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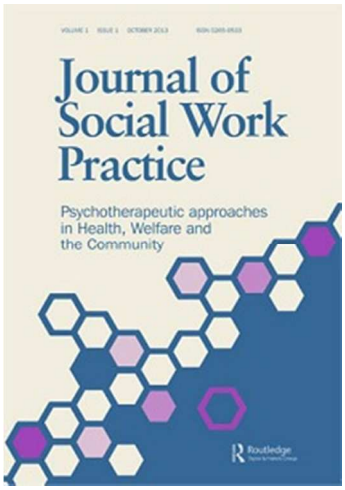

In defence of actuarialism: interrogating the logic of risk in social work practice

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Abstract

This article presents findings from a study of risk-based decision making which challenges aspects of the well-established consensus regarding the role that that actuarially generated knowledge plays in risk based decision making in social work. Firstly, it suggests that there is little direct relationship between the process of risk assessment and its outcome. Secondly, it highlights that subjective practitioner judgement plays a role in elevating risk levels beyond those which actuarial calculations warrant. Finally, although risk aversion is evident, this cannot be reductively attributed to actuarial knowledge generation strategies. Instead, it is a function of practice in an environment in which fear of blame is a very real concern. I conclude with discussion of the implications of these findings for ongoing debates regarding forms of knowledge in practice.

Introduction

Risk has been an overt concern in social work for approaching thirty years and arguably represents a significant departure from familiar social work concerns. An emphasis on risk pushes social work away from inclusive, emancipatory approaches towards exclusionary, controlling practices which do not necessarily cohere with traditional values. Social work has been transformed from a profession with a commitment to enhancing individual well-being to one concerned to prevent harm, either to service users themselves, or to other members of the community. Although there are various explanations for such shifts, it is arguably no co-incidence that they followed, in the UK at least, the election of a reforming Conservative government in the late 1970's, determined to establish neoliberal principles and practices within the structures and institutions of government, with a corresponding impact on 'social' thinking and practices For many, this is a regressive shift, with largely detrimental effects

In this article, I will report findings from a study of the impact of risk thinking in social work. Although to some extent, these tally with aspects of the dominant narrative regarding the generalised impact of risk thinking on social work practice, they differ quite significantly with regard to the specific role that actuarial knowledge plays in this. Firstly, the data suggests that actually, practitioners elevate risk levels beyond those which actuarial calculations warrant. Relatedly, it highlights that subjective practitioner judgement sometimes drives disempowering judgements, rather than actuarial knowledge. Finally, the data suggests that although risk aversion is, indeed, evident, this cannot be reductively attributed to actuarial knowledge generation strategies. Whatever social work's 'ill's', it seems that these are distinct from the role played by actuarial knowledge, which sometimes represents a potentially valuable source of knowledge for practice, and a counterweight against risk aversion.

Background

Various scholars have outlined the changes to social work associated with the rise of neoliberal thinking across the institutions and practices of government. Webb (2006), emphasised how the logics of risk, regulation and security intersect with neoliberal perspectives regarding choice, autonomy and individual responsibility. These differ markedly from the collectivist commitments that inform social work, and so their rise to prominence has impacted in ways which arguably compromise its integrity. Risk, it is argued, accentuates

social exclusion, prompts over reliance on coercive approaches to practice, downgrades the significance of social context, and undermines longstanding commitments to social justice (Parton and Kirk 2010). Because of its predominant focus on potential harmful events the energies and resources of practitioners are future oriented, to the detriment of the here and now. Risk also privileges organisational legitimacy ahead of the right, proper or moral response to individuals facing difficult circumstances. The nature of the services offered by social work agencies emphasise emphasising the rights of the wider community ahead of service user rights. The significance of social context is replaced by a concern with pre-harm (Zedner 2006) and 'prepression', whereby risk 'archives' form the knowledge base for categorization for pre-emptive intervention (Schinkel 2011). Judgements are informed by cumulative banks of data drawn from similarly categorised populations rather than the particular details of a case as interpreted by the professional. Significantly, as a result, social work has become risk averse. Practitioners become participants in a repressive framework, 'unreflective co-conspirators' in the politics of risk. The logic of risk functions as a 'predominantly morally conservative and repressive social, political and cultural force in contemporary social work' (Stanford 2008: 209).

Risk in social work practice

Although the notion of 'risk' originally referred to the probability of any particular event occurring, in social work it has come to refer to the likelihood of a negative outcome – such as a child death, a suicide, harm to a vulnerable adult or the commission of violence by a service user. Social workers are now required to assess the likelihood of such outcomes occurring in particular cases, and take appropriate action to prevent their occurence. How they might best do this remains contentious.

The trajectory which the development of approaches to risk assessment has followed in social work practice is similar to that in other domains, albeit with its own distinctive features. First generation approaches are sometimes referred to as clinical approaches, wherein a practitioner makes a judgement as to whether or not a particular service user poses a risk to themselves or others on the basis of their understanding of that person and their situation gleaned from the relationship they have established, case records and ongoing interpersonal contact. These approaches have their roots in holistic, needs based approaches to assessment, whereby "practitioners…relied almost entirely on intuition, experience and individual

judgement to make their risk-based decisions" (Turner and Colombo 2008: 166). However, unstructured clinical judgement came to be problematised, due to concerns that professional discretion masked biased judgements (Monohan 1981) and so more effective risk assessment processes and tools were sought.

Second generation actuarial approaches to risk assessment are very different. They utilise statistical analysis of relationships between social and psychological variables to calculate probabilities at population level. Practitioners input data regarding static and dynamic variables, history and context, into a software programme which results in a percentage score – the likelihood of harm – or banding – low, medium, high or similar configuration. Such knowledge has been characterised as "an anchor against the force of bias" (Jones and Plowman 2005: 135). Quinsey et al provocatively suggest "the complete replacement of existing practice with actuarial methods" (1998:22) with practitioners deliberately disengaged so as to establish objective, reliable and scientific assessments.

A major limitation of second generation tools, however, is that their results lack specificity when applied to a person or family rather than to a population, raising questions about the extent they are useful in working with individuals. Nor do they provide indicators regarding intervention or risk management because they are not based upon dynamic associations. There is also a suggestion that they encourage an inflated sense of expertise among practitioners, given that "the pseudo-scientific nature of this process is undoubtedly seductive" (Turner and Columbo 2008: 169). In mainstream social work, then, 'structured clinical judgement' is now often the preferred approach in some settings, combining research based considerations, including actuarial knowledge, with knowledge of the individual service user that the practitioner has by virtue of clinical experience. These third generation approaches integrate clinical and actuarial information, on the basis that the advantages of each potentially outweigh their respective limitations.

In theory, then, first generation approaches to risk assessment rely solely on clinical, subjective judgement. Second generation approaches entail the straightforward application of actuarial scoring based on objective knowledge. Third generation tools seek to ensure that the strengths and limitations of clinical and actuarial approaches more adequately counter balance each other by drawing on both objective and subjective knowledge. In reality these approaches have been used variably depending on the context in which practitioners are

required to undertake risk assessments. Arguably, in UK settings, clinical and structured approaches remain generally dominant, although, in some contexts, there are initiatives which seek to formalise and objectify the process and outcomes of assessment. The insistence that actuarial scoring be incorporated tends to be limited to work with known offenders – domestic violence, forensic mental health, dual diagnosis etc. Youth justice and probation practitioners, for example, utilise 'hybrid' needs/risk approaches to assessment (Case and Haines 2016, Deering 2011).

Explaining risk

How and why have such changes come about and with what consequences? There are notable theoretical attempts to address these questions. Generally, these have a macro level emphasis and emphasise the impact of social, cultural and technological change on society. Certain authors have become synonomous with discussion of risk, and I will not rehearse the positions of Beck, Giddens, Douglas etc. here. Suffice to say that such authors agree that, paradoxically, modernity provokes 'new' hazards and changes perceptions of risk and in the process undermines societal faith in the expertise of science and the professions. In seeking to understand the impact of risk on social practices such as social work, however, it is important to critically interrogate the links between changing political priorities and policy and practice (Marston and McDonald 2006). Here, I will draw on some of the more influential theoretical perspectives which seek to explain the significance of these developments for social work

'The death of the social'

A relationship between social transformations and policy and practice is suggested in Nikolas Rose's influential analysis (1996). Here, the logics of social government are problematised and reformulated. The changing nature of social provision reflects a decline in faith in the skills and knowledge of social professionals. This results from the confluence of ideology and a lack of empirical evidence of effectiveness. The solution to 'the problem of welfare' entails a shift from 'social' to 'economic' reasoning, choice and individual responsibility. Under advanced liberalism, capable and responsible citizens will prudentially secure against risk.

Practitioners assume responsibility for applying risk criteria to differentiate "the prudent from the imprudent self, the self able to manage itself from the self who must be managed by others" (Rose 1996: 14) via 'dividing practices', including risk assessment. Prediction replaces diagnosis, and practitioners are reconstituted as 'control agents' with an explicit role "to minimize the riskiness of the most risky" (Rose 1999: 260)

Despite a relative lack of faith in clinical effectiveness, there is nevertheless a belief that security can be furthered via administrative methods. The "'power of the single figure'" (Rose 1998: 187) assumes key significance and so traditional associations with 'artful', subjective practice are replaced by claims to knowledge which attest to their own objectivity. Rather than 'care or cure', practitioners encourage self-management (Howe 2009). The role of the practitioner becomes primarily an informational one:

> *"As the logic of prediction comes to replace the logic of diagnosis… professionals become, in certain fundamental senses, knowledge workers, engaged in the accumulation, calibration, classification and interpretation and communication of information relevant to judgements about risk"* (Rose 1998: 185).

'From dangerousness to risk'

Historically, dangerousness has been assessed categorically and clinically – an individual either is or is not dangerous, and that judgment is best made by an appropriately qualified practitioner (Castel 1991). However, this distinction came to be seen as problematic, especially as 'care in the community' accelerated across the domains of social work, provoking anxieties about behaviour, capacity and functioning post-deinstitutionalization. Actuarialism offered a solution, by rendering the knowledge claims of professionals probabilistic rather than absolute. Thus risk thinking "dissolve[s] the notion of a subject or a concrete individual, and put in its place a combinatory of *factors*, the factors of risk" such that "the essential component of intervention no longer takes the form of the direct face-to-face relationship between the…professional and the client" but instead concerns "flows of population based on the collation of a range of abstract factors deemed liable to produce risk" (Castel 1991: 281). Relatedly, information supplants expertise as essential to the fulfilment of

agency objectives. The traditional skills and knowledge of the practitioner are downplayed by a shift "from the gaze to the objective accumulation of facts" (Castel 1991: 282) as practice is reconstituted as "a *new mode of surveillance*: that of systematic predetection" (ibid: 288). The relationship between practitioner and subject is less important because the subject has been supplanted and reconstructed from risk factors. Their detection can be imputed from statistical correlations. The presence of risk is indicative of a need for intervention, but the nature of this also shifts from the transformational to the managerial, and entails the use of 'technologies' that enable processes of categorization as a basis for differentiation in the service of prevention and security.

Consequently, it is argued that there has been an explicit assimilation of social work into wider 'regimes of control'. Actuarialism represents a "managerial attempt to regulate…the overall probability of undesirable conduct" (Rose 2002: 9). Castel suggests that these "preventative strategies of social administration…depart in a profoundly innovatory way from the traditions of … social work" (1991: 281).

'From the social to the informational'

There is a parallel strand of theorizing which explores the role of technology in accelerating the shift towards risk. Franko Aas (2005a) analysed the ways in which developments in I.T. impacted on sentencing practice. Subsequently, this remit has expanded to examine the role, content and function of changing forms of knowledge within decision making across domains and jurisdictions. Parton (2008) suggests that such rapid developments have impacted significantly on the nature and form of knowledge drawn upon. Reliance on formal rather than informal knowledge sources means that social work decision making is positioned as an objective process based upon factual knowledge. Risk becomes an 'artefact' phenomena which 'exist [s] in the formulae, theorems or assessments which construct them' (Parton 1996: 111).

Webb suggests that "Actuarialsim refers to the suite or programme of risk calculation techniques that underpin social interventions in advanced liberal societies" (2009: 210). Certain presumptions underpin faith in the basis for and accuracy of calculation: firstly, that it is possible to predict *future* behaviour of individuals on the basis of *past* behaviour of populations, using statistical aggregates of 'risk factors'; next, these judgements are more likely to be accurate when based on *objective* rather than *subjective* knowledge – numbers "act as technical mechanisms for making judgments" (Rose 1999: 198); finally, outcomes

will be improved if decision making draws on *actuarial* rather than *clinical* sources, based on formal rather than informal knowledge. Consequently, data and information are privileged ahead of relational understanding such that "complex explanatory narratives tend to be compressed into shorter, instantly understandable messages" (Franko Aas 2005b: 152). Holism becomes redundant as "master categories…obscure any ambiguities" (Parton and Kirk 2010: 33). Consequently, practitioners "have no overall perspective relating to the total life situation and biography of the client" (Fitzgibbon 2007: 88). With the emergence of actuarialism in social work, "individuals are reduced to end oriented practices that are configured by a form of political arithmetic" (Webb 2009: 223). The logic of risk, then, plays a key role in a shift from inclusion to exclusion, from care to control.

The study

The findings in this article derive from a qualitative study which investigated if, how and why concerns about risk have impacted on the theory and practice of work within various domains of social work. The fieldwork - completed in 2011 - addressed the relative paucity of research into risk *from the perspective of the social work practitioner* (Barry 2007). It entailed two inter-related strands. Firstly, detailed genealogical case studies, which, following Foucault (1977), analyse the origins and development of theory and practice in mental health social work, forensic social work and probation practice as a basis for constructing a 'history of the present.'. Secondly, in-depth qualitative interviews with twenty nine practitioners, from three domains of practice, in both community and institutional settings in northern England. Sites were selected according to a theoretical purposive logic, with respondents taken as having knowledge and expertise regarding if and how 'risk thinking' has brought about affects in the operation of power and authority in practice. Key questions that arise include "what forms of thought, knowledge, expertise … means of calculation, or rationality are employed in practices of governing?" (Dean 1999: 31). My focus, then, is on the forms and sources of knowledge which practitioners draw upon in making decisions regarding risk. In what ways do these correspond with the 'generation' of tool used in particular agencies, according to the underpinning logic of risk? And how do practitioners perceive this as affecting the processes and outcomes of risk based decision making? I will structure the presentation of data around certain themes. Firstly, the role that the logic of risk – as manifest in the risk 'technology' used in each domain - plays in the process of risk based decision

making. Secondly, the extent to which risk aversion is evident in practice and how this intersects with the forms of knowledge underpinning risk based decision making; and thirdly, the extent to which in this study risk aversion appears to be a function of subjective rather than objective knowledge. Although space precludes full exposition, in what follows I have nevertheless sought to do justice to the preponderance of perspectives within the data.

The logic of risk in practice

The 'logic of risk' suggests that levels of practitioner discretion in determining risk status in a particular case vary according to the variety of 'tool' utilised in a particular context, here conceived of as a continuum from pure clinical judgement to unassailed actuarial science. The data suggests that matters are more complicated than this. Although there certainly were instances of practitioners using assessment tools in ways which corresponded with stated intentions, what was most notable was the extent to which practitioner accounts problematized the assumption that the generation of tool influenced in any deterministic way the decisions that practitioners make.

Clinical judgement (Forensic mental health)

Here, it was clear that practitioners did not necessarily determine the risk status on the basis of subjective knowledge alone. Instead, they described numerous systems and practices which impacted upon the operation of clinical judgement in its pure form. For example, they drew upon formalised actuarial assessments undertaken by other disciplines in their own judgements.

"We do our own clinical assessment based on what we know about the patients, but we do draw on what the psychologists have had to say too, and the nurses. They use VRAG and SORAG or Hare on the personality disorder ward so we take that into account too, they have a different perspective" (Forensic social worker (FSW))

Individual assessment was supplemented by high levels of reliance on case discussions with peers, team managers and other professionals cross referencing their own views with the opinions of others, as well as risk assessment tools developed specifically for violent service users in criminal and forensic settings..

"It's quite a responsibility when you think about it, not the sort of thing to work out on your own, and why would you anyway, there's a lot of people involved" (FSW)

Practitioners routinely referred to case discussions in team meetings and in supervision, as well as multi-disciplinary and multi agency fora, including MAPPA, and the effects inter-professional discussion had in informing both individual and collective determination of risk status.

Actuarial tools (Mental health social work)

Here, there was an evident mismatch between the dominant narrative and how actuarial scores are actually utilised within decision making. Practitioners did acknowledge that actuarial knowledge had certain advantages.

"Decisions ... need to be accurate and backed up and so tools can be helpful. I wouldn't feel comfortable just guessing" (Mental health social worker (MHSW))

Here, clinical judgement is equated with guesswork, which is – by implication – inferior to other approaches, and so there is an ethical imperative to ensure that decision making is informed by more rigorous forms of knowledge. This is also the case below.

"The tool ... gets you to structure what you know and what you think is backed up. It's important that we use them cos our decisions make a real difference for people so we can't afford to miss things or just make assumptions" (MHSW)

Despite recognition of the possible value of actuarial knowledge, and although practitioners did undertake scoring, this was not routinely used as a basis for determining risk status. Although the agency represented itself as utilising second generation approaches, there was no actual requirement that actuarial scoring be applied deterministically in judgements of risk status. Instead, actuarial scores informed clinical judgement, rather than ruled it. For example:

"There's a policy, but its not, you know, the law, and that's probably right, cos its helpful but not 'the truth' or infallible, sometimes it doesn't apply to that particular person" (MHSW)

The issue here is specificity, an acknowledged limitation of the sort of population level knowledge that actuarial scoring generates.

"I do it, and I know that's supposed to be it, that's the point of piloting it, but its not the custom and sometimes its so obviously not right that yes we take it into account but because its not specific to that person, then who knows, you've still got to make your own mind up"(MHSW)

Thus, even where an agency had explicitly decided to use a tool which in theory should limit the role of subjective knowledge, in practice this is still allowed for.

Needs/risk hybrid (Probation service)

Although third generation approaches arguably enable the tensions between informal and formal knowledge sources to be balanced (Robinson 2003), it was evident that individual practitioners' perceptions of their utility varied considerably. It was notable that the presumed ability of such tools to balance competing variables led to 'new' practice dilemmas, especially regarding the weighting of actuarial knowledge derived from static variables and clinical assessments of the mediating or escalating effects of dynamic factors. Practitioners interpreted these weightings in varied fashion. Although this corresponds with the logic underpinning this approach, this manifested in ways which were probably unforseen:

"It's tricky because you know it's supposed to be robust but you get different views depending on whether someone gets on with him, when, obviously, well its not consistent, is it. But that's what happens" (Probation officer (PO))

One of the factors which might determine an offender's risk status, it appears, is whether or not a practitioner likes that individual at a personal level.

Other practitioners found the expectation that they integrate their own subjective views with actuarial knowledge frustrating or frightening. Some were concerned at the possible consequences of suggesting that actuarial estimates were too high.

"If you've got an actual score that says there's like, a seventy per cent likelihood of reoffending it's really hard to justify saying, well, despite that he'll be alright, cos that could come back to haunt you, why did you over rule the score?" (PO)

Significantly, although other practitioners sometimes welcomed the opportunity that inclusion of subjective judgement allows, they were hesitant in doing so:

"You do need to be careful if you're downgrading the risk status, you're taking a risk doing it" (PO)

This accords with Witkin's (2017) belief that risk is a risk for social work practitioners.

In this setting, then, both clinical and actuarial knowledge inform decision making, but it is clear that these influences do not function deterministically. The integration of different forms of knowledge depends on factors that the individual practitioner chooses to privilege.

Risk aversion

Perhaps more than any other factor, it is concern about risk aversion which underpins many of the concerns that critics have expressed regarding the role of actuarial knowledge in social work practice (Fitzgibbon 2011). Actuarialism quantifies risk, with numeric values "purporting to act as technical mechanisms for making judgements" (Rose 1999: 198). This makes them more difficult to disregard. In settings in which the logic of risk is predominant and practitioner discretion constrained via reliance on actuarial scoring, practitioners are more likely to err on the side of the caution, over-estimate risk and avoid positive risk taking (Peay 2003). Although practitioners spoke of the dilemmas involved in risk based decision making, and of the strategies they adopted to limit the impact of concerns about risk on their decision making, even so, risk averse practice is common

This is not to suggest that all social workers are always risk averse. Practitioners also described situations in which they did seek to practice 'positive risk taking'.

"I'm supposed to be on the lookout for signs of non-compliance, florid symptoms, deterioration. But if I did something every time there was a 'blip', there'd be no point letting them out in the first place. They're constantly testing you, but they have to if they're going to adapt back to living in the community. Otherwise they're over dependent and can't function" (MHSW)

Elsewhere, practitioners suggested that there is still a concern with issues of fairness in decision making, which would not be the case if the precautionary principle was wholly dominant.

"We always weigh up the positives and negatives. If you just looked at what might go wrong you'd never do anything for anyone. I've had a few times when it's clearly been unfair, cos we're worried for ourselves really, but most of the time it's fine" (FSW)

Nevertheless, the ability of practitioners to resist risk averse tendencies was constrained. Top down concerns filter down to practitioner level.

"It's not that I'm against taking risks, you have to judge how to proceed. But the context is definitely very harsh and you can't ignore people's worries. We've certainly tightened up, stuff that was custom and practice is rare now" (FSW)

Feelings of vulnerability are thus countered by adhering to policy. Similar concerns are apparent in probation work.

"If someone is going to hurt someone, I need to do something now. Usually, that means getting them back in. It's better to be safe than sorry, I know it's a cliché but it is" (PO)

Similarly, mental health social workers referred to instances in which criteria for access were applied tightly because of concerns regarding the possible risk posed by patients being discharged.

"Sometimes they just won't wait, and you can be in trouble. Ideally, everything should be in place before they come out and we're sometimes able to delay it, cos if something goes wrong and it comes out we just let it go ahead without stuff in place we'll be properly liable" (MHSW)

There were also suggestions that there was a justifiable need for practice to become more risk averse, given previous service failures. This entailed shifts in positioning in the enduring debate regarding 'care versus control' (Howe 2015)

"It's always a difficult balance, but we need to learn from mistakes and that probably does mean not taking as many chances, not being quite so optimistic. That does mean … clients will pay a price but maybe that's as it should be" (MHSW)

"Therapeutic optimism is all well and good but you've got to realise most people do relapse, we know that, we can't pretend they don't and we need to take that into account" (FSW)

Fear of false negatives

It was also apparent that potential false positives – intervening to address a potential risk that does not materialise - do not concern practitioners in the way that false negatives - not intervening to prevent harm - do. Media, political and managerial scrutiny focuses on false negatives as exemplifying 'service failure'. In the main, this seemed to be because there is no way of demonstrating that a false positive has actually occurred.

You might make the wrong decision, but you wouldn't know. Either you're right and cos they're 'in' nothing happens, or you're wrong but they're still in and nothing happens. You can't know, so it's pretty academic really." (FSW)

Similarly:

"We're bound to be wrong sometimes, but there's no way of knowing, it's not like you can do an experiment to work it out. I suppose that's where tribunals come in, to make sure you're not being too cautious. But day-to-day it's not something my managers hassling me about" (MHSW)

The suggestion here is that as there is no practical means of establishing whether or not a judgement made by a practitioner has led to a false positive, this does not intrude into decision making to anything like the extent that corresponding concerns regarding the possibility of false negatives might. This conundrum is summed up by Castel: "When in doubt it is better to act, since, even if unfounded intervention is an error, it is one that will certainly never be known as such" (1991: 283).

Fear of blame

Thus the logic of actuarialism is not the principal influence on tendencies towards risk aversion evident in the data. This pointed instead to the role played by practitioners' own concerns regarding the potential consequences for themselves should a false negative occur – or fear of blame.

Various practitioners pointed to the role that that a hostile media plays in contributing to a climate of fear for practitioners.

"You see in Community Care*... naming and shaming incompetent workers. And there's the press and the news too, they're always hard line. It's a real worry because obviously mistakes are inevitable and have real effects, and for us too"* (PO)

"Being on the front page of the Daily Mail, journalists on the doorstep, my kids being hassled. I know it's unlikely but that's the fear, they blame individual workers. And I'm not confident that management would protect me…there's a real sense that its 'look after number one'. It's natural, even, you have to put yourself first, and if that has implications for the clients, then so be it" (MHSW)

There is a real sense that practitioners regard agency management as sometimes abandoning practitioners to their fate:

"There's been inquiries after serious incidents, they go through your records, it doesn't matter if you've covered the biggies, you've still got to make sure everything's been done by the book cos little minor things that you miss every day look bad when it goes wrong" (PO)

This practitioner is suggesting that it is not the quality of practice which determines whether or not blame is attached to a practitioner, but the extent to which policy and procedure have been adhered to. These may have played little or no part in a serious incident, but with hindsight come to assume inflated significance. Other practitioners elaborated on how this fear intrudes at a personal level.

"I didn't used to be actually scared. Now if I've been out of the office for more than a few days I'm literally terrified of going in cos I don't know what might have happened. And I'm not lax, but that doesn't mean I can control someone's behaviour, but that's the expectation. And I find myself more concerned about what might happen to me than them, which is the wrong way round" (PO)

Despite these misgiving, there was also (somewhat ironic) faith in the power of policy, procedure and protocol to protect practitioners.

"That's where policy comes in. If you've stuck to it there'll still be mistakes but you're covered. I'd think most people stick to policy these days. You might not get everything done in time or much cop but when they're high risk they take priority cos if you

don't...and if you've stuck to the policy there's no dilemma anyway cos it's pretty straightforward, do things properly and don't take risks" (MHSW)

Such a perspective, taken to its logical conclusion, would certainly inhibit scope for positive risk taking.

Here, then, practitioners are testifying to the effects that the context within which they work impacts on the judgements that they make regarding the risk a service user poses. The consequences for service users were clear in how practitioners described how their own subjective interpretation of the intersection between the personal and professional impacted upon their judgements

"It's not as though he actually met the criteria, because on OGRS [actuarial scoring tool] *he was quite low and he was certainly low risk of harm. But sometimes you just get a feeling, its worrying…what if…and so I upped him to high risk and eventually he was recalled"* (PO)

"Its your job on the line, you have to be careful. There are people who you just know are risky. The tool might say something else, but you know them, so that's high and that's that" (MHSW)

It is sometimes suggested that a return to relational practice, in which clinical judgement is key, might be a remedy for risk aversion and promote positive risk taking. Here, it appears that the opposite is the case. Practitioner suggest quite explicitly that they draw on their own subjective clinical judgement to elevate risk levels beyond those which actuarial scoring suggests is appropriate. It seems then that associations between the logic of risk, in its actuarial form, and risk aversion are not as straightforwardly as is sometimes assumed. Rather, the use of subjective knowledge sometimes enables practice which deviates markedly from the forms of 'subversive' (Fook 2002: 147) but constructive practice which proponents of 'artful' social work tend to equate with clinical judgement

Discussion

It is evident then, that in the agencies in which this research was conducted there is no straightforward correlation between the generation of 'technology' used and the actual process followed in risk based decision making, which must be accounted for by factors other than 'the logic of risk'. In particular, respondents routinely referred to how their subjective views intersect with concerns regarding their own personal and professional well-being to impact on decisions regarding risk status. It seems fair to conclude that such judgments are, indeed, 'risk averse'. It is also clear, however, that evident risk aversion results from the context within which practitioners are making judgements, which is characterised by a quite pervasive, generalised 'fear of blame'. Parton (1998) identified the influence of 'blaming systems' on social work two decades ago, and it seems that these remain significant. It is also important, I think, that it is not the logic of actuarialism which necessarily promotes risk aversion. The continued significance of subjective practitioner knowledge to risk-based decision making, particularly in overruling actuarially generated knowledge and elevating risk levels, raises doubts about the preferred remedy to risk aversion that many critics of the rise of risk call for. A renaissance in relational practice – whatever its other merits – would do little to promote positive risk taking in a context in which agency concerns regarding the consequences of false negatives mean that fear of blame continue to inform the decision making of many social workers.

Conclusion

Small scale studies such as this, fixed in time and space, with limited representativeness, generalisability and vulnerable to fluctuations in politics and policy, are not well placed to make definitive, wider statements regarding the nature of contemporary practice. They can, however, reasonably raise questions regarding existing, theoretical explanations and perspectives. The findings of this study suggest that existing assumptions regarding the role that actuarially generated knowledge plays in promoting risk aversion in social work may well be misplaced. They also highlight the role that clinical judgement – a sometimes reified notion – can and does play in inhibiting positive risk taking. This should not be too surprising. The original impetus for the use of actuarial method in the social realm stemmed from concerns about injustices associated with untrammelled subjectivity in professional decision making. This study reminds us of that potential, as well as highlighting the ways in which the context within which practitioners make such decisions can (and does) make the job of social work more difficult than it might otherwise be.

The continued - and possibly escalating – effects of blame culture on practitioner decision making rest on two misguided assumptions. Firstly, they assume that practitioner decision making is 'poor' and that blame is therefore deserved when things go wrong, while reform and regulation are required to ensure it does not. In fact, there is little evidence to suggest that social workers are any worse (or better) at assessing risk than any other professional group. Secondly, they intersect with a pervasive but unwarranted expectation of infallibility. The roots of this expectation reflect dominant neoliberal perspectives regarding individuality and responsibility and a clear emphasis within 'new' public management that accountability and value for money within public service practice (as was) requires 'excellence' in all activities. There is little room here for uncertainty, ambiguity or imperfection, and so it is unsurprising that social workers are fearful about the consequences of being seen to make the wrong decision.

Whereas for some, the future of social work ought to be clinical, it is clear that the dichotomous distinction between 'clinical' and 'actuarial', or 'art' and 'science', is not helpful. Knowledge generated 'scientifically' is by no means certain (Firestein, 2012). In making the best possible judgement (which is different from a judgement perceived to be accurate) practitioners must integrate knowledge from an array of sources (Pawson et al 2003, Evans and Hardy 2010). Actuarial methods represent just one source of knowledge in social work, and as such should not be reified. Debates regarding the relative merits of actuarial and clinical approaches to risk assessment are an example of the truly enduring nomothetic/idiographic tension within the philosophy of knowledge, and we should not expect its exemplification in contemporary social work to resolve this. At best actuarial knowledge provides a base line comparator against which to compare the real people social workers work with. : "the world of pure probability does not exist except on paper…it has nothing to do with breathing, sweating anxious and creative human beings struggling to find their way out of the darkness" (Pratt 2016) We certainly should not over emphasise its rigour or specificity. In fact, actuarial knowledge exposes the limits of science, not least its sometimes limited practical utility (Firestein 2015). It is in the integration of knowledge – actuarial, clinical, formal, informal, subjective and objective – that good social work practice *of necessity* prospers. And as social work pushes at the limits of science, we must also surely continue to acknowledge its debt to the realms of art, philosophy and imagination.

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