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Risk-managing decision making: a psycho-social rationality model

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Abstract

Social workers are frequently involved in making decisions and in managing risks, although there has been limited conceptualisation to connect these tasks with each other or with assessment processes. This lack of connection reflects the general separateness of the wider academic discourses on risk and uncertainty (often sociological and organisational, relating frequently to business or economic contexts) and those on decision making (often focusing on psychology of individual judgement, and typically relating to medical or military contexts). This paper presents and explores the potential of a risk-managing decision model, as an example of a model linking risk management with decision science. This is a psycho-social rationality model for choosing between options, such as possible care, support or intervention plans for a client or family. Rather than treating the options as ‘given’ (i.e. unchangeable), as in most decision theories, this model proposes that the decision maker(s) look for ways to manage or reduce the risks inherent in the preferred option as part of the decision process. Like other psycho-social rationality models, this model incorporates both individual cognitive dimensions and framing aspects of the decision environment. Relevance to social work is discussed with examples and reference to various settings and decision processes.

Keywords
Assessment; assessing risk; decision making; professional judgement; psychosocial rationality; risk; risk management; social work.

Introduction

With the development of strengths-based approaches, it is increasingly regarded as unacceptable to focus exclusively on avoiding harm in social work decision making. But ideological exhortation, however commendable, is insufficient to put this more positive approach into social work practice unless there is also a usable conceptualisation of the
decision process that incorporates the ‘risk issues’ as well as the potential benefits. In his review of reviews of professionals’ risk-taking decisions in child protection in the UK, David Carson (2012) highlights the need for sound decision making to include a consideration of ‘potential benefit’ as well as ‘possible harm’, although no particular model to operationalise this is proposed. His review highlighted also the need for robust decision making to consider ‘managing risk’ as well as ‘assessing risk’ (see definitions below), as does an earlier publication by Eileen Gambrill and Aron Shlonsky (2001). The social work profession is recognising the need for more explicit approaches to analysis and argument in decision-making (Barlow et al., 2012; Duffy et al., 2006; Taylor et al., 2017). These are the starting points for the ‘risk-managing decision model’ presented here, building on research and practice wisdom. This approach brings together ‘managing risk’ with ‘making decisions’ within professional social work assessment practice (Taylor & McKeown, 2013), at the same time building connections between the wider academic discourses on ‘risk theory’ and ‘decision science’.

The focus of this paper is on decisions that involve choosing between care, support or intervention options, rather than on threshold decisions (such as in relation to safeguarding or service eligibility) where other decision models may be more useful (Platt & Turney, 2014; Simon, 1956; Swets, 1992; Taylor & Killick, 2013). The use of the term ‘care plan’ is used in this paper in a generic sense to include variant terms such as ‘support plan’, ‘intervention plan’, ‘protection plan’, ‘safeguarding plan’, ‘service plan’, ‘risk management plan’, hospital or prison ‘discharge plan’, etc. It is beyond the scope of this paper to address issues of bias, trust or emotion in human judgement (Enosh & Bayer-Topilsky, 2015; Munro, 1999; Spratt, Devaney & Hayes, 2015), or group decision processes (Przeperski & Taylor, 2020).

For the present purpose, ‘risk’ is defined as: ‘a time-bound decision-making situation where the outcomes are not known and where benefits are sought but undesirable outcomes are possible.’ (Taylor, 2017a, Glossary). In some contexts a distinction is drawn between ‘risk’ and ‘uncertainty’, the latter being defined as a situation where the probability of an event (such as the outcome of a decision) cannot be calculated (Taylor, 2017a, Glossary). For social work practice situations, some form of statistic would be available for any situation if the frame of reference is drawn wide enough (for example the likelihood of child homicide simply by virtue of being a child in the population of a certain country). However this is of little use in practice, and a distinction between ‘risk’ and ‘uncertainty’ is of limited use in social work practice contexts, despite its theoretical potential. Rather, degrees of precision in estimating the likelihood of harm is the best that can be attained. As no calculation of a risk statistic has absolute precision (i.e. embodies a degree of uncertainty) (Taylor et al., 2018), the term ‘risk’ (and related modelling processes) retains validity in this context and is used in this paper.

For the purposes of this paper, ‘assessing risk’ is defined as: ‘the professional task, working with the client, family and others as far as possible and appropriate, in gathering and analysing information relevant to the possibility of harm and desired goals in order to inform a risk-taking decision about care.’ (Taylor, 2017a, Glossary). Similarly, ‘managing risk’ is defined in terms of: ‘... participating in a decision-making process and its implementation, monitoring and review to support a client or act to protect a client in care planning that involves risk taking.’ (Taylor, 2017a, Glossary). These definitions, drawn from an established text-book, ensure that the focus of this article is related closely to social work practice issues. In practice, the process of assessing risk will typically flow on to managing risk, as related aspects of care planning and service delivery processes.
Discourses of risk and decision making

Some context of the knowledge base and debates about risk and about decision making is necessary as a background to this paper. However, it is not possible to do justice to the depth or breadth of these wide-ranging discourses in this brief contextual piece. Some indication will be given to the roots of these discourses, and the focus will then progress to the integration of these in relation to the challenges of contemporary social work decision making.

Discourse about ‘risk’ is widespread in modern ‘Westernised’ society (Althaus, 2005) with roots in sociology (Beck, 1992) and business studies (Miller, 1992). Some of this risk discourse has found its way into social work, such as in language about risks to independent living (Stevenson et al., 2019); clients ‘at risk’ (Kemshall, 2008); general conceptualisations of ‘risk’ in social work (Taylor, 2006b); the beginnings of research on ‘risk factors’ that are predictive of harmful (undesirable) outcomes (Johnson, 2011); and study of risk communication (Hall & Slembrouck, 2009). There is also a small but growing discourse about risk management in social care organisations (Taylor & Campbell, 2011). However, in general there is little integration of this discourse about risk with understandings of professional judgement tasks and the management of decision-making processes in social work (Bastian, Freres & Schrödter, 2017).

Discourse about ‘decision making’ is evident in domains such as health care (Hill et al., 2017), psychology (Hertwig & Erev, 2009) and emergency and military services (Klein, 1996). The traditional approach to studying decision making follows the precepts of expected utility theory (von Neumann & Morgenstern, 1944): a ‘logical’ decision maker will maximise the anticipated value of the outcome by weighing against each other the expected gains from each option, considered in terms of both the value (seriousness) of the gain or loss and its likelihood (Bohnenblust, & Slovic, 1998). This ‘normative’ approach has been challenged by ‘descriptive’ approaches which start by studying how decisions are made in the real world, and build their theoretical understanding from there (e.g. Hau, Pleskac & Hertwig, 2010; Hertwig, 2012). Decision study is starting to be applied in social work, such as by looking at the factors that influence practice decisions; how they are conceptualised by professionals (Hackett & Taylor, 2014; Helm, 2011; Stevenson & Taylor, 2017; Taylor, 2006a; 23)); and applications of Herbert Simon’s (1956) ‘satisficing model’ (Taylor, 2017b). The growing field of behavioural economics is developing a bridge between study of decision making and study of readily-quantified risk (Kahneman, 2003), although the transfer of concepts to social work is, as yet, limited. Reasons for this are various, but include the challenges in quantifying risk factors relating to the likelihood of ‘undesirable outcomes’ relevant to social work (such as abuse, neglect, self-harm, crime, etc.) precisely enough to be useful in practice (Liberati, Peerally, & Dixon-Woods, 2018).

Connecting ‘risk’ with ‘decision making’

For the front-line professional, ‘working with risk’ and ‘making decisions’ need to be integrated into a conceptual framework that is useful to guide practice and their interaction with organisational systems. Studies in business (Yoe, 2011) and environmental sciences (Peterman & Anderson, 1999) are often based on expected utility models, although there is some interest in wider sociological dimensions such as ‘trust’ within organisational change (McLain & Hackman, 1999) and ‘risk perceptions’ within ergonomic decisions (Williams & Noyes, 2007). In general, the expected utility model treats ‘risk’ only in so far as it is
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quantifiable, i.e. synonymous with probability (Phillips-Wren, Power & Mora, 2019; Yang & Qui, 2005). The growth of risk management systems as a part of organisational governance has given added impetus to the need for integration between risk theory and decision sciences (Amendola, 2002; Taylor & Campbell, 2011), although the impact on social work has been limited to date.

Despite the connections that have been made between ‘risk’ and ‘decision making’ in behavioural economics, risk and decision making are only recently being connected in social work and allied human services (Taylor & Whittaker, 2018; Whittaker & Taylor, 2017). For example, the responsibilities for public protection in social work in the justice sector (Carson, Nash & Clift, 2013), and the public and media concern about child homicide (Kirkman & Melrose, 2014), mental health crises (Best et al., 2016), older people (Taylor & Donnelly, 2006a) and risks to other client groups and staff (Taylor & Donnelly, 2006b) have led to demands for a more coherent and transparent approach to decision making. Concepts and systems that link risk with decision making in a way that is useful for social work practice are now required ([25]).

The risk-managing decision model presented here is conceptualised as one of a broader class of psycho-social rationality models of decision making, which may be conceived as lying between analytic and intuitive models of decision making (Taylor, 2017b). This paper highlights some of the challenges in modelling risk and decision making in social work before outlining psycho-social rationality models and then considering the specific model which is the focus of this paper.

Modelling risk and decision making

There are a few studies that consider (or assume) a model for social work decision making in terms of choosing between possible care, support and intervention options. The classic modelling of decision making, as outlined briefly above, usually starts from the premise that a ‘logical’ decision maker will measure the anticipated utility (gains versus losses) of each option. In expected utility (‘balancing benefits and harms’: Taylor, 2017a) models, where outcomes are not certain but calculable, the probability of that beneficial (or harmful) aspect is to be multiplied by the value of the benefit versus the seriousness of the harm for that outcome (Baron, 2008; Edwards, 1992). This approach leads us to a statistical approach to measuring risk factors and their correlation with harmful outcomes (Font & Maguire-Jack, 2015). This approach seeks to minimise the bias that might be attributable to, for example, tiredness, emotion, organisational context, societal culture or personal upbringing (e.g. Benbenishty et al., 2015; Davidson-Arad & Benbenishty, 2016). Earlier studies indicating the greater predictive accuracy of statistical (‘actuarial’) over intuitive (‘clinical’) judgements (typically of medical doctors and psychologists) (Dawes, Faust & Meehl, 1989; Grove & Meehl, 1996) are generally confirmed by available data regarding social workers (eg. Baird, Wagner, Healy & Johnson, 1999).

Another school of thought questions whether balancing expected utilities is how people make decisions in practice (Killick & Taylor, 2012; Taylor, 2012b), and would argue that decision science should focus on the realities of human decision making, including other types of ‘rational’ argument (Hansson & Hadorn, 2018). As an example close to social work, the study by Mandeep Dhami (2003) of the judgements by the judiciary about granting bail indicated that despite court rules prescribing that ‘all relevant factors should be taken into account’, the judgements were described (modelled) better by a heuristic model that gave primacy to a few
key factors such as the views of the police and the prosecution service. There are now various heuristic models of judgement (Gigerenzer & Gaissmaier, 2011) which measurably depart from the expected utility approach. Towards the more intuitive end of the spectrum are narrative models (e.g. Hogarth, 2008; Pennington & Hastie, 1989) which describe human judgement in terms of people creating a narrative (story) that makes sense of the factors in the situation. Although narrative analysis of client and family interpersonal behaviours has its uses, narrative models in general tend to give little attention to generalisability, which limits their value for teaching and learning, despite ‘sense making’ being an essential social work skill (Ferguson, 2009).

Social workers are tasked to ‘weigh up’ data about ‘risk factors’ (Cooksey, 1996; Schwalbe, 2004). The way that this is done might be some human version of statistics such as used in general linear modelling (Killick & Taylor, 2012; Mullineux et al., 2019; Whittaker, 2018); some decision rules using justifiable rules such as Aristotelian logic (Taylor, 2012a); or some heuristic process. This paper does not minimise the importance of using robust (statistical) information about risk factors where this is available (Pritchard, Davey & Williams, 2013, [Schrödter et al., 2020]. However, this risk-managing decision model does not assume that statistical information is available. The model might be used in a qualitative way to assist in thinking about the relationship between risks as well as having the potential for development with quantified risk factors where available (de Bortoli & Dolan, 2015).

Psycho-social rationality models of decision making

In keeping with the everyday realities of social work practice, psycho-social rationality models of decision making involve considering both the cognitive processes of individuals and the decision environment - whether legislative, regulatory, organisational, cultural or societal (Detlaff, Graham, Holzma, Baumann & Fluke, 2015; Montgomery et al., 2016; Wallander & Molander, 2014). Psycho-social rationality models recognise the impossibility of the human brain undertaking multiple regression equations on even a small number of risk factors to inform their judgement by a prediction of outcomes (Miller, 1956) regardless of how important knowledge of the size of risk factors may be as an aspect of the decision. A psycho-social rationality approach concurs with studies showing that experts are distinguished from novices not by conceptualising more factors at once, but by selecting relevant factors more accurately and more efficiently through relating the immediate situation to higher-order conceptual categories (Benner, 1984).

This risk-managing decision model falls within the realm of psycho-social rationality models of decision making, which could be defined as those seeking to understand decision making in terms of conceptual categories incorporating both cognitive (psychological) and contextual (sociological) dimensions. Psycho-social rationality models are in the middle ground between strictly analytic models that require statistical (‘actuarial’) calculation, and relatively structure-less narrative (‘intuitive’) models such as the ‘social enquiry reports’ of earlier years of social work. Psycho-social rationality models relevant to social work decisions might be considered to include the following examples:

- Paul Brearley’s (1982) model of vulnerabilities (‘predisposing factors’), triggers (‘precipitating factors’) and strengths (‘mitigating factors’);
- models of static and dynamic risk factors, and desistance factors that reduce risk (Andrews & Bonta, 1994; Andrews et al., 1990; Harris, 2006);
- heuristic models which are based on simple rules about information search and use (Katsikopoulos, Schooler & Hertwig, 2010);
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- ecological models which seek to incorporate relevant dimensions of the decision environment (organisational, societal, legal) together with the place of individual judgement (Bartelink, van Yperen & ten Berge, 2015; Baumann, Fluke, Dalgleish & Kern, 2014; de Kwaadsteniet, Bartelink, Witteman, Ten Berge & van Yperen, 2013); and
- fuzzy set theories which provide a mathematical formulation for imprecise and partial information including the use of language within a reasoning process (Zadeh 1975; Zadeh, Tanaka & Shimura, 1975; Tanaka 1997).

Risk-managing decision model

In terms of everyday application of a risk-defusing decision-making model, consider visiting an unknown city for the first time. You have just arrived and have an hour or two to explore before it is time to eat. Do you rely on remembering your way back or do you do something to reduce the likelihood or consequences of losing your way? Would it be sufficient to take a business card of the hotel with you so that you could ask someone the way if you were lost? Or would you want to reduce (defuse) the risks even more by taking a map with you, whether paper or on a ‘smart phone’? What method of reducing the risk of getting lost would be sufficient? Might the choice of risk-managing action depend on the level of risk (such as how dangerous it would be to be in that part of the city after dark) or the degree of importance of returning by a certain time (such as being on time for the team dinner vs being back in time for your chosen bedtime)?

The focus of this paper is on a risk-managing decision model as an example of a psycho-social rationality model. As a preliminary step, this model fits naturally with the ‘potential benefits’ aspect of the expected utility models, as well as the weighing of ‘possible harms’, in line with the recommendation of Carson (2012). This helps to avoid over-focusing on negative aspects of the case situation, which can lead to ‘cumulative concerns’ (Farmer & Owen, 1995) in settings such as child protection case conferences. The first option to consider in detail can be the one that embodies the most beneficial outcomes. The risk dimensions of that option can then be considered in terms of how they can best be managed.

A second dimension of the risk-managing decision model is recognising that often people do not focus on seeking out statistical information in order to make a decision in uncertainty (Huber, 2012). Although it is important to develop statistical (risk) literacy amongst professionals, the approach outlined here goes beyond supporting people to understand better the statistics relevant to appraising options (Cokeley, Feltz, Ghazal, Allan, Petrova & Garcia-Retamero, 2018; Gigerenzer, 2014). Rather, we seek to model the use of concepts of potential harm and possible benefit in choosing between options, such as in care planning, i.e. a psycho-social rationality model which structures risk concepts without statistical calculation.

Thirdly, this risk-managing decision model embodies the management (not just the assessment) of risk in the care planning process. This dimension is developed particularly by considering how social workers might explore ways to manage the risks inherent in a possible care plan option (Bär & Huber, 2008). Most current models for understanding decision making assume that a decision is made at a point in time where the relevant features of the options available are ‘given’, i.e. unchangeable (Huber, 1997). The model outlined here takes a fundamentally different approach in regarding decision options as potentially modifiable. This opens up the possibility of reducing the ‘riskiness’ initially perceived as inherent in that option, by using options to manage (as opposed to ‘assess’) the risks.
Applying risk-managing decision making in social work

This risk-managing decision model is relevant to multiple-choice situations, such as choosing between care plan options. It incorporates and goes beyond the concept of ‘contingency planning’, i.e. having a back-up plan in case events do not turn out as expected. This model incorporates consideration of how risks (i.e. possible harmful outcomes) might be managed in advance of selecting that option. In essence, the most promising alternative is selected, focusing on positive outcomes, i.e. potential benefits in the course of action (care plan). The risks associated with this option are then identified and minimized, such as by defusing the risks individually or by using a heuristic such as selecting the least-bad worst-case outcome (maximin) (Huber, 2012). Typical applications of the risk-managing decision model are such as:

➢ forming a professional judgement and advising on decision between care options such as between a package of home care services versus entering a care home;
➢ helping to clarify risk issues when there is disagreement between the social worker and the family in selecting a care option that has the most benefits but has risks that need to be clarified and managed co-operatively; and
➢ providing a framework for clarifying and recording risk issues considered in the decision making process.

A key issue in seeking ways to manage the risks inherent in a potential care plan option is to consider ways in which social workers might identify such opportunities. This dimension of the model fits with decision makers visualising the ‘worst-case scenario’ if a certain option is chosen. They may then seek ways to control undesirable outcomes through ‘risk-defusing operators’ (Huber, Beutter, Montoya, & Huber, 2001). Knowing that the decision may have to be justified (as is common in professional situations) may lead social workers to search (sometimes extensively) for ways to manage risks within care plan options (Huber, Bär & Huber, 2009). Of course, the activity of appraising and managing risks within options might in itself be considered as evidence of a good decision process (Wilke, Haug & Funke, 2008; Shafir, 1993).

The framing of the decision is an important dimension in the risk-managing decision model as well as the fact that it provides some structure for the individual cognitive processes (Evans & Harris, 2004; Huber et al., 2014; Mosier, Fischer, Hoffman & Klein, 2018). This model might be conceived as going beyond standard conceptualisations of decision making that are in use by giving additional clarity to the social work task, in particular in relation to:

• looking at potentially beneficial outcomes to determine the option to look at more closely;
• constructing a mental representation of the decision issue and risks; and
• identifying how risk aspects of outcomes might be minimised (defused).

Some examples of managing (defusing) risks within a particular care, support or intervention decision might be such as the following.

• How could we provide family-aide services in the home to monitor as well as to teach parenting in a family where there are concerns about the welfare of the children?
• Could staff be trained in de-escalation techniques specific to the type of problem in order to select a care plan that includes day care provision in learning disability services?
• Could we facilitate more effective engagement with an outpatient clinic, outreach social worker or community psychiatric nurse so that the client achieves stable medication?
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- How could the risks be managed through more frequent visits and a planned educational programme with the older person to address issues of mobility and skin breakdown?
- How could we help the step-father to understand better the effects of his behaviour when he abuses drugs so that the risk to the five-year old child is sufficiently reduced for the child to remain at home?
- Could the service provide an individual mentoring service for a young person aged 16 being returned home to the family after a period in state care due to family distress?
- How could a day-support service be designed that would reduce the risks sufficiently?
- Could we educate and support the family to most effectively care for, and manage risks with, their family member with mental health problems by identifying the most common occasions that ‘trigger’ distress and symptoms of ill-health?
- How could we create a safety plan with robust coordination of professional inputs, medication management and psychosocial interventions for person with depression and suicidal ideation?
- Would a planned training programme and financial controls be sufficient to manage the risk where a carer has stolen money from an adult with learning disability who has been on placement with her for many years?
- Could a tele-care system be put in place that the client could use to manage the risk of forgetting to take medications?

Such scenarios, common in social work, highlight some key mechanisms for managing risks within a possible care, support or intervention option. This is unlike most other models of decision making, which normally consider the decision as being made at a single point in time, and that the value (seriousness) and likelihood of the harmful or beneficial outcomes are fully known at that point in time and are fixed.

**Relating risk-taking decision making to social work assessment**

Seeking ways to understand how all-too-human professionals make sense of multiple, diverse items of information in making a decision does not negate the need for policies and tools that support the gathering of appropriate information about clients and families (Taylor & Devine, 1993). Assessment tools seek to embody relevant research, such as on risk factors (Goode & Beckmann, 2016; Taylor et al., 2015). Assessment tools can facilitate communication between professionals through a common use of language and format of presentation (Taylor, 2012b). Assessment tools may help to reduce bias (Regehr, Bogo, Shlonsky & LeBlanc, 2010) although this may reduce professional discretion (Høybye-Mortensen, 2015).

Current social work assessment tools (unless designed for a specific intervention such as systemic family therapy) often give limited attention to the analysis of the information gathered. The model outlined here is designed to assist with this. Incorporating statistical information about care options into assessment processes (as in this model) will require more sophisticated assessment tools, such as are becoming increasingly possible with the development of computer systems through developments are in their infancy at the present time (Søbjerg et al., 2020). The tasks of gathering and analysing information may be integrated more closely with the identification and selection of care plan options (Fengler & Taylor, 2019). This model also avoids the possible criticism that its use de-skills those using it (Gillingham & Humphreys, 2010); by contrast to some assessment tools, the emphasis is on providing an essential framework to support profession reasoning and judgement.
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Discussion

This *risk-managing decision model* is distinguished from ‘risk avoidance’ models of decision making by affirming that we need to take into account potential benefits as well as possible harms in our care and intervention choices. The model is distinguished from traditional expected utility models in that the initial presentation of care options should not be regarded as ‘given’, but as amenable to modification. Thus the professional task incorporates managing risk as well as assessing risk as intrinsic components of the model. The model thus highlights the need to incorporate the task of managing risks and making decisions more fully into assessment processes, alongside assessment of risk. The model is applicable to both individual judgements and shared decision processes (Killick & Taylor, 2020). The model shares with other psycho-social rationality decision models the middle ground between strictly analytic (mathematical) and purely narrative (unstructured) approaches.

It may be that this model seems like ‘everyday common sense’. However we have been unable to find any empirical studies showing social workers using this model to conceptualise their decision and risk work. Perhaps the intuitive simplicity of the model is its strength, in accord with scientific tenets of testability. In the words of the ‘Razor’ formulated by William of Occam (c.1495): “*Frustra fit per plura quod potest fieri per pauciora*” [It is futile to do with more things that which can be done with fewer] (Thorburn, 1918, pp. 352–53). Or in a more modern formulation by Albert Einstein (1954, p156): “… more complicated systems and their combinations should be considered only if there exist physical-empirical reasons to do so.” This paper aims to provide a theoretical conceptualisation, drawn from the work of Oswald Huber and colleagues cited, that can inform research that tests the model.

The model proposed here requires verification and development before it is ready for practice and teaching purposes (Taylor, 2020; Taylor & Moorhead, 2020). This *risk-managing decision model* does not raise immediate legal or ethical issues in its essence when it is positioned (as in this paper) as building upon some form of expected utility model of balancing benefits against harms to identify basic care options. However a heuristic ‘satisficing’ model as the earlier stage on which the essentials of this model build may be found to be more true-to-life. For example, it may be apparent early in the decision process which option is ‘good enough’ or ‘most attractive’ (Huber, Huber & Bär, 2011), rather than balancing the benefits and harms in every option before considering how to manage the inherent risks.

This model outlines an exploration of options as part of a decision chain rather than framing the decision as a hard-and-fast ‘decide now’ situation. The model includes the possibility of embracing skills of problem-solving creativity within risk and decision processes, such as by visualising options that might be created or approximated by modifying options for care or intervention. This strengthens our understanding of the knowledge and skills required of frontline professionals (McCracken & Marsh, 2007).

The *risk-managing decision model* is an approach that combines concurrent attention to supporting (though selecting a care, support or intervention option) and safeguarding (by attending to risks inherent in the care plan). However the interface with conceptualisations of ‘threshold decisions’ as presently understood in relation to protecting children is an area for further development. In psychodynamic terms, the model links decision making to Winnicott’s concept of ‘containment’ (Steckley, 2010) in terms of being ‘with’ the person being helped in the uncertainties (risks) whilst we are ‘concerned’ and engaged in a problem-solving journey.
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The model might help professionals to move away from a too risk-averse approach by opening up other options that could respect human rights and client choice more fully. This model helps to express the place of professional knowledge and skill in the decision process, in identifying options, selecting one and managing the inherent risks.

Conclusions

Psycho-social rationality models of decision making are well suited to social work where a professional set of knowledge, skills and values must be applied within a complex framework of law, regulations, standards, policies, systems and procedures to a unique client and family circumstance where there are risks and uncertainties. The risk-managing decision model captures something of the complexity of the human processes in embodying concepts of both assessing and managing risks within a decision process, beyond conceptualisations of decisions as based on a presentation of facts at a single point in time. Statistical information may be used within the decision, but within a broader framework that can accommodate also ‘soft intelligence’. The model characterises the decision process as framing and modelling the choices whilst ‘doing the risk work’. This true-to-(professional)-life approach helps to re-focus our attention from avoiding errors to promoting good decision-making processes, thus valuing practitioner experience as well as knowledge from research and theory.

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References


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