases, *of persons of unsound mind*, alcoholics or drug addicts or vagrants.

However, the international literature is increasingly focused on alternatives to these forms of mandated, substitute decision making processes and on replacing them, where possible, with assisted decision-making intervention, as stipulated in the Convention of the Rights of People with Disabilities (Davidson et al., 2015). This is of immediate relevance given that, in an increasing number of jurisdictions, wider forms of legal control and coercion are available to practitioners, most notably in the form of community treatment orders (Brophy et al., 2021). The introduction of various forms of capacity laws in many jurisdictions around the world reflect these new, complex realities that impact on the role of mental health social workers. The implications are that paternalistic forms of control should be critiqued and, instead, practitioners should pay careful attention to supporting the person's capacity to make decisions for themselves and others as far as possible. Yet even where there is a commitment to such human rights-based approaches in mental health services, the literature suggests that organisations and professionals struggle with these fundamental changes (Farrelly et al., 2016; Rosenberg et al., 2017).

Criminal justice social work

In its simplest form, contemporary social work in a criminal justice context has two key functions, a 'monitoring' role with a focus on public protection and a 'rehabilitative' role with a focus on desistance. The duality of these functions contributes to a complex practice context where the worker is required to assess, interpret and manage risk whilst simultaneously taking a strength-based approach to the working relationship.

The complexity of the 'care versus control' interface in criminal justice is an international phenomenon (Taylor & Frost, 2018; Burnett & McNeill, 2005). The difficulties are well illustrated such as by considering defining concepts such as: 'rehabilitation' (Marshall, 2019), 'desistance' (Roque, 2021), 'ethical stress' (Fenton, 2015), 'punishment' (Kirk & Wakefield, 2018) and 'restorative' (Vanfraechem & Aertsen, 2018)? The debate deepens when concepts merge such as, for example, when asking whether punishment can be rehabilitative (McNeill, 2018) and or whether rehabilitation can be punitive (Duff, 2005; Robinson et al., 2013)? Is public protection the enemy of good risk management for individuals (Carson & Bain, 2008)? An added complexity is that the role of the criminal justice social worker/probation officer also changes, both between and within practice situations (O'Sullivan, 2008).

In 1997, Kemshall and colleagues reviewed the development of 'risk', as a concept and a practice, in relation to social services and probation. Whilst originally designed to support offenders' rehabilitation (that is, to provide care), probation had become dominated in

England by risk concerns to ensure control. By 1997 'risk' was understood almost exclusively as a chance of harm or danger. 'Risk management' referred to attempts to control risk through the implementation of policies and procedures. Whilst it is important to acknowledge that not all probation services require staff to be social work qualified (for example, in England and Wales), there are many countries where a social work qualification is a requirement (including Israel, Jersey, Northern Ireland, Scotland, Sweden). Much of Kemshall and colleagues' (1997) analysis remains relevant, although there is a growing consensus that 'risk' should be equally concerned with seeking possible benefits (that is, enhancing care) as avoiding harms (through control). Indeed, Principle 3 (page 6) , of the Risk Principles adopted by police forces in the United Kingdom (based upon Carson & Bain, 2008) is explicit in noting that:

"Risk taking involves judgment and balance. Decision makers are required to consider the value and likelihood of the possible benefits of a particular decision against the seriousness and likelihood of the possible harms."

'Risk' is not limited to possible harms, external to and independent from us such as lying 'in' the offender. Rather risk is present in every system involved in protecting and supporting clients and decision-making with them. The narrow focus, as identified by Kemshall and colleagues (1997), should be recognised as part of the cause of current problems such as de-professionalisation, de-motivation, risk avoidance, suspicion, lack of trust in managers, lack of the necessary resources and a failure to redact unrealistic expectations. As an example, probation officers and other criminal justice workers are increasingly expected to make accurate predictions of re-offending covering future years of an offender's life over which they have no control, and sometimes no influence.

As Kemshall and colleagues (1997) identified, the focus on risk (the concept incorporating risk assessment, risk management, the monitoring of risk as well as risk-taking) has indeed become central within criminal justice organisations. The attention to 'public protection' has given little consideration to the impact of these developments on the workers and managers required to implement these policies. Probation Officers, for example, whose role was historically initiated through a 'helping' missionary role within the courts in the 19th Century (McWilliams, 1983), are now located in a more confrontational role (Auerbach, 2015). Whilst the material on how frontline workers and managers evaluate and manage risk to the public and victims is helpful to improve practice, consideration of the daily impact on staff is also required.

Discussion: Managing Risk at the Care versus Control Boundary

In the analysis of changing policies and social work practices above, we have explored the task facing the social worker at the boundary between care and control, focusing on how this role entails making sense of risk as a key dimension (Helm, 2021). Over the past 25 years, key developments in the four areas of practice highlighted above have been:

The management of risk becoming increasingly part of more multi-dimensional policy frameworks, including connections with quality improvement of services such as within a concept of social care governance (Taylor & Campbell, 2011);

A broadening of the focus of risk assessment to include managing risk (of which assessing risk is a part), entailing more of a focus on inter-professional working (Alfandari & Taylor, 2021) and gradually more attention to what is going to be done in response to the identified risks; 'Assessing risk' now being considered more explicitly in terms of both likelihood and seriousness of harm (Huihui et al., 2010);

The broadening of the conceptualisation of risk to include risk communication, such as during assessment processes (Stevenson et al., 2018);

In terms of theory, there is now greater recognition that there is a close relationship in practice between 'working with risk', assessment processes, and making professional judgements within decision-making systems (Enosh & Bayer-Topilsky, 2015);

There has also been periodic attention (varying across countries) to the challenge of aggression and violence towards social workers (Enosh et al., 2013; Sicora et al., 2021), which may be triggered particularly where they have a role involving 'control' (Thompson, 2021).

In the remaining discussion in this review article, we explore these emerging themes under two main headings:

- 1) Assessment and care planning at the care and control boundary; and
- 2) The use of professional knowledge at the care and control boundary.

Assessment and care planning at the care and control boundary

Early assessment tools in social work tended to relate to eligibility for particular services, such as day care for adults or residential care for older people, or to specialist methods of intervention, such as family therapy (Coppersmith, 1980). Tools relating to broader 'needs' were then created as generic 'assessment and care planning' became the service delivery model. In recent decades 'risk' (i.e., concern about possible future harm) has been incorporated into these assessments (Killick & Taylor, 2020).

Care versus control issues are now increasingly prominent in the assessment and care planning stage of social work intervention (Stalker, 2003; Trotter et al., 2001; Warner, 2003). There is increasing attention to the use of assessment tools to predict harm, although the accuracy of these remains limited. A Danish study found that the use of assessment tools had little impact on the risk assessments made in child protection cases (Sørensen, 2018), while an Australian study found that their use is experienced as undermining professional judgement (Gillingham & Humphries 2010). Managing 'risk' within assessment processes is an everyday task, and yet is seldom conceptualised usefully within training programmes (Killick & Taylor, 2020). The focus of practice in the UK and USA tends to be on risk and on thresholds at the boundary between service types and interventions, whereas in mainland Europe the focus has tended to remain on relationships that build trust and appropriate risk-taking, closer to the roots of social work (Barry, 2007). However whilst professionals move slowly but steadily towards understandings of 'reasonable risk-taking' (Munro & Rumgay, 2000), clients and families tend to focus more on hazards and potential harm (Alaszewski & Alaszewski, 2002).

Variations on the Common Assessment Framework for family assessment in child welfare was introduced across the countries of the UK in the early 2000s. This perhaps marked the zenith of professionally-led assessment tools with a strong focus on risk aspects. The equivalent assessment tools for care of older people introduced shortly after began to innovate with greater user involvement, such as addressing the assessment to the older person themselves (Taylor, 2012). Yet considerations of 'rights' within these frameworks focused more on how the professional created a balanced judgement than on how the client voice could be more clearly heard (Duffy et al., 2006).

Comprehensive approaches to managing risk, effectively integrated with the more time-honoured conceptualisation of 'assessment and care planning' are required (Cooper et al., 2003; Gambrell & Shlonsky, 2001; Mackrill et al., 2018). Although there are variations across the major fields of social work activity: child welfare, community care of adults, and criminal justice, the general tendency in a 'risk-averse society' is to focus services on those evidently at high risk, with a consequent diminution of services to those with (currently) lower levels of risk. The effect is to reduce the investment in preventive services which would require a focus on need rather than risk (Walsh et al., 2018).

As assessment of risk has become more prominent, 'care versus control' issues have been increasingly debated. The 'Supported Decision Making Tool' published by the Department of Health in the UK (2007) emphasised that, unless there are reasons to the contrary, recipients of adult social care services have a right to make their own decisions provided they have mental capacity to make that decision. The pioneering work of Harry Ferguson (2009) opened new horizons in engaging the child's voice; the voice of older people in relation to elder abuse began to be heard and there were parallel developments in the assessment of people with disabilities (Taylor & McKeown, 2013). Models of engaging families in assessment, using family group decision making models made their debut in relation to youth justice and child protection (Lohrbach & Sawyer, 2003), and now extend into work in contexts where there may be abuse of vulnerable adults (Kirk et al., 2019). These initiatives

helped social workers in managing the care versus control dilemmas in some boundary situations.

The Signs of Safety approach to child protection assessment (see above) has taken this process a step further (Baginsky, et al., 2020; Keddell, 2014). The family where the abuse has occurred is encouraged and supported, as the first option, to develop a plan to manage the identified risks (Weld, 2008). Statutory responsibilities to protect the child are exercised by the social worker's task in ensuring that the family's plan is acceptable, rather than by taking the leading role in devising the plan. Also, models of behavioural change are becoming more explicit within assessment frameworks which should enable the subjects of assessment to be more consciously engaged in their own change processes. These initiatives also move situations from a 'control' focus back to more of a 'care' or 'engagement' focus.

In the mental health field, the social worker who considers whether the criteria are met for emergency compulsory admission to psychiatric hospital for thorough assessment, must assess the immediate risks such as for (1) the person's safety (such as where there are self-harming behaviours); or (2) the protection of others. This second category requires a balance between the health and safety of the person and the safety of family members, neighbours and the general public. The social worker has to be satisfied that detention in hospital is 'in all circumstances of the case' the most appropriate way of providing the care and treatment a person needs. Although legislation usually follows common conceptualisations, and only one risk category has to be satisfied, there is increasing complexity in terms of how risk factors within a particular category are computed.

Risk-taking involves balancing benefits, harms, likelihood, duration and uncertainty. Thus, in the criminal justice social work setting, probation officers must consider the potential for benefits such as parole to motivate rehabilitation, rather than awaiting the inevitable fixed term of sentence. Their personal skills and professional training need to enable a individualised management of risks (such as by taking a sequence of shorter risk steps) rather than managerial prescription. Care can be provided alongside control at the same time as minimising the growing risk of antipathy and violence to social workers (Denney & O'Beirne, 2003; Keeler, 2010).

As well as greater divisiveness and intolerance within society, a societal development since the Kemshall and colleagues article of 1997 is the 'digitisation' of society which has implications for the care versus control debate. Clients are increasingly accessing help online, particularly in mental health where feelings of stigma may be less than when accessing help in person (Best et al., 2016). Although there are ethical, professional, organisational and technical concerns about the development of statistical and digital approaches to risk in social work, these approaches could arguably give clients and families greater transparency (and hence control) than current approaches involving human decision makers (Coulthard et al., 2020). Such developments hold out the potential for greater knowledge to inform difficult, but perhaps more nuanced, risk decisions at care and control boundaries.

The use of professional knowledge at the care and control boundary

Social workers are entrusted both ethically and legally with acting in clients' best interests and deciding, on occasions, where and how those interests are best met. In attempting to make sense of uncertainty and make defensible decisions, social workers draw on professional knowledge, or 'truths' (Mitchell & Demir, 2021) to establish certainty and, in so doing, apply professional judgement and interpret knowledge and evidence (O'Connor & Leonard, 2014). Making these decisions is far from an exact science, however (Fleming et al., 2015). The belief that empirical findings could provide a single actuarial-like formula so that decisions could be based on hard data has yet to materialise (Minkhorst et al., 2016), resulting in decisions being characterised by low levels of consistency (Osimo & Benbenishty, 2004). While the development of modern social services is associated with both increases in systematic knowledge and improved outcomes for clients, this low level of consistency is also associated with increased uncertainty. Decision making in social work is therefore receiving increased attention in the context of clinical and social care governance as issues of both quality and risk collide at the point where decisions are made (Taylor & Campbell, 2011). In this climate

of uncertainty, therefore, social workers are under pressure like never before to justify their decisions and to ensure that they are consistent, informed by knowledge and in line with regulatory requirements (Jones, 2014).

However, there are theoretical and practical tensions inhibiting this sense-making process (Baillergeau & Duyvendak, 2016; McCafferty & Taylor, 2020). There are questions about the knowledge we use to decide the threshold upon which society (acting through mechanisms such as courts and social work organisations) is justified in intervening in private family life, for example. Should we use statistics to calculate any possible reduction in harm if we intervene? Statistical knowledge may help in objectively quantifying the likelihood that admitting a child to care will reduce harm or not, so has its strengths. But does using this type of knowledge reduce the individual to an overall aggregate, taking no notice of their distinct characteristics, personal attributes, and individual qualities? On the other hand, individual professional judgements based on more intuitive knowledge certainly have their strengths but are also shown to be prone to variability (Benbenishty et al., 2015).

This lack of specificity regarding what professionals *should know*, coupled with the lack of an unambiguous framework for how one should *go about knowing it*, has obvious and not necessarily benign implications for individuals and families (Michell & Demir, 2021). For in the absence of an actuarial-like formula or any unitary knowledge base, there is a danger that social workers' decisions begin to reflect the current socio/political/economic influences of the day more so than they do the current needs of individuals or families (Kemshall et al., 1997; Carson, 2012). In Anglo-Saxon countries where identifying and managing risk has become the main concern of social work organisations, as opposed to meeting need or welfare provision, this is especially problematic (McCafferty et al., 2021). Additionally, when responding, social workers may use their 'expert knowledge' to intervene in these vulnerable situations to understand, respond to, and manage risk. However, the term 'risk' is not in itself a discrete or unambiguous concept, as evidenced by many articles in this journal.

Despite the ambiguities in the concept of 'risk', social workers are required to exercise professional judgement in situations conceptualised in terms of 'risk'. Their judgement calls are used to inform authoritative decision making such as by courts regarding statutory protective interventions and by senior managers or panels with responsibility for allocation of (always scarce) public and charitable resources. A professional knowledge base used within a sound decision framework must be the pre-requisite for supporting social workers to assess needs and risks and plan tailored interventions (McCafferty et al., 2021). There seems to be promise in Shlonsky and Wagner's (2005) approach of assimilating intuitive (clinical) with analytic (actuarial) judgements in a single assessment tool. Such a tool could be developed to classify risk factors identified by practitioners intuitively, which are then ordered and scored analytically, so that decisions may be more consistent, reliable, and objective. Perhaps considered as a 'structured decision-making framework', this combines the best of both the intuitive and analytic modes of reasoning and may best serve effective decision making in social work (Bartelink et al., 2015). Decisions that are made based on clinical judgement, yet moderated through an actuarial tool that helps 'calculate' risk, may be seen to be more robust, defensible, and consistent (Shlonsky & Benbenishty, 2015).

Notably, personal risk to the social worker is now an integral, yet often unspoken, aspect of these developing risk assessment and risk management aspects of the social work role. Concern about violence towards social workers was highlighted in the 1990s by Kemshall and colleagues (1997) and these concerns have only increased in the 25 years since then. Social workers are now one of the professions at greatest risk of aggression because of the occupational features associated with the community-based setting, clients, and their job characteristics (Sicora et al., 2021).

Conclusions

Since the seminal article by Hazel Kemshall and colleagues (1997), the debates about the boundary between care and control in social work have not abated. During the past 25 years, a number of conceptual developments have been apparent. Risk assessment has started to

engage with statistical approaches. Roles involving assessing risk have broadened into managing risk, whilst risk management has become central to emerging policy and quality frameworks. The communicating of risk is starting to be recognised more explicitly as a skill area. In terms of theoretical development, there is growing literature on the relationship between assessment processes, the assessment and management of risk, and making decisions.

The growth of the 'risk society' has shifted social work from a focus on responsiveness to presenting needs to a focus on preventing (possibly greater) harm in the future, with the development of the specific features outlined above. This development has been apparent across the range of client and family situations. More broadly, these social developments have led to risk as well as quality (of services) becoming central components of governance processes in social work (Taylor & Campbell, 2011). These developments are generally encouraging for those involved in supporting and developing this aspect of social work practice. It is evident, however, that the tension at the boundary between 'care' (or engagement) and 'control' (in order to address wider societal concerns or to protect the welfare of self or others) remains – and will always remain – palpable and problematic for the social worker at the front line and those managing services.

'Risk' is an essential concept for social workers challenged to focus scarce public or charitable resources on the highest priority issues for the individual or family within the mandate of the organisation and team within which they are working. This frequently includes balancing care and control, between supporting and 'directing'. However, for social work practice the growing emphasis on risk has heightened the tensions and the delicacy of the balance, and has led to greater complexity of service models, particularly in terms of multi-professional working. In these contexts, nuanced understandings of risk must be communicated effectively, particularly where there are boundary issues in terms of responsibilities for service provision.

The concept of 'risk' is a steadily developing aspect of social work practice, particularly in relation to boundary decisions about whether to provide only supportive services with voluntary engagement (care) or whether some measure of compulsion or coercion (control) is required in the best interests of the health and well-being of the client, family or others in society. The profession must continue to respond positively to developments in 'risk science' whilst also balancing this with sound values and the broader professional knowledge base about the systems within which individuals and families live within society.

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