A Minority Report for Social Work? The Predictive Risk Model (PRM) and the Tuituia Assessment Framework in addressing the needs of New Zealand's Vulnerable Children

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Abstract

This article examines the viability of the Risk Predictor Model (RPM) and its counterpart the actuarial risk assessment (ARA) tool in the form of the Tuituia Assessment Framework to address child vulnerability in New Zealand. In doing so, it suggests that these types of risk-assessment tools fail to address issues of contingency and complexity at the heart of the relationship-based nature of social work practice. Such developments have considerable implications for the capacity to enhance critical reflexive practice skills, whilst the introduction of these risk tools is occurring at a time when the reflexive space is being eroded as a result of the increased regulation of practice and supervision. It is further asserted that the primary aim of such instruments is not so much to detect risk, but rather to foster professional conformity with these managerialist risk-management systems so prevalent in contemporary Western societies.

Keywords: Actuarial risks assessment, Predictive Risk Model, managerialism, Tuituia Assessment, contingency, informal logics of risk

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Introduction: *Minority Report* and contingency

In the film *Minority Report* (2002, Twentieth Century Fox and DreamWorks SKG, USA), based loosely on the short story of the same name by Phillip

K. Dick (1956), John Anderton (played by Tom Cruise) is the Chief of the Pre-Crimes Unit (CPU), which functions to intervene and apprehend prospective murderers before they have a chance to commit their homicides. The term 'loosely' is used because of the considerable differences between the short story and film in terms of characters, plot development and outcomes. For example, in the story, Anderton is a balding, fifty-something, overweight character while, in the film, he is a thirty-something, athletic, drug addict, played by Tom Cruise. In the story, the risk-predictor mechanism is manifest in the precognates, who predict all types of crime but, in the film, it is only murder. The story ends with Anderton exiled for murder to a space colony, whereas, in the film, he discovers the prediction of his felony to be a 'set-up' and, having foiled this plot, is reunited with his estranged wife and the film ends with them expecting their second child.

The risk-predictor tool in this case is constituted by three humans with the ability of prediction, known as the 'pregnates' or 'precogs' for short, which have the capacity to see two weeks into the future. When Danny Witwer (played by Collin Farrell) from the Justice Department visits to assess whether to grant the law-enforcement contract to the private company which owns the CPU, he asks Anderton how the system allows for contingency, pointing out that prospective felons have not actually committed any crime before CPU intervention. However, Anderton never questions the precogs' infallibility to predict risk nor does he accept the possibility of any other form of contingency except his Unit's intervention.

Minority Report centres on the nature of contingency and its impact. Horlick-Jones (2005) defines contingency as 'a state of uncertainty about the outcomes of actions and decisions' (Horlick-Jones, 2005, p. 295) which he distinguishes from contemporary neo-liberal welfare discourses of risk which are underpinned by the assumption that risk and contingency can be managed and controlled. If anything, *Minority Report* illustrates that a constant feature of life is the uncertainty of outcomes, owing to the fact that there are so many unforeseen variables and events beyond our control.

Though this may seem an extreme comparison between a futuristic short story/film in the science-fiction genre and real-life risk-assessment tools used in child protection, they share several commonalities. New Zealand's legislatively mandated Predictive Risk Model (PRM), the Tuituia Assessment Framework (TAF) and the film version of *Minority Report* (2002) are all products of the early twenty-first-century societal concern with Beck's (1992) 'reflexive modernisation' thesis, and can be regarded as part of what Munro (2009) terms as 'The impact on the public sector of neo-liberalism, new public management and society's preoccupation with risk' (Munro, 2009, p. 1015). All three risk-prediction models are subject to the vagaries of the market for funding and all are underpinned by a logical positivist model of causality (Shaw, 2003). All three, as this article will contend, entail the inherent problems generated by using forms of positivist science to render assessments on the likelihood of risk, in what are essentially relationship-based

occupations (law enforcement and social work). Such problems turn upon their inability to address issues of contingency and causality that are embodied in the ‘informal logics’ of risk management (Broadhurst *et al.*, 2010; Horlick-Jones, 2005). However, before examining these elements, it is first necessary to present a brief synopsis of the socio-political context in which the PRM and the TAF developed.

Contemporary risk and New Zealand’s vulnerable children

The term ‘vulnerable children’ is a contested entity and the debate in New Zealand has tended to focus upon specific categories of children such as those experiencing poverty, deprivation, physical, sexual or emotional abuse or neglect. The New Zealand National Census (Statistics New Zealand, 2006) identified 270,000 children living in poverty out of a total population of 4.25 million. Similarly, *The White Paper for Vulnerable Children*, Vol. II (Ministry of Social Development, 2012) identified that, in 2011, there were 58,000 serious child protection referrals to Child, Youth and Family services (CYF) and, of these, 4,766 cases were of neglect, 3,249 of physical abuse and 1,386 of sexual abuse. In addition, CYF was granted 153,800 Care and Protection Orders (*White Paper for Vulnerable Children*, Vol. II, Ministry of Social Development, 2012).

The 2014 Vulnerable Children Act became law on 1 July 2014. This legislation mandated the introduction of a series of measures which represented the National government’s attempt to tackle the problem of vulnerable children ‘head on’, together with its coalition partners, the neo-liberal Act Party and the indigenous-based Māori Party. The underpinning strategy of these measures is to create a range of preventative services. Two key preventative measures are different types of risk-assessment tools: the PRM and the TAF. The TAF is a single assessment framework to enhance multi-agency information sharing and working. Having been introduced on 22 September 2013, it is already integrated into the CYF database CYRAS. The PRM is due to be integrated into the CYF system in June 2015. This is all part of the international trend in the use of formal risk-prediction tools in social work.

The evolution of risk-predictor tools in social work

Broadhurst *et al.* (2010) identify the growth of formal risk-assessment tools, particularly in the field of child protection in the 1990s in the USA, Canada, Australia, New Zealand and the UK. In this respect, the USA has been at the forefront of the research and piloting of these methods ever since the seminal research of Johnson and l’Esperance (1984) in which they developed a tested risk-predictor model to ascertain child maltreatment

recurrence (Shlonsky and Wagner, 2005). There are two types of risk assessment: the formalised, structured assessment tool, constituted by standard questionnaires and templates which act as aide memoires to support professional judgement such as the *Common Assessment Framework* (DfES, 2006; Broadhurst *et al.*, 2010); and the actuarial risk-assessment tool in which 'Empirical research procedures are employed to identify a set of risk factors with a strong statistical relationship to the behavioral outcome' (Shlonsky and Wagner, 2005, p. 410). ARAs are considered popular with policy makers and senior managers (though not necessarily front line practitioners) because they are perceived to improve unassisted professional judgement, reduce practitioner bias or error and render a more uniform service response (Broadhurst *et al.*, 2010).

In recent years, ARAs have come under increasing criticism for the ways they have been applied to child protection practice contexts. Such criticisms include: the ways they ignore case dynamics (Broadhurst *et al.*, 2010), their side-lining of the importance of clinical judgement to inform service interventions (Shlonsky and Wagner, 2005) and their tendency to reduce the client to a series of risk factors (Fitzgibbon, 2007).

The development of the PRM

In developing the PRM, Vaithainathan *et al.* (2012) sought to ascertain whether it was possible to develop a predictive risk tool capable of predicting the probability of a maltreatment finding for each child in a family in receipt of any public benefits administered by the department of Work and Income New Zealand (WINZ). These include: Invalid's Benefit, Widow's Benefit, Independent Youth Benefit, Domestic Purpose Benefit (Sole Parent), Domestic Purposes Benefit (Care of Sick or Infirm), Domestic Purpose Benefit (Women alone) and Unemployment Benefit or Sickness Benefit. The researchers' rationale for choosing welfare benefit recipients was based on the large body of international research which demonstrates a strong correlation between poverty and child maltreatment (Vaithainathan *et al.*, 2012). A maltreatment finding was defined by the researchers as 'a substantiated finding of emotional, physical, sexual abuse or neglect by age 5' (Vaithainathan *et al.*, 2012, p. 6). They then drew upon two databases: that of the public benefits system, WINZ; and the database of CYF run by the Department of Social Welfare, including data such as Care and Protection notifications, Family Group Conferences (FGCs) and Court Orders and the frequency of benefit spell. The researchers then used a multivariate probit (probability) analysis to assess different types of maltreatment such as neglect or physical, sexual or emotional abuse. Using these and another 125 factors, the computer produces an algorithm identifying the likelihood of risk for a child and their family. The researchers then conducted a trial

of 57,937 children in receipt of CYF services and some type of WINZ benefits, and with families with a child born between January 2003 and June 2006.

The findings identified that 5.4 per cent of all children in New Zealand are maltreated by age five and that the average rate of maltreatment of children who were never on public benefits is 1.4 per cent. Within the cohort, 11,900 children had a substantiated maltreatment finding by age five and, of these, 9,800 of these cases were children that were part of a benefit recipient family by age two and therefore would have received a risk score using the PRM. The researchers argued, therefore, that the PRM had the ability to capture 83 per cent of children with a substantiated maltreatment finding by age five. In order to ascertain the accuracy of the PRM, the researchers used a Receiver Operator Characteristic (ROC) Curve.

The ROC Curve is plotted on a graph between points 'x' and 'y' and is used as a quality control mechanism in order to identify the extent to which the PRM accurately identifies risk by checking the frequency with which it avoids the misclassification of false positives (that is children predicted to be maltreated who are subsequently not maltreated) and false negatives (children who are predicted not to be maltreated who subsequently are maltreated). This is measured by identifying the percentage of space within the curve. The quality control of the PRM is assessed by comparing the True Positive Rate (TPR) (i.e. children predicted to be maltreated who subsequently are maltreated) and the False Positive Rate (children who are predicted to be maltreated who are subsequently not maltreated). Sensitivity refers to the proportion of cases with a positive risk score (will maltreat) who are accurately identified by the measure, while specificity refers to the proportion of cases with a negative score (will not maltreat) who are accurately identified by the measure. A 100 per cent space under the curve or rate of sensitivity means no false positives and 100 per cent specificity equates to no false negatives. The researchers claim that their PRM occupies 76 per cent of the space under the curve, or that it has a 76 per cent accuracy rate in terms of sensitivity and specificity which equates to only a 24 per cent chance of misclassification. This, they point out, is a more accurate risk-prediction tool than mammograms used to detect breast cancer (Vaithainathan *et al.*, 2012, p. 15).

Vaithainathan *et al.* (2012) stress that the PRM does not seek to correct or replace clinical judgement, as that is not its function. It simply informs practitioners and agencies of which cases are likely to be a high risk. Clinical judgement is still required to determine what to do with the information, namely whether to intervene and provide services or close the case. The computer-generated risk score then helps the practitioner identify which children are likely to be found in high-, medium- or low-risk groups. However, detecting and classifying child maltreatment is not simply an empirical exercise, but rather entails a range of ethical dimensions.

Defining 'ethics' or 'ethical practice' is difficult because it is a contested entity and this has been compounded by the impact of postmodernism in social work. Hugman (2003) suggests that postmodernism, with its emphasis

on the plurality of meaning, has shown the fallacy of the idea of universal ethical codes based on universally applicable notions of right and wrong. However, despite the contested nature of ethics, a number of definitions (Banks, 1998; Hugman, 2003; Clark, 2007) make reference to the promotion of the 'well-being' of others. Implicit in the requirement to promote well-being is a series of behaviours such as being open and honest, practising in a transparent manner and acknowledging the power imbalances between service user and practitioner.

There are several ethical issues relating to power and confidentiality that Vaithainathan *et al.* (2012) identified in using the PRM. First, once risk has been identified, what ethical obligation is there to offer services to children identified as at high risk by the PRM tool? Second, the PRM identifies a risk of a *future* finding of maltreatment. However, prospective maltreatment scenarios present different ethical issues than intervention following a substantiated maltreatment finding. So what monitoring or guidance will assist practitioners to distinguish between the two? There is also the danger that the risk scoring will be adopted as a standard policy approach, and this could have implications for the principles of confidentiality and equity, particularly if, as is likely, families will not be informed that they have been subjected to a risk score. Another concern relates to the stigmatising implications of a risk score similar to the families whose children were placed on the former Child Protection 'At Risk' Register. Such stigma often informs practitioners' perceptions of families, even when families have worked to eliminate the risk. Moreover, this PRM tool has only been trialled with benefit recipients. Thus, there is the potential for beneficiary status and child maltreatment to become linked.

There are also several methodological problems with the PRM relating to the failure to identify causality. The researchers claim that the decision not to identify causal factors was justified on the basis that they were trying to enable practitioners to discriminate between spells of high and low risk. However, as Bryman (2012) points out, the failure of any methodology to identify causal factors seriously undermines its predictive capacity, and one would have thought this capacity was vital in any risk-prediction model. Commenting on ARAs, Fitzgibbon (2007) makes the point that all risk scores do is to indicate that the client belongs to a group which has a statistical probability of certain types of behaviour. That is the *group*, not the *individual*. Furthermore, the danger of identifying the correlates of child maltreatment are just that—they establish a relationship, but they do not say anything about the strength of that relationship or its role in producing outcomes. Similar methodological problems beset ARAs like the TAF.

The development of the TAF

Introduced on 22 September 2013 under the auspices of the 2012 Vulnerable Children's Bill, the TAF is now used in New Zealand in the specialist fields of

child care and protection and youth offending. It acknowledges the principles of biculturalism and the duty to Māori people as Tangata Whenua (people of the land). As is pointed out in the preamble on the CYF Practice Centre website, because 50 per cent of children, young people and their families who use CYF services are Māori, it is important to be culturally responsive and have an assessment framework that incorporates Māori concepts and models for enhancing child well-being and development (CYF Practice Centre, 2013).

The TAF is a single assessment framework which provides a mechanism to facilitate multi-agency working, and it focuses upon strengths, needs and risks. It uses an ecological methodology and a mixed triangulation method to gather data in a similar fashion to the UK *Common Assessment Framework* (DfES, 2006). Like the latter, it has three key domains:

- Mokopuna ora (a child's/young person's holistic well-being and development);
- Kaitiaki Mokopuna (parent's/care-giver's capacity to nurture a child's/young person's well-being and development);
- Te Ao Hurihuri (external environment or the contemporary world and its influences).

For each of these three domains, there is a series of subdomains. These contain over forty-four factors described as 'dynamic risk factors' because they are 'areas known to have a causal relationship with the risk of offending or recidivist offending' (CYF Practice Centre, 2013). These cover such things as the nature of a child's attachments to parents/care-givers, siblings and wider family, reference to the capacity of the child/young person to take responsibility for their own behaviour, including offending or sexual behaviour, and the ability to discern 'right' from 'wrong'.

Using these factors, the subdomains are scaled to provide an assessment of the strengths, needs and risks that exist in the child's/young person's circumstances. The scaling of the subdomains is then used to plot a diagram known as a summary diagram, which is a diagrammatic representation of the whole assessment in terms of the degrees of strengths and the levels of need and risk that exist within the family situation. This is then augmented by the narrative section completed by the practitioner.

The TAF and the informal logics of risk

According to Broadhurst *et al.* (2010), the dichotomy between actuarial risk-assessment tools which seek to render numerical risk scores in order to identify future risky behaviour, and standardised, evidence based risk-assessment formats used to support professional judgement, is not clear-cut. The TAF combines elements of both tools. It has a number of ARA dimensions with its risk scaling and risk mapping, using forty-four causal variables believed

to produce risk of maltreatment or risk of offending, and it combines these with a narrative summary in a standardised risk format, which focuses upon specific areas such as concerns over behaviour or family dynamics, in order to assist clinical or professional judgement and to plan interventions.

Though the international debate on the efficacy of ARAs might be regarded as 'old hat' due to the plethora of research in recent years (Broadhurst *et al.*, 2010; Fitzgibbon, 2007; Gillingham, 2006; Littlechild, 2008; Munro, 2011; Parton, 1998, 2008; Shlonsky and Wagner, 2005), it is necessary, however, to revisit some of the criticisms of the ARAs at the centre of that debate because they have a direct bearing upon the efficacy of TAF as a risk-assessment tool. ARAs are criticised for ignoring the day-to-day, client–social worker aspects of the case. These aspects entail certain moral and ethical dimensions which cannot be quantified by risk-measurement tools, turning upon aesthetic and emotional considerations like kindness, respect and care (Broadhurst *et al.*, 2010, p. 1050). For instance, the TAF has a range of risk variables covering the child's attachments to parents/care-givers, siblings, extended family/whanau and kinship groups, but nowhere does it scale the quality of the child's and their family's relationship with the practitioner, which is also a significant factor in the production or amelioration of risk (Parton, 2008; Littlechild, 2008). As Broadhurst *et al.* (2010) state: 'Risk trade-offs are calculated and made in each and every situation, having as much to do with dialogue and the quality of relationships as procedure' (Broadhurst *et al.*, 2010, p. 1050). ARAs are also implicated in their oversight of the relational aspects of practice, and this has the potential to lead to the erosion of critical thinking and professional judgement skills, including the ability to define key concepts such as 'risk' or 'abuse' and to recognise that they are socially constructed and contested entities (Littlechild, 2008). This problem is exacerbated by the fact that, often, when using ARAs, practitioners use concepts such as 'risk of harm' and 'actual harm' interchangeably (Gillingham, 2006), and this problem is highlighted by Vaithainathan *et al.* (2012) regarding the application of the PRM.

Within the TAF, the term 'risk' is not defined, nor is any concept of 'risk' discussed. Instead, there is a section entitled 'Why we are involved and what we are worried about' (the 'We' being CYF social workers). This is completed by the practitioner in two parts. Each part provides some guidance on types of *risk contexts* but little information to gauge *when* to intervene or *what* measures of intervention are required (particularly preventative ones). The parameters of choice are also narrowed by the fact that ARAs do not assist in case-specific clinical decisions, nor do they engage the family in risk-prevention planning. For example, in the TAF, the risk-assessment scales measure carer/parental co-operation and/or responses to the social worker's concerns, but it provides no strategies to develop a more collaborative approach to enhance this co-operation in the amelioration of risk. It is acknowledged that such skills are part of any good social worker's repertoire and are developed and fostered in training and further developed over time in practice.

However, like any skills set, competence is only maintained through ongoing use. This is being undermined by the use of mechanistic assessment processes embodied in the ARAs, which tend to emphasise the production of standard responses rather than relationship-building skills tailored to the contingencies of individual client-contexts.

Moreover, ARAs tend to ignore the fact that practitioners need to translate the information on risk into a range of choices regarding the most effective service interventions (Shlonsky and Wagner, 2005). Such inability to define 'risk' or to develop an operational concept of the term impacts on the practitioner's ability to determine thresholds for intervention. In this respect, Littlechild (2008) points out that, within social work research on risk, there has been little research into a social model of risk that would be better suited to the vagaries and contingencies of child protection practice.

Furthermore, ARAs do not deal with a key determinant of risk, which is whether or not it will transpire (Shlonsky and Wagner, 2005). To determine this, what is needed is a detailed account of family functioning, which cannot be encapsulated in the TAF due to its highly prescriptive and standardised summary section which tends to render descriptive narratives rather than information that is critically analysed and evaluated. For example, the TAF has a section identifying both reasons for social work involvement and areas of social work concern (including an assessment of a care-giver's capacity to acknowledge concerns). However, these conceptualisations of risk are too vague and do not facilitate the kinds of critical thinking to take the assessment information to the next stage, which is to translate it into a coherent action plan for preventative social work practice. Developing an understanding of how to 'weight information' and how to use it to inform safety or risk-prevention plans is all part of what Collins and Evans (2007) term 'interactional expertise', which is only acquired from practice experience in a specialist field. In this respect, Shlonsky and Wagner (2005) highlight the ways in which ARAs tend to undermine practitioners' ability to 'weight' different pieces of evidence and the common problem of their inability to select the most important risk factors:

There is evidence to suggest that unassisted clinicians, even those with experience and a great deal of case information at their disposal, are not very good at predicting future client behavior (Dawes, 1994: Dawes, Faust & Meehl, 1989). The reasons for this are manifold ... but basically boil down to an inability to accurately weigh and combine large amounts of disparate and often conflicting information. In essence, too much data may prompt the clinician to select factors for the decision that have no relationship to the behavioral outcome being forecast (Faust, 1984). (Shlonsky and Wagner, 2005, p. 410)

The TAF, it is asserted, does little to assist with this 'weighting process' because a diagram is plotted where the risks are scaled using concepts of 'strengths', 'needs' and 'risks' using a crude dichotomy (the absence or presence of these factors) in order to gauge the degree of risk or safety in a family.

This problem of assessing evidence or information is compounded by the need to complete the TAF on the CYRAS database.

The TAF and the CYRAS database

All the information collated in the TAF is then entered onto the CYF computerised database system 'CYRAS' in order to present a holistic picture of the child and their family. However, this is not simply a straightforward case of data inputting. International research ([Manovich, 2001](#); [Parton, 2008](#); [Sapey, 1997](#)) highlights the ways in which information technology (IT) systems have changed the knowledge base of social work. [Manovich \(2001\)](#) suggests that IT systems have become the new, dominant and privileged cultural form, replacing narrative in that position. [Parton \(2008\)](#) examines the ways in which this has impacted not only on practitioner assessment skills, but also on the ways the client is constructed. The reliance on IT means that there is less scope for practitioners to identify what is salient on a case, while, in the process of being 'computerised', the client becomes disembodied and decontextualised, and any information that does not fit the database becomes lost. This process has implications for the ways in which people's identities are constructed and their life experiences recorded, further limiting the scope for holistic narrative ([Parton, 2008](#)).

[Parton \(2008\)](#) does not suggest that the social work narrative is disappearing, but rather that it is being increasingly shaped by the 'logic of the database' ([Parton, 2008](#), p. 261). The computerised nature of social work practice also implicates the profession in increased forms of client-surveillance, particularly where such systems are used to enhance early intervention and prevention of risk of harm, as in the case of the TAF.

Like the PRM, the TAF also has problems in dealing with contingency. Despite the assertion that the TAF addresses the causal factors of risk, it is a typical ARA tool in the sense that it tends to focus on the correlates of risk, not the causal factors, and, in doing so, oversimplifies the relationship between such correlates, such as the relationship between parental substance misuse and the capacity/incapacity to protect ([Broadhurst *et al.*, 2010](#)). [Fitzgibbon \(2007\)](#) asserts that ARAs tend to amalgamate clients' circumstances into a series of factors to produce a risk score rather than see clients' contexts as a series of relationships, experiences and narratives which can be drawn upon to collaborate in problem solving and change agent activities.

The TAF and the risk of violence

It is claimed ([CYF Practice Centre, 2013](#)) that the TAF is based upon the practice principles developed by [Turnell and Edwards \(1999\)](#) for building partnerships. These include respecting service users as people worth doing

business with, co-operation with the person not the abuse, recognising that co-operation is possible when coercion is required, and acknowledging that all families have signs of safety in terms of competencies and strengths. However, the TAF does not provide guidance as to how to maintain a focus on these factors in high-risk child protection contexts. Laudable as these principles are for developing partnership capacity, they somewhat belie the context of child protection work. There is little reference in the TAF on how to deal with violence or intimidation towards practitioners, nor any acknowledgement of how it influences the risk assessment. Little-child (2008) identifies this as a major practice weakness in ARAs.

In relation to this weakness in managing high-risk cases, Munro (2009) identifies the emotive nature of child protection work, which impacts on both client and practitioner. The practitioner may experience vicarious trauma, fear for their own safety, and risk dangerous practice by over-empathising with 'struggling' parents, which can distract attention from the harm they might be causing their children (Munro, 2005, p. 1019). She highlights the two conflicting governance systems that operate in child protection: the governance of families by child protection practitioners and the governance of social workers by government. The two systems exist in a dialectical relationship with one another, often creating competing priorities which practitioners have to balance. Within the TAF, there is no scope for evaluation of such structural or societal considerations, because the subdomains under Te Ao Hurihuri are too general and lack the conceptual framework to analyse such dialectics.

The PRM and TAF revisited

Of course, none of the policy makers or academics who highlight the benefits of predictive risk modelling or actuarial models of assessment suggests that they should replace professional or clinical judgement. Indeed, Shlonsky and Wagner (2005) argue for the need for a risk-classification system to substantiate a risk score. However, such recommendations lack serious analysis of the contingencies and informal logics of risk that practitioners are presented with on a day-to-day basis.

It seems astonishing, given the international body of research which is highly critical of the efficacy of ARAs, that New Zealand's child protection system seems to be moving in that direction with the implementation of the TAF. However, it is argued that the primary function of this ARA is not to generate preventative services to address child vulnerability, but rather is part of the wider neo-liberal, managerialist systems of risk management which function to foster practitioner conformity with, and accountability to, such systems. This development is better illustrated by locating the TAF within the context of neo-liberal forms of governance in terms of both social work practice and supervision.

The PRM, the TAF and critical reflexive practice in the context of supervision

Beddoe (2010) identifies how clinical/professional supervision within New Zealand is being de-coupled from line-management supervision in a form of Taylorist approach to risk management (Braverman, 1974). This trend results in a shift in focus for practitioners, from the development of reflexive practice to the monitoring of their practice, and Beddoe contends this has been triggered by neo-liberal approaches to risk and the drive for accountability, which reduces supervision to a compliance activity. Secondly, this separation creates an ambiguous mandate for external supervisors, particularly in terms of how to handle issues of poor practitioner performance, and can be amplified by the lack of information the supervisor has on the context of practice (Beddoe, 2010, p. 207).

In referring to the impact of these changes on critical reflexive practice, I am not suggesting that there is a crude causal relationship between the ARAs and a loss of critical thinking skills. Rather, I suggest that the ways ARAs embody specific constructions of risk and the somewhat mechanist, uniform processes that accompany them limit the parameters or frames of reference for understanding the complex way risk and safety are played out within the dynamics of casework, and on so many levels. The problem is then compounded by the fact that often practitioners have had a tendency to put too much faith in the results generated by these instruments, owing to their perceived scientific credentials. Furthermore, some have suggested that 'increasing formalisation and mandatory use of risk-assessment instruments can serve to remove the worker's all important intelligent discretion' (Broadhurst *et al.*, 2010, p. 1059). Broadhurst *et al.* (2010) allude to the kinds of loss of critical thinking skills when they describe a failure to theorise, which occurs in several ways. First, the ARAs tend to elide the myriad of socio-political, emotional and moral rationalities that influence practitioners' judgements and decision making. These can range from the anxiety in adhering to statutory requirements, to ambivalence about removing children and violating the privacy of family life, to resource constraints, or even to what is 'in-vogue' in terms of thinking about best practice in child protection, or (as already touched upon) the extent of violence and intimidation from the families being investigated. Second, the positivist leanings of the ARAs tend to obfuscate the serious limitations of these tools, which include a failure to recognise the existence of competing and contested definitions of risk, the lack of clarity in the use of critical concepts and the failure to secure the objective conditions in practice upon which to base generalisations about the nature of risk (Broadhurst *et al.*, 2010). All of these factors undermine the predictive capacity of ARAs, despite practitioner optimism, as identified above. Third, ARAs tend to oversimplify the correlates of child maltreatment. Often, these are strongly linked to the omission of

action and to a host of structural factors that may impact upon parental behaviour, which may have nothing to do with the child's or parents' innate characteristics (Shlonsky and Wagner, 2005). Factors such as poverty, deprivation, lack of education or diminished responsibility, due to mental ill-health, or drug and alcohol misuse, rather than any commission of action as in the cases of 'obvious' cruelty or neglect, may be the precipitating factors. Furthermore, the positivist underpinnings of the ARAs in presenting 'risk' as something that can be measured and managed somewhat undermine the impact of Beck's (1992) reflexive modernisation thesis within social work. Payne (2002) suggests that Beck's notions about 'risk' introduced into social work the idea of living with uncertainty, so that practitioners were learning to accept working in the 'grey' areas of practice which enhanced their proactivity in the development of critical reflexive practice. While limiting opportunities for critical reflexivity, the processes encapsulated within the PRM and the TAF tend to encourage practitioner compliance and conformity with the neo-liberal, managerialist system of governance from which they spring.

Conformity with neo-liberal governance systems

Fukuyama (2013) defines governance as 'the ability to make and enforce rules and to deliver services regardless of whether it is democratic or not' (Fukuyama, 2013, p. 3). This definition of governance is pertinent to this discussion. There are several key features of neo-liberal governance which ensure conformity with rules in the public services and the use of managerialist risk assessments in particular. It has already been claimed by some that social work supervision under managerialism has been reduced to a compliance activity (Beddoe, 2010), but there are also several other systems of regulation and monitoring that foster compliance with neo-liberal managerialist risk systems. Often underpinned by statutory requirements, these include new regimes of case management, stricter forms of budgetary accountability, increased recording of decisions, and new rules governing the uses of standardised formats for assessments (Broadhurst *et al.*, 2010). For example, the requirement of practitioners to use the PRM and the TAF has been introduced through new regulations under the auspices of Section 32.1 (c), (d) and (e) of the 2014 Vulnerable Children Act. In addition, the requirement to put assessments onto an IT database ensures the social work narrative is, in Parton's (2008) words, 'increasingly shaped by the "logic of the database"' (Parton, 2008, p. 261). Compliance is also fostered through managerial dispersal. This is a process through which central government extends its control into civil society in the form of local government via the introduction of new systems of audit, inspection and accountability to clients via mechanisms like a citizens' charter (Parton, 1998).

Of course, none of these measures secures absolute conformity, as each case represents a site of resistance. As the vignettes in Broadhurst *et al.*'s

(2010) study show, humour, networking and relationship building are used by experienced practitioners and social work students alike to negotiate the informal logics of risk and, in doing so, they exercise some autonomy in the manner in which they interpret these assessment instruments. However, in the complex world of child protection risk assessments, where the fear of the failure to address risk is rife (Munro, 2011), conformity can become second nature to the profession as a whole.

Conclusion: what scope for professional efficacy?

In the frenetic environment of scarce resources, the climate of fear (Littlechild, 2008) and the global neo-liberal preoccupation with risk management (Broadhurst *et al.*, 2010; Beddoe, 2010), it is difficult to envisage how, or where, social workers will create or obtain the 'reflexive space' they need to conceptualise the complexity and contingency within practice, or to reconcile that complexity with the simplicity of the ARAs in the exercise of professional judgement. This is particularly in the context of child protection, where the knowledge base is poorly articulated (Munro, 2009). Though there are various examples of agency and resistance to the impact of managerialism on professional practice (Beddoe, 2010, 2012; Broadhurst *et al.*, 2010), these examples are few and far between given the challenges currently facing practitioners, especially with the encroachment of the managerialist agenda into social work supervision. However, given Munro's (2009) comment about the functions of child abuse inquiries to provide a scapegoat (Munro, 2009, p. 375), the fact that there is little recognition of the risk of violence and intimidation towards social workers in such contexts (Littlechild, 2005, 2008) and that neo-liberal risk-management techniques are so deeply embedded within organisational structures, it is difficult to see where the political articulation or mobilisation will occur to generate such changes to a systemic approach. In the meantime, the 2014 Vulnerable Children's Act will usher in the PRM (June 2015) and has already seen the introduction of the TAF. These changes entail further reorganisation for under-resourced and overloaded practitioners to contend with. Given that scenario, it is unlikely they will have the space to reflect critically on the contingent nature of caseloads and, in the outcome-driven nature of practice, they may be compelled to rely on technical instruments which fail to acknowledge contingency, complexity and the relational aspects of the social work practice. In ignoring the fallibility of these tools and placing their conviction in their predictive powers, it is a bit like watching history repeat itself, as with Chief Anderton in *Minority Report* (2002).

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