

Managing Risk in a Risk Averse Society

Peter Bates and Mark Lymbery

Introduction

This chapter will argue that changes in the nature and organisation of society have created a new climate for both practitioners and people who use services. Concerns about risk and how to manage it have become dominant in many areas of life. In some traditional risk management approaches, the person is a passive subject upon whom the assessment is applied, and they may even be absent when key decisions are made (Langan and Lindow, 2004). Such an approach clearly fails to engage the person's own insights and perspectives and is unlikely to motivate them to be an active risk manager or bear responsibility for their own actions. In recognition of this, government seeks a new social contract with its citizens, in which the person¹ bears greater responsibility for themselves, services are personalised and power devolved. As a result, social workers need to hold on to a clear and ethical understanding of what they are doing in managing risk and safeguarding opportunity.

This chapter opens with a discussion of the nature of society, arguing that the related concepts of 'risk' and 'blame' have come to dominate the actions of professionals. It follows by exploring the values and beliefs that lie behind many of our risk management actions. We then explore the interplay between the team climate and risk outcomes and offer some suggestions about how individual social workers can help to build a team climate that supports individuals to stay safe and live well. As the Equalities and Human Rights Commission recently summarised it, 'Care and support has the potential to become a springboard, not simply a safety net, focused on helping people to maximise control over their lives, to make social and economic contributions and to stay safe and well' (EHRC, 2009, p 6).

Risk and blame in British society

Over recent years, Western society has become increasingly preoccupied with risk, gaining such titles as the 'risk society' (Beck, 1992) and even the 'blaming society' (Barry, 2007). Beck (1992) has argued that the primacy of the concept of 'risk' in society is a direct consequence of the nature of society, which he characterises as 'modernity'. In supporting this perspective, Webb (2006) has pointed out the apparent paradox that unparalleled levels of social stability and affluence are accompanied by increasingly acute levels of personal anxiety and insecurity.

Gardner (2008, pp 77-8) neatly summarises the ranking applied to different risks by contemporary Western society, as shown in Box 2.1.

Box 2.1
Features judged high-risk in contemporary Western society

- A single event catastrophe – rather than the same things dispersed over time.
- Novel or unusual risks, especially if we do not understand them and cannot see how to reverse the effects of something going wrong.
- Lack of personal control, especially if we do not choose to engage the risk, and especially if it affects me.
- It is much worse if children are involved or the victim is personally identifiable rather than just a statistic.
- Where the effects generate fear, harm some people in society and benefit others, and are managed by institutions we do not trust or have a poor record of managing this kind of thing.
- Immediate threats loom larger in contrast to those in the future, although we worry about spoiling things for future generations.

Much of what a social worker might encounter could be fitted into this list. While a number of separate contributory factors have been put forward, many have their origins in the nature of neo-liberal governance, where there has been a disintegration of traditional certainties – for example, professional authority (Parton, 1996). Of course, one of the consequences of the decline in trust in professionals' judgements has been a high-profile focus on their decisions. For social work this has resulted in a vicious circle of increased accountability and scrutiny leading to ever-tighter definitions of acceptable actions; in turn this triggers reduced confidence, higher levels of scrutiny and renewed attempts to increase accountability.

As a result, professionals feel that they are likely to be blamed if their decisions lead to unwelcome consequences; as Douglas (1992) has suggested, the close relationship between risk and blame ensures that the search for a supposedly responsible person occurs immediately following an unwelcome event. Consequently, it has been argued that we are a 'risk-averse' society (Scott, 2000), unwilling to countenance the consequences of decisions that result in tragic circumstances; for Furedi (2002) this has involved the creation of a 'new moral order' based on the worship of safety and the avoidance of risk. This is, he argues, deeply problematic, being simultaneously prescriptive, intrusive and anti-humanistic. At the same time, however, workers with adults are enjoined to provide wider opportunities for people to take risks in society (DH, 2005) and are criticised for favouring protection over risk (CSCI, 2008). This creates an impossible tension for social workers to manage: as a result, according to Barry (2007),

the social work profession is now lacking in confidence, under-utilises its workers' skills, has become increasingly risk averse, stifles autonomy and lacks support.

In addition, the risk assessment and management strategies that have been developed tend to be overly formalised and mechanistic, based on the notion that risk can be accurately predicted and managed (Parton, 1996): indeed, there is much more emphasis on risk assessment than risk management (Stalker, 2003). This feeds into the anti-humanistic concerns noted by Furedi (2002). We would therefore suggest that it is vital for social workers to develop models of risk management that build on the humanistic traditions of the profession, particularly those that include the voice of the person at its heart – and this is often missing from the literature on risk (Stalker, 2003).

Values-driven risk assessment and management

While social workers need to practice ethically against the backcloth of society's values, they also find themselves employed within organisations that make assumptions about people who use social care services. In childcare, the concern is mostly to protect the person from harm, while in criminal justice it is to constrain the perpetrator in order to protect the community, while people receiving community care services are often viewed as vulnerable. In mental health services this vulnerability is compounded by another level of risk – the level of dangerousness that they are presumed to offer to others (Stalker, 2003). Such assumptions are rarely exposed to scrutiny.

Meanwhile, staff are often preoccupied with policy compliance, and experience conflict between their own values and the organisation's assumptions as no more than a vague sense of unease. However, in pursuance of ethical, reflective practice, it is vital to examine the assumptions about risk that drive local policies and practices. For example, in our reflections we have identified the following negative assumptions that we feel can sometimes influence risk management decisions:

- It is possible to work on the basis that all the negative stereotypes about people who use services are true – that they are incapable, dishonest, dangerous, irresponsible and lack insight. Consequently, when a service encounters one person who is dishonest or dangerous it may turn that single experience into a prohibition that constrains opportunities for all.
- In some settings, despite contrary evidence, staff are assumed to be benevolent and therefore the service is deemed to be safe; by contrast, the public may be seen as malevolent and the community can be considered to be a dangerous place.
- In a parallel development, increasingly suspicion attaches to the motives of members of the public who care for each other's children (Laing, 2009), who sit by the person who has a learning disability in the church or synagogue or who pop round to visit an elderly neighbour.

- If people receiving services are hurt, this may be considered to matter less than hurting a member of the public. Consequently, some agencies may make the error of overlooking this or treating it less seriously than if a member of the general public had been abused. One investigation of disability hate crime found when people reported bullying to staff, only 47% had something done about it (Alcock, 2000).
- If people are assumed not to change, risk is considered to be almost entirely a function of the person's history and internal make-up. As a result, arrangements to manage risk are likely not to take account of the individual or be constructed in a manner that responds to her/his humanity and difference.

These five assumptions commonly lead to three inappropriate responses to managing confidentiality and disclosure while balancing risk and opportunity. These models can be named as 'intrusive', 'binary' and 'tapered' respectively:

- The 'intrusive' model occurs when organisations recognise a risk, and then attempt to manage it by dominating areas of the person's life, either by introducing services or through control and regulation. As a result, instead of the person bearing an appropriate share of responsibility for keeping everyone safe, the service tries to expand its control in a futile attempt to safeguard the person. This increases dependency, inflates expectations and diverts resources away from the people that need the most help.
- The 'binary' model occurs when organisations create a kind of apartheid between all staff, or a group of staff, and everyone else. Their procedures for managing information demonstrate that certain staff are part of the in-crowd, privy to confidential briefings and included in the meetings where risk management decisions are taken. In this scenario, the person is usually kept outside the meeting room, along with their close family members, work colleagues and anyone else that the person likes to meet away from the service. The risk assessment document may even be completed in this way, with decisions made in the unofficial conversation that takes place before the family enter the room, with warnings being passed around within the in-crowd while others are kept in the dark to supposedly comply with data protection requirements.
- The 'tapered' model occurs when people are positioned in a series of concentric circles at varying distances from the epicentre of the risk issue. Those closest to the centre are deemed to have a right to the fullest information and the most power over risk management decisions, while those at greater distances are less well informed and have less influence. While there may be some merit in this 'need-to-know' approach, it tends to become set in stone, rather than being redrawn for every circumstance. For example, close family members often find

themselves closest to the person and at greatest risk, but workers commonly place them in the outer circles, rarely invited to risk management meetings or kept informed about changes in the service that is provided.

Instead of these mistaken assumptions and faulty responses, the goal is person-centred, context-specific risk management. Such an approach will:

- involve the person and the people that know them best as potential experts in keeping themselves and others safe, through balancing obligations towards the wider society with the person's preference to define what they want in life and what safety means to them;
- extend the principle of 'least restrictive intervention' – that any intervention should curtail people's basic rights and freedoms as little as possible – to support aspirations for improved wellbeing, inclusive living in the community beyond services, independence and opportunities to contribute to others, as these will build a safer society for everyone in the long run; this demands risk taking as well as risk minimisation, risk management as well as risk assessment so that people select the most inclusive intervention as well as the least restrictive one;
- ensure that the assessments, interventions, monitoring and controls that are introduced to manage risk are proportionate, both to the scale of the risk being managed and to the distribution of effort between risk management and other interventions, and that staff are able to justify their actions;
- recognise that behaviour is contextual, and that every environment will have formal or informal mechanisms for the assessment and management of risk that will influence what happens there, and so these need to be built into the risk management process for each person in each setting;
- feed learning from each success and failure into a learning culture within social care services so that the organisation's understanding of safeguarding becomes increasingly nuanced and subtle rather than rule bound.

Enhancing inclusion reduces risk

Managing risk in this way is no easy task, and the Scottish Government (2006) policy paper *Changing Lives* concluded that effectively managing risk while encouraging innovative and personalised practice is one of social work's biggest challenges. Staff views of the benefits or risks associated with engaging in community life beyond the service will influence how they respond. Analysis of the circumstances surrounding suicide and homicide has shown clearly that social exclusion increases risk (DH, 2001), and this is endorsed by the Home Office evidence review on criminal reoffending (Harper and Chitty, 2004). The same themes occur repeatedly – homelessness, unemployment,

isolation, family breakdown, poor educational attainment and lack of access to support when misusing alcohol or drugs. The curious thing about these findings is the lack of fit between diagnosis and treatment. One might expect that such clear evidence that, say, unemployment and social isolation hugely increase risks, would lead to a corresponding investment in initiatives that promote job opportunities and friendship building. Instead, in the case of the report on mental health, suicide and homicide, recommendations were largely focused on the removal of ligature points, and reducing the volume of medication that people take home from hospital.

Meanwhile, we find that fieldwork staff often say that while promoting inclusive lifestyles may actually be risk reducing, it does not feel like that. This is partly because having a job, for example, may be less risky than being unemployed, but the stress involved in getting a job is considerable and may lead to a substantial, if temporary, increase in problems. The result is that, in many services, living an isolated, boring, under-occupied life is somehow viewed as less risky than trying new things or stepping outside the protective cocoon of services. It is as if we can keep people safe by denying them opportunities.

Team climate and risk management

In the 20 days before the news of Baby Peter's tragic death hit the headlines in autumn 2008, social workers in England made 453 care applications. This contrasts with the 20 days after the announcement, when there were 652 applications (*Community Care*, 2009). Therefore we observe that, although risk management may be theorised as a person-centred process driven entirely and scientifically by the objective assessment of the person's individual circumstances, in reality it is heavily influenced by wider events. This is a key dimension of the 'risk society' (Beck, 1992), noted earlier. Negative media reporting exerts a 'chilling effect', encouraging social workers to wrap themselves in the apparently protective warmth of defensive practice (Parton, 1998) – a natural survival strategy as people read and watch media reports of their failing colleagues.

We conducted a series of explorations into literature, conversations and email exchanges with experts to identify other external factors that might exert an influence over the decision-making process in addition to media reporting of tragedies. While some of these factors affect the whole of society, others are played out within the team, affecting risk management decisions at a local level. Iterations with groups of practitioners distilled this thinking into a team self-assessment questionnaire we called CAIRO – the Climate Assessment Inventory for Risk and Opportunity. This has subsequently been used in a variety of settings as a tool for staff and team development.

CAIRO was set at the level of the team, rather than seeking a measure of the whole organisation, since, as Edmondson (2004) observes, organisational culture is a patchwork quilt rather than a uniform, smooth fabric. The process of creating the instrument was not straightforward, particularly as most work on risk management comes

from high-risk environments where the goal is to eliminate all adverse events, such as unnecessary deaths or injuries. Social work shares the goal of eliminating unnecessary adverse events, but crucially recognises the value of positive risk taking to facilitate responsibility and enrich the person's quality of life. As a risk-free environment would tend to create dependency and hence crush the spirit, the government particularly welcomes approaches to practice that provide opportunities for positive risk-taking (DH, 2005).

Within CAIRO there are five subheadings; each is followed by a number of questions, posed as a Likert Scale between two extremes, which contrast the undesirable with the desirable climate, badged 'winter' and 'summer'. The questionnaire takes fifteen to twenty minutes to complete. The five subheadings are as follows:

- The person is at the centre of the risk management process.
- Resources are available to provide support.
- Individual staff take a helpful approach.
- The staff team works well.
- Documentation and recording supports a good process.

Average team scores are compared with overall averages and fed back in a team development day, where the majority of the time is spent exploring actions that the team might take to improve poor scores or maintain good ones. During the day, the team develops an action plan, and progress is reviewed some months later by repeating the questionnaire.

Following through the process with several teams has generated a pool of possible ideas – a bank of climate change technologies – for improving the team climate as it impacts risk management decisions, and a new way to fulfil governance responsibilities, since the 'risk and opportunity climate' in individual teams will have a substantial impact on the quality of service provided to people needing social care. Box 2.2 provides an illustration of the process as it was used in one team.

Box 2.2
Using CAIRO in the addictions team

Managers wished to obtain more information about the team and so CAIRO questionnaires were completed in late September 2009. During the development day in October, the average CAIRO scores were shared with the team. This highlighted a number of areas of concern that made some staff feel uncomfortable, but they drew on the ideas bank and added their own proposals to build an action plan that would address the issues that had been raised.

By March 2010, staff felt that CAIRO had contributed to improvements in the team. In particular, members feel that they share successes more often and have a better culture of listening, reflection and learning from one another. Visiting each other's offices for informal conversation and occasional shared lunches has led to new ideas for service improvements, and the team has found a way to sustain the healthy living project that was in danger of closing, thus keeping a focus on strengths rather than deficits. Despite rumours of cuts in funding levels, staff morale has increased since completing CAIRO, and is noticeably consistent, as people are more open and feel able to discuss their fears and concerns rather than being of low mood and not saying why.

Despite careful explanation, some team members have not made the connection between team functioning and risk management.

The following sections follow the themes used in the CAIRO questionnaire, examining the reasons why they are included, and suggesting ways for individuals and teams to take action and ensure that the team climate is conducive to positive, responsible risk assessment and management.

Person-centred practice

The first section of CAIRO asks team members to rate the extent to which the service is practising in a person-centred way (Bates *et al.*, 2009). This means starting with the whole-life aspirations and preferences of the person, and then, informed by that broad perspective, exploring the person's own insights and possible solutions to problems, rather than relying entirely on professional expertise. Approaches such as the expert patient programme, the recovery movement in mental health, self-advocacy in learning disability and narrative explanations of dementia, engage with the rich archive of experiences that people bring to the safeguarding task.

Applying a person-centred approach to risk management means that social workers look to the person's ideas for keeping safe, rather than just offering their own. It engages with the distinction between feeling safe and being safe. While these two things are quite

different, social workers need to pay attention to the person's own sense of feeling safe, both to uncover information about unexpected situations where the person may feel unsafe, and to find out what it means for the person to be safe on their own terms. Because each person has their own repertoire of risk management strategies, the task of social work becomes partly to help people understand themselves well enough to use appropriate strategies that will help to keep everyone safe. Although the foregoing is essentially very simple, we have come across risk assessment documentation that not only contains no record of the person's own perspective, but also even provides no prompt or space on the form to allow such observations to be recorded.

The second key area under this heading concerns organisational support for risk-taking behaviour by people who use the service. Again, this is obviously a limited freedom, but the fundamental goal of promoting independence from services can only be achieved if there is a social contract in which responsibility for actions is shared between the person and the social care agency. Unfortunately, while general talk about the 'dignity of risk' is common, day-to-day management of social care services can easily favour a risk-averse approach, in which workers practise defensively rather than making decisions in which they can justify their approach and support risk taking as well as risk minimisation.

Third, we ask about the use of language and humour under the heading of 'person-centred practice'. While hard-pressed staff can manage the stresses of the job through humour and a host of other strategies, the use of disrespectful nicknames can mask stereotypes and assumptions that inhibit clear thinking. In general, stress will reduce time to plan for risk, increase short-term thinking, reduce mindfulness and creativity, and lead to more risk neglect or risk averse behaviour.

Resources

Social workers spend much time signposting people to support that is provided by other agencies. If these services are absent, whether through a historic lack of investment in third sector and community activities, through a failure to strategically develop the market and commission a broad range of options or through funding cuts, then this restricts the absolute amount of support and its flexibility, narrowing options for people. For example, some people live far from their home neighbourhood in residential care or hospital because there is a shortage of skilled local expertise or step-down facilities that will ease the transfer back home.

Early piloting of the CAIRO questionnaire suggested that staff find restricted access to resources one of the most challenging aspects of their work, generating scores that stood only just above complaints about the documentation – of which more below. One consequence of this is that people can be inappropriately badged as 'high risk' as a device to obtain help.

Limited resources within the team influence risk-taking behaviour too. If workloads are

unreasonably high so that people become burnt out and exhausted, then sickness levels are likely to be high and posts may remain unfilled. As a result the team may lack the full range of professional disciplines, grades and experience. In such circumstances, staff are more likely to try and cope by becoming either risk-averse or reckless.

Improving the quality of life reduces risk, and some people who move from barren, institutional environments to homely, individualised settings and interesting activities leave their dangerous behaviour behind. Risk reduction interventions include the development of different housing options that might include tenancy with floating support, assistants employed by the person themselves through their own personal budget, and day opportunities that are tailored to the person's ambitions and support people to access valued roles and relationships in the community.

Inventiveness is sometimes overlooked as an essential quality of effective social work practice. It counteracts tendencies for risk assessment to be formulaic and mechanical, and becomes increasingly important when responding to people with complex support needs. Effective workers will collaborate with the person, their family and friends to invent a new solution that meets outcome criteria while effective teams will celebrate and nurture that creative spark. Not only will they solve the immediate problem, but they will also challenge the underlying cause of the problem to prevent it from happening again.

In the right environment, new and inexperienced workers can bring strongly held values, (Catlin and Maupin, 2002) and a fresh perspective to offer unexpected solutions. However, this positive trend is at odds with the caution that attends new roles. Markowitz (1952) first studied financial risk and found that people tend to manage it by the portfolio rather than by the individual item. This means that we tend to evaluate the total burden of risk that we are bearing before deciding whether or not to take on a new risky activity. Those new and inexperienced staff, for example, are likely to find that simply coping with their daily responsibilities feels risky as there is a lot to learn and many potential ways in which things might go wrong, and so they will be more cautious than their more experienced counterparts. This will be particularly true for team leaders who are new to the role.

Individual staff

The personality of individual workers affects how they address risk issues and these matters come to a head when limited resources are available to support the person. At its worst, scarcity evokes feelings of fatalism, victim thinking and blame, while for others, risk-taking evokes feelings of exhilaration and working with limited resources stimulates intelligence and creativity. Visitors to the team leave feeling inspired and confident that something worthwhile can be accomplished.

A positive attitude is achieved as people are individually willing to acknowledge the challenges, uncertainties and stresses of managing risk. They utilise team meetings and informal discussions between team members to share their uncertainties or bring forward

new information that may change a previous decision, avoiding denial and paralysing uncertainty. Rather than distancing themselves from an emotional connection or over-identifying with the person, they talk about their emotional responses, such as pride in the person's success, sorrow in sharing their failure and helplessness when the person does not accept help; this ensures that they remain in touch with their emotional responses to the pressures of social work (Charles and Butler, 2004).

Not only do staff find the courage to share these uncomfortable feelings, but they also share out the actual work. They are sufficiently aware and assertive to identify times when they are over-burdened and so redistribute risk around other team members as necessary. The team has avoided the 'self-service allocation meeting' and similar arrangements that lead to eager staff repeatedly volunteering until they burn out, while their more reluctant colleagues keep silent, avoid adding to their own workload and negatively diffuse their personal responsibility among their peers. It is worth noting in passing that such unhelpful behaviours can also be played out between organisations, and some inter-agency risk management approaches seem designed to diffuse rather than share responsibility.

It is our view that these qualities can be learned and should not be viewed as fixed personality traits. Indeed, the skills that social workers are presumed to have – communication, reflection, relationship-building and so on (Wilson *et al.*, 2008) – should fit members of a social work team to act in these ways. It is important for practitioners to be aware that they must develop skills that fit them for the team and organisational context within which they work (Eadie and Lymbery, 2002). This is an often-neglected part of an individual's learning, both during and after qualification.

Team working

We have noticed considerable variation between teams in the frequency and reliability of staff meetings and supervision sessions. Furthermore, some of these meetings may be overstocked with organisational matters and monitoring procedural compliance rather than providing opportunities for members to reflect on their practice, test out their judgements and share the burden of risk. Such meetings are more likely to be dominated by information giving or environmental scanning when services are reorganised or reduced and when new laws or procedures come into force.

Constant reorganisation, financial pressures and increasing bureaucratisation can lead teams to abandon work/life balance policies and time in lieu provision as staff miss holidays, ignore the Working Time Directive and go to work when they are sick (Holmes *et al.*, 2009). This creates a culture that expects perfection and then punishes those who fall short, thus encouraging members to be secretive. This reinforces problematic behaviours by individual members (Charles and Butler, 2004): it does not promote healthy accountability and learning in a 'just culture'.

Tragedies or serious untoward incidents remind everyone of what might go wrong,

especially if the sensationalist media become involved. Although this can help the team draw back from unsafe practices and adopt a thorough approach, it is more likely to make people defensive and obscure the value of positive risk-taking. At these times, there is a particular value in talking about things that go right, as well as sharing what might go wrong, and healthy teams will take time to learn from what has happened, share success stories and devise ways to quickly recover from the big chill that follows a serious incident. As well as providing simple encouragement, talking about success increases trust and hope, reminding the team of their common purpose, thus reducing risk (Cherniss 1995; Hofmeyer & Marck 2008).

Teams where risk is not well managed sometimes contain members who express strong opinions in ways that others find overly controlling. Those people always get their way as other people give up on the discussion and disagreements are hidden or seen as unacceptable. In contrast, warm relationships in the team mean that members talk to each other about their work and their personal lives, disclose positive emotions such as enthusiasm, encouragement and hope, value dissent and engage in disagreement without becoming adversarial, and correct tendencies such as conformity, polarisation, the shift to risk and the shift to caution within group decision-making processes (Furnham, 2005). Henriksen and Dayton (2006, p 1547) summarise research on the conditions under which staff have a clear understanding of their responsibilities as: people are accountable for specifiable actions, can assess their own performance and change direction when needed, tasks are challenging and engaging, group members are friends and on good terms, and when groups are small and formed of similarly competent members.

Paperwork

There has been an international shift from professional to bureaucratic approaches to social work (Burton and van den Broek, 2008) and we suspect that this has had a disproportionate impact on risk management. As the personalisation agenda shifts control to the person and the marketplace diversifies, shifting services from statutory to independent providers, the quality assurance process becomes more complex and attenuated. We fear that this will lead not only to lengthier documentation, but also to the construction of less accessible documents that make it even harder to include the person as an active partner.

Despite this, the points made earlier about the value of involving the person as an active risk manager in their own life remain true, and the most effective risk management paperwork will be created in partnership with the person, updated with them, and the service will retain a copy while the original remains with the person themselves. Adopting such a practice reminds staff that people have access to statements written about them, that the Human Rights Act protects privacy and demands that information collection should be relevant and proportionate, and that statements need to be respectful and

evidence-informed. The 224 staff who have completed the CAIRO questionnaire to date gave this topic (documentation that involves the person) the lowest rating of all 27 questions – they were less satisfied about this aspect than any other dimension of the CAIRO questionnaire.

A particularly interesting part of the CAIRO questionnaire has been to ask staff whether the guidance materials (standard forms, risk management protocols and so on) actually help them to make a better decision. One might expect that effective guidance would press staff to be rigorous and systematic in their approach, with this occasionally leading to 'eureka' moments in which new opportunities are discovered. In general, this is not the case, and staff report that the guidance materials are burdensome rather than insightful, and that tools have replaced rather than supplemented professional judgement. The result is that sometimes the guidelines are neglected, and managers respond with demands for improvements in procedural compliance rather than examining the quality, relevance and practical utility of the guidance itself.

We have shown how individuals and teams need to understand the ambiguous and uncertain nature of many risk assessments in order to harvest the tacit knowledge that comes through continuing curiosity, contradictory evidence and tentative emotional responses. This complexity also needs to be embodied in guidelines; they should not read as if facts can be gathered and conclusions drawn without any uncertainty or worry, as if, once the procedure is complete, staff have discharged all their responsibilities and need trouble themselves no further, apart from watching for new evidence. Given the ambiguous nature of the social work environment, it is quite understandable that social workers might be drawn to the illusory certainty of concrete, mechanistic approaches to assessment and risk management.

Finally, we suggest that there is a connection between data collection systems and risk management. The more that a service reduces human experience to key performance indicators and neglects the human stories that lie behind the statistics, the greater the risk that this will distort perception and judgement, leading to poor risk management decisions. While public services are unlikely to be free of the obligation to collect numbers, a serious focus on narrative accounts may help to humanise the work and improve risk management, as long as these stories are balanced.

Conclusion

It is no simple task to manage risk effectively while supporting people to live as independently as possible, contribute to the wider society and fulfil their personal aspirations. Social workers need to manage risk alongside their duty to respect rights, address need and meet other formal obligations. Therefore, individual social workers, the teams that they work in and the organisations that employ them cannot afford to be complacent. Henriksen and Dayton (2006) wrote powerfully about the forces that lead to the phenomenon of 'organisational silence' whereby very little is said or done in

response to significant problems or issues facing an organisation or industry, and Barry's (2007, p 46) international literature review concluded that 'most of social work's current accountability systems are reactive, adversarial and stifle professional autonomy'. Where all staff feel restricted, or compensate by believing that they are delivering above-average work, attributing all successes to their own skill and all failures to external factors, then the truth is clouded.

Instead, assumptions and stereotypes need to be exposed and replaced with ethical decision-making through which the person is engaged as an expert in managing their own life. Team and organisational resources need to be deployed well, and times of stringency faced with determined courage and innovation. Relationships within the team need to ensure that everyone's viewpoint is valued, problems are considered without oversimplification and both success and failure lead to further reflection. Procedures and data processing should support staff in their efforts to deliver a high-quality service that promotes opportunity while keeping everyone safe. Most importantly, much more can be done to increase the contribution of the person themselves to the task of risk management. Many of the issues raised in this chapter can be difficult to discuss openly, but their impact on people's lives can be substantial.

Note

1 In this chapter, when the term person is used, it refers to the person using the service (sometimes called the service user, patient or client). Everyone else is called a relative, staff, friend or colleague as appropriate.

References

- Alcock, E (2000) *Living in Fear: The need to combat bullying of people with a learning disability* London: Mencap.
- Barry, M (2007) *Effective Approaches to Risk Assessment in Social Work: An international literature review – final report* Edinburgh: Education Information and Analytical Services, Scottish Executive.
- Bates, P, Seddon, J and Dowell, A (2009) 'Social inclusion work in mental health: using life domains and the Inclusion Web' in Poll, C, Kennedy, J & Sanderson, H (2009) *In Community, In Practice* Manchester: HSA Press, chapter 11.
- Beck, U (1992) *Risk Society: Towards a New Modernity* London: Sage Publications.
- Burton, J and van den Broek, D (2008) 'Accountable and Countable: Information Management Systems and the Bureaucratization of Social Work' *British Journal of Social Work* (39)7, pp 1326-42.
- Catlin, D W and Maupin, J R (2002) 'Ethical orientations of state police recruits and one year experienced officers' *Journal of Criminal Justice* 30(6), pp 491-8.

- Charles, M and Butler, S (2004) 'Social Workers' Management of Organisational Change' in Lymbery, M and Butler, S (eds) *Social Work Ideals and Practice Realities* Basingstoke: Palgrave.
- Cherniss, C (1995) *Beyond Burnout* London: Routledge.
- CSCI (Commission for Social Care Inspection) (2008) *Safeguarding Adults: A study of the effectiveness of arrangements to safeguard adults from abuse* London: CSCI.
- Community Care (2009) 15 January.
- DH (Department of Health) (2001) *Safety First: Five-year report of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness* London: DH.
- DH (2005) *Independence, Well-Being and Choice* London: The Stationery Office.
- Douglas, M (1992) *Risk and Blame: Essays in Cultural Theory* London: Routledge.
- Eadie, T and Lymbery, M (2002) 'Understanding and working in welfare organisations' *Social Work Education* 21(5), pp 515–28.
- Edmondson, A (2004) 'Learning from failure in health care: frequent opportunities, pervasive barriers' *Quality and Safety in Healthcare* 13(suppl II), pp ii3-ii9.
- EHRC (Equality and Human Rights Commission) (2009) *From Safety Net to Springboard: A new approach to care and support for all based on equality and human rights* London: EHRC.
- Furedi, F (2002) *Culture of Fear: Risk-Taking and the Morality of Low Expectations* (revised edition), London: Cassell.
- Furnham, A (2005) *The Psychology of Behaviour at Work: The individual in the organization* London: Taylor & Francis.
- Gardner, D (2008) *Risk: The science and politics of fear* London: Virgin Books.
- Harper, G and Chitty, C (eds) (2004) *Home Office Research Study 291: The impact of corrections on re-offending: a review of 'what works'* London: Home Office Research, Development and Statistics Directorate.
- Henriksen, K and Dayton, E (2006) 'Organisational silence and hidden threats to patient safety' *Health Service Research* 41(4), pp 1539-54.
- Hofmeyer, A and Marck, P B (2008) 'Building social capital in healthcare organisations: thinking ecologically for safer care' *Nursing Outlook* p 145-51.
- Holmes, L, McDermid, S, Jones, A and Ward, H (2009) *How Social Workers Spend their Time: An analysis of the key issues that impact on practice pre- and post implementation of the integrated children's system* London: Department for Children, Schools and Families.
- Laing, A (2009) 'Police officer forced to drop childcare plans calls for more Ofsted discretion' *The Telegraph* 28 September.
- Langan, J and Lindow, V (2004) *Living with Risk: Mental health service user involvement in risk assessment and management* Bristol: The Policy Press/JRF.
- Markowitz, H M (1952) 'Portfolio selection' *Journal of Finance* 7(1) pp 77-91.
- Parton, N (1996) 'Social work, risk and the "blaming system"' in Parton, N (ed) *Social Theory, Social Change and Social Work* London: Routledge.

- Parton, N (1998) 'Risk, Advanced Liberalism and Child Welfare: The Need to Rediscover Ambiguity and Uncertainty' *British Journal of Social Work* 28(1), pp 5-27.
- Scott, A (2000) 'Risk Society or Angst Society? Two views of risk, consciousness and community' in Adam, B, Beck, U and van Loon, J (eds) *The Risk Society and Beyond: Critical issues for social theory* London: Sage Publications.
- Scottish Executive (2006) *Changing Lives: Report of the 21st century social work review* Edinburgh: Scottish Executive.
- Stalker, K (2003) 'Managing Risk and Uncertainty in Social Work: A literature review' *Journal of Social Work* 3(2), pp 211-33.
- Webb, S A (2006) *Social Work in a Risk Society: Social & Political Perspectives* Basingstoke: Palgrave.
- Wilson, K, Ruch, G, Lymbery, M and Cooper, A (2008) *Social Work: An introduction to contemporary practice* Harlow: Pearson Education.