



Submission by Dr. Sonya Stanford from the
Social Work Discipline, University of Tasmania

to the

Parliament of Tasmania
Select Committee on Child Protection

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INTRODUCTION

As a member of the Social Work discipline at the University of Tasmania (UTas) I welcome the opportunity to make a submission to the Parliament of Tasmania Select Committee on Child Protection. Aspects of this paper have been included in the submission by the Social Work discipline that was lodged by Prof. Sandra Taylor. This paper, however, has a specific focus that relates to the Term of Reference '(f) Other matters incidental thereto'. The area addressed by this submission is how issues of risk might be reconsidered within the context of child protection. The submission details how risk frameworks and processes that are institutionalised within policy and procedure documents, and then implemented in assessment and response processes, need to be reconceptualised as ethical and moral issues. I argue that some of the current difficulties experienced within the child protection sector can be explained by how risk acts, formally and informally, as a morally conservative force in practice that supports defensive and morally timid responses. Child safety is not a domain for morally timid approaches: it is a space for moral courage. This paper considers how, in the interests of promoting child safety and wellbeing, there is value in critically considering the moral dimensions of risk and re-visioning decision-making processes within an ethical framework to secure better outcomes for children and families.

RESPONSE TO TERMS OF REFERENCE

To inquire into and report upon the adequacy of Tasmania's child protection systems, including:

(F) OTHER MATTERS INCIDENTAL THERETO

As the National Framework for Protecting Australia's Children 2009-2020 states, Australia needs to move from seeing 'protecting children' merely as a response to abuse and neglect to one of promoting the safety and wellbeing of children. This perspective recognises the limits of a deficits-based and individualised approach for working with children and families, particularly within the context of statutory work (Turnell & Edwards, 1999; Elliott, Mulroney & O'Neil, 2000; Tilbury et. al., 2007; Arney & Scott, 2010). Furthermore, this perspective recognises that the factors that impinge upon child wellbeing and safety are multiple and complex; they are beyond, simply, 'the personal'. These factors reflect social, cultural, economic and political dimensions of people's lives and therefore each of these domains, and their diverse configurations, needs to be considered in a systematic and thoughtful way to improve the situation of children and families. This requires the investment of resources across the multiple environments that are meaningful to the promotion of children's safety and their wellbeing, such as the provision of appropriate and affordable housing, access to quality education, access to good and plentiful food, a responsive legal system, providing parents' with financial security, access to quality and affordable health and dental care, and providing crisis and long-term support services alongside of other welfare services as needed. The investment of resources across these domains includes developing the capacity of the workforce within these areas to identify and respond meaningfully to the broader context in which children's safety and wellbeing can be located.

Currently a tension exists within the institutional context in which services are delivered to children and families. The broad understanding of the multi-dimensional contexts and systems that need to be considered in the promotion of children's wellbeing competes with the individualised focus upon risk identification and management that is a core feature of current child protection service delivery in Australia and overseas. Although there is a clear narrative within research and other commentary that argues the need to advance the accuracy and adoption of risk technologies such as risk assessment schedules (for example, see Baird & Wagner, 2000; Schwalbe, 2004), increasingly critical literature argues that risks' 'logic of calculation and regulation' (Webb 2006, p. 4) has had a deleterious impact upon service users and providers. This critical perspective of the dominance of risk as a central structuring force in political, economic, social and cultural domains has been developing over the past 14 years across a range of disciplines (including social work) and fields of practice (such as child protection). Risk, it is argued, has become the central preoccupation of modern society (Beck, 2003, 2004; Giddens, 2003a, 2003b) and, as a form of logic, it impacts upon personal and public life. Hence, it is argued, no decision can be made without reference to the 'bads' of risk (Culpitt, 1999)¹. The move towards new systems of management practices (such as the New Public Management), changes in the welfare system (such as the introduction of 'Welfare to Work'), and contracting previously government provided services to the not-for-profit sector, reflect the ethos of a political program that relies upon the rhetoric and moral discourse of risk (i.e. that values individual responsibility, accountability, prudentialism and self-reliance) to support the goals of the market society (McDonald, 2006).

While there appears a self-evident logic to the mentality of risk, (i.e. it is good to be responsible for yourself so that you aren't a burden to others), critical theorists and researchers point to how risk discourses do not give due regard to the contexts in which people struggle to live 'good lives' and that this has impacted negatively upon service delivery systems, providers and service users. They argue that the problematics of risk are that it:

- a) redefines need as dependency (Culpitt, 1999; Kemshall, 2002);
- b) prioritises risk over need in policy and practice (Parton 1999, 2001; Houston & Griffiths, 2000; Kemshall, 2002; Green, 2007);
- c) is used to justify the rationalisation and refusal of services and benefits to people in need (Culpitt, 1999; Kemshall, 2002, 2010);
- d) shifts the burden of responsibility to communities and individuals for social care and order (Green 2007);
- e) has created greater demands for professional accountability within a 'culture of blame' (Parton, 2001; Webb, 2006);
- f) standardises practice interventions thereby limiting how professional judgment can be used in assessment and decision-making (Houston & Griffiths, 2000; Cradock, 2004; Webb, 2006);

¹ Discussion of the impact of the logic of risk and its impact across multiple spheres of life is well supported in theoretical and empirical literature. For a useful summary of how theory and practice inter-relate, I would suggest reading Lupton, D., 2004. *Risk: Key Ideas*. London: Routledge. Green, D., 2007. Risk and social work practice. *Australian Social Work*, 60 (4), 395-409 also provides a useful summary of the connection between risk theory and risk practice within the context of the social work profession.

- g) over-simplifies complex issues when attempting to establish causal explanations (Croft 2001); and
- h) is used as a means of controlling service users and providers (Kemshall, 2002, 2010; Cradock, 2004; Webb, 2006).

Accordingly, risk is said to operate as a defensive, repressive and conservative construct in the health and welfare sector. Literature suggests that the repressive force of risk has become deeply embedded within these sectors and in turn it has come to dominate how practitioners think about themselves and service users, and with ill effect (Parton, 2001; Kemshall, 2002, 2010; D'Cruz, 2004; Green, 2007). Interventions are said to be determined by the extent to which service users might be seen to be 'at risk' (from others' actions) or 'a risk' (to others or to themselves), and how practitioners consider themselves to be 'at risk' (from clients or within their organisations) or 'a risk' (to clients and their organisations) (Warner, 2003; Titterton, 2006; Stanford, 2008; 2010). Hence risk reinforces a way of thinking about people in terms of them having flawed risk identities. Thus 'risk-thinking' screens out other ways of understanding people and the situations in which they are located.

Parton (2001, p. 69) remarks that 'discussions of risk in social care are dominated by emotions of fear, an undermining of trust and the wish to control'. Webb (2006) also states that service providers and practitioners have developed a predilection towards defensive and morally timid practice (Webb, 2006). These comments point to how practitioner's perceptions of their wellbeing within their practice contexts impacts upon their decision-making and interventions. Fear is a primary emotion that has been shown to be a core issue for practitioners who work in sectors in which risk is a key focus such as child protection, mental health and aged and disability care (Parton, 2001; Cradock, 2004; Gillingham, 2006; Titterton, 2006). Studies indicate that fear of being physically harmed is commonly felt by health and welfare practitioners. However, the more pervasive and pressing fear practitioners are reported to experience is the fear of being blamed when something goes wrong within their workplaces (Smith, et. al. 2003; Smith, et. al. 2004; Taylor, 2005).

This finding was supported in research conducted in Tasmania from within the School of Sociology and Social Work that was completed in 2007 (Stanford, 2007). The study investigated how ideas about risk are created in social worker's practice contexts and how these ideas impact upon social workers' interventions. The study found that fear of: being blamed; of reprisals; and harm to reputation was common to the sample of social workers who were recruited from statutory and non-statutory agencies in urban and rural areas of Tasmania. This fear was fundamental to social workers seeing themselves as 'at risk' within their practice contexts and their practice narratives indicated that they subsequently ascribed 'at risk' identities to themselves. Service users were also considered by these practitioners to have 'at risk' identities. This meant that the social workers who participated in the study faced a decision about whether they would attend to the risks faced by service users or whether they would attend to their own sense of risk within their practice contexts. In a sense this meant that these practitioners faced a dilemma about whether to advance the interests of services users or whether they would adopt a more defensive approach in their practice and take care of their own interests. Determining this decision was done independently of formal

guidelines and policies; it was a decision based upon their personal or 'situated' (Broadhurst, et. al, 2010) rationalities. One of the recommendations of the study was for organisations to consider how they could support practitioners to do 'good' work (in the moral and practical sense) by reducing their fear of being blamed within their workplaces.

Current debates in literature about the impact of risk thinking upon health and welfare practice points to the need to remain critically reflective of how risk operates at all levels within institutions. This calls into question the wisdom of the mentality that when things go wrong a more repressive institutional regime is required to control risk (and the things that are associated with it, such as service users and service providers). The argument here isn't that risk shouldn't be considered as a part of the framework of fields of practice such as child protection. Rather, the argument is that risk can't suffice as the sole consideration of child protection practice because what risk draws attention to (given how it is situated in the broader socio-political and economic context) and how it is used as basis upon which to determine action is too limited and limiting. As McAuliffe and Chenoweth (2008, pp. 38-39) note the 'danger' of 'the risk-driven and risk-managed environment' is 'that creative and innovative practice, which is truly responsive to human need, will become stifled and bound up in rules and regulations'. However, these authors also note 'the equally insidious trap of seeing all tools associated with risk management as oppositional to the core purpose of care for others and effectively discard them – 'throwing the baby out with the bathwater'. McAuliffe and Chenoweth (2008) point to the need to acknowledge risk in practice but to also identify 'the foundational principles that underlie good practice and provide sound frameworks for consistent decision making that will hold up under scrutiny'. Their argument thus reflects the position of other writers and researchers who argue that risk must be understood as a moral and ethical construct (Ericson & Doyle, 2003; Cradock, 2004; Stanford, 2010) and, therefore, decisions about risk must be understood as ethical decisions.

The current actuarial model of risk that dominates risk assessment and decision-making processes in child protection obfuscates or ignores that risk is essentially a moral construct that operates within the context of a defensive and essentially conservative political environment. Risk is operationalised within the actuarial model of risk as a calculable object and the assumption is that its calculability enables risk measuring instruments to accurately and objectively predict the probability of risk-events (Webb, 2006), which in turn enables risk assessors to make accurate, objective assessments. Ethical and moral concerns are 'screened out' of risk equations. If one accepts that decisions about risk are necessarily ethical or moral decisions then assessment and decision-making must also be considered as ethical and moral acts. This perspective is lacking in the child protection system within Tasmania.

A proceduralised approach to assessing risk does not provide guidance about how to attend to competing ethical and moral principles embedded in child protection work such as confidentiality and privacy, beneficence, protection from harm, self-determination, service to humanity, accountability and advancing human dignity and self worth (AASW Code of Ethics). Ethical dilemmas

are common place in child protection work. Ethical dilemmas (such as whether to remove a child from the care of parents) often rest upon the need to make a decision between two equally unwelcome choices (Banks & Williams, 2005). In such instances it isn't clear what is the right choice given, for example, some form of harm could be a consequence of either choice. Such choices subsequently leave their 'residue' (Banks & Williams, 2005) given there is a moral cost involved. The accumulated cost of these dilemmas can, to a certain extent, explain the difficulties in retention of staff within the child protection system particularly for professionally qualified staff (such as social workers) whose professional orientation is grounded within a distinctive ethical code².

As discussed earlier in this paper, research indicates that risk poses a specific kind of moral dilemma for practitioners: whether to respond to service users and/or their own sense of being 'at risk' within their practice contexts (Stanford 2007, 2008, 2010). In other words, practitioners struggle to determine whether they should advocate for and protect their clients, or whether they should dismiss and ignore services users/and or their own sense of being 'at risk'. Clearly within the context of child protection work the former as opposed to the latter would be the preferred outcome. However, within the context of highly proceduralised, regulated and standardised work contexts in which a 'culture of blame' is dominant (Green, 2007), evidence suggests that the resolution of this dilemma is not so straightforward. This intimates the need for processes that support workers in their consideration of, and responses to the ethical dilemmas posed by risk in child protection practice. In an article published in the *British Journal of Social Work* (Stanford, 2010), and in a recently submitted article to the same journal, I discuss a framework for supporting 'good' practice and ethical and moral reasoning is central to this. Developing ethical frameworks for decision-making is an important and necessary addition to current assessment and decision-making practices to address the moral conflicts that are so endemic to the risk saturated environment of working with children and families.

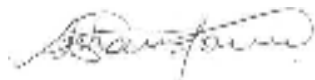
McAuliffe and Chenoweth (2008) offer one such framework that they call the 'Inclusive Model of Ethical Decision Making'. They argue that this model was developed 'to balance the need for consistency and accountability (which does take the form of a checklist approach in some ways) with the critical element of reflection on practice, so that risk can be balanced alongside of other equally important principles' (McAuliffe & Chenoweth 2008, p. 39). Accountability, consultation, critical reflection and cultural sensitivity are at the core of this model, with processes such as defining the ethical dilemma, mapping legitimacy, gathering information, consideration of alternative approaches and actions, and critical analysis and evaluation, as its processes. This model has compatibility with a focus on promoting safety and wellbeing, as well as giving due consideration to the presence of risk.

² See the Australian Association of Social Work (AASW) Code of Ethics for an overview.

CONCLUSION

This paper contributes to the current inquiry into child protection services by using a critical approach to understanding risk as a means of developing new ways of thinking about how to best respond to the needs of children and families, and to support service providers who work to advance their safety and wellbeing. The paper has argued that conceptualising risk simply as a calculation is flawed. Risk needs to be understood broadly as a political, economic, social and cultural construct that operates as a moral discourse. Risk, then, is a moral construct and decisions about risk are therefore matters of ethics and morality. The moral dilemmas of risk in the welfare sector have been recently investigated in Tasmanian research. This research demonstrates that risk troubles practitioners deeply and creates the potential for practitioners to implement morally timid responses to situations that require their tenacity, creativity, compassion and courage. Considering how to support practitioners in the moral enterprise of promoting children's safety and wellbeing in the child protection system requires a model and practice of decision-making that is firmly grounded in an ethical paradigm. The Inclusive Model of Ethical Decision Making is offered as a suggestion of one model for responding to the ethics of risk in child protection practice.

I would be happy to provide further information regarding the issues raised in this paper at your convenience.



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