

Protecting children in an anxious society

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Abstract *Risk management has become the dominant activity in child welfare services in Britain. It has the praiseworthy aim of identifying vulnerable children and protecting them from harm. However, it is becoming clear that efforts to achieve the desirable goal are producing unexpected and wholly undesirable side effects so that it is arguable that the child protection system is, on balance, doing more harm than good. This article analyses what has been happening in terms of the logic of risk assessment. It examines the way the concept of risk has moved to centre stage and details the unintended repercussions. Professional practice has been strongly reactive to public pressures. Society, however, has unrealistic hopes of the feasibility of developing accurate risk assessments and little appreciation of the pain caused to families by assessment procedures. It is argued that radical changes are needed in society's perception of child welfare and their expectations of professionals before we can create a child welfare system that places welfare at the heart of the agenda.*

Key words: risk; child abuse; child welfare; social work

Introduction

Contemporary Western society has been described as the 'risk society' (Beck, 1992). Despite, or because of, technological advances and longer life spans, people have become more concerned about risk: of coping with adverse events that are, to a large extent, unpredictable and inexplicable. Childhood deaths from parental abuse have become a symbol of tragic waste and an outcome that our sophisticated welfare services should be able to prevent. The history of child welfare services in recent decades clearly illustrates the rise of risk assessment and risk management as the key professional activities. This article explores how this preoccupation with risk has had unintended and wholly undesirable repercussions on the total service offered to families in difficulties. The way this state of affairs has arisen is examined in terms of the logic of risk assessment. Potential solutions are reviewed and it is argued that fundamental changes are needed in the public's understanding of risk and their expectations of professionals before the system can re-focus itself on the welfare of children.

This article begins by exploring the reasons for the contemporary concern with risk before illustrating its impact on child welfare services. These changes are then analysed in terms of the reasoning involved in assessing risk before possibilities for resolving the problems are discussed.

The 'risk society'

From different starting points, the social theorists Ulrich Beck (1992) and Anthony Giddens

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(1990) both perceive risk as a central concept in understanding recent social changes. They do not suggest that society has actually become riskier—indeed evidence of longer life expectancy suggests the hazards of life have reduced—but argue that concerns about risk and how to cope with it have become dominant in everyday life. They relate this rise in anxiety to a loss of confidence in science, a social shift which they describe as the transition from modernism to ‘reflexive modernism’ (Beck) and ‘high modernity’ (Giddens).

Giddens points out that the shift in people’s attitude to science reflects a loss of confidence in absolute truths. Tragedies and unexpected disasters have always been a feature of human existence but, Giddens argues, in the past they would have been explained in terms of traditional belief systems—of religion or witchcraft. Some account would have been devised that helped to make them more tolerable and understandable. Science superseded these belief systems in Western society as scientists made rapid progress in illuminating complex aspects of the world. However, the lesson of recent years is that science itself is imperfect. In its initial phase, science was seen as offering the same sort of certainty and confidence as its predecessors but with the additional attraction of leading to more reliable technology. However, the lesson of recent years is that science itself is limited and fallible. Technological advances have been shown to lead to unexpected and sometimes destructive consequences; scientists have been unable to predict outcomes with certainty or, in some important instances, to offer solutions to problems such as global warming that are products of the application of their theories. The public’s faith in science (and indeed many scientists’ confidence in their discipline) has always clashed with philosophers’ views on the reliability of scientific theories. From the early days of the scientific revolution, the fallibility of scientific knowledge has been recognised (Bacon, 1620; Urbach, 1989), but impressive successes created a false optimism that science, as the replacement for faith and magic, offered a more rational approach to understanding the world, but one which gave the same sense of certainty as its predecessors. The loss of the authority formally vested in science, argues Giddens, has fuelled increasing anxiety about how to cope with the unexpected dangers of life.

Risk in Child Welfare Services

Giddens points out that the status of professionals has declined along with science. ‘Expert’ opinion no longer carries the same stamp of authority. In child welfare circles, we have certainly seen a drop in public confidence. In the earlier part of this century, a period identified by Beck and Giddens as ‘modern’, the social work profession was held in higher esteem and was able to argue persuasively and effectively for more powers and responsibilities in tackling social problems. Legislation such as the Children Act 1948 and the Children and Young Persons Act 1963 embodied the optimism felt about the profession’s ability to intervene effectively in the lives of families experiencing difficulties. At this time, child abuse was a known hazard of childhood but the focus of professional attention was on a wider assessment of family functioning and overall welfare. Social work practice was described in terms of assessment and helping rather than in today’s terms of investigation and protection. Children died at the hands of their parents but this attracted little media attention.

In the 1960s, awareness of child abuse was heightened in professional circles by the pioneering work of the American paediatrician Kempe and his colleagues (1962). In 1973, the death of Maria Colwell triggered a major change in the public’s attitude to child abuse in Britain. This little girl had been in care from soon after birth, looked after by her aunt. At

the age of six, she returned to her mother and her new partner. Despite being monitored by social workers, she was then systematically maltreated, starved, and abused before dying, aged seven. It might be argued that Maria's case was so tragic that it forced itself on the public attention, but this would not account for the way that similar high profile cases raised awareness of child abuse in other developed countries (Parton et al., 1997). The prominence given to these cases seems to reflect a media sensitivity to a changing social attitude to child death and to professional responsibilities.

Maria's death was only the first of a series that led to high profile public inquiries. In the 1970s and 80s, child abuse was repeatedly and forcibly brought to public attention. Describing this period, Myers comments: "by any standards, child abuse and sexual abuse have clearly arrived on the public agenda. They have captured an enormous wave of public attention." (Myers, 1994: p. 2).

The impact on child welfare services was not wholly negative. Many who had long been concerned about the misery of the victims of abuse were pleased to see social concern and willingness to fund services to help detect and respond to abuse. The new role was also seen as timely to a social work profession whose confidence had been deflated by the negative results of many large-scale evaluative studies of practice conducted in the 1960s and 70s. Child abuse now had a high profile that gave reflected glory and increased status to those professions, particularly social work, that were responsible for dealing with such an important social issue (Myers, 1994).

The concern with identifying abuse had many adverse consequences, however. Professionals became very vigilant about searching for the signs of abuse and fearful of missing a serious case (Hill, 1990). The risk to the professional of being involved in a child abuse tragedy increased dramatically. This had the inevitable result of making professionals prefer to overestimate the risk of abuse since the consequences of underestimation were so severe. This in turn provoked a backlash, with critics claiming that social workers were overreacting and interfering in family life. Myers (1994: p. 4) gives examples of the emotive language used. The child protection system was described as 'trampling the rights of innocent citizens' and engaging in 'hysterical witchhunts'; social workers were likened to 'Nazis', 'McCarthyite persecutors' and the KGB. In this climate, events in Cleveland in 1987 fed the public fantasies (DH, 1988). In this case, there was a sudden surge in the number of children being taken into care because of suspected sexual abuse. Children taken to a paediatrician for other problems were, to their parents' shock, diagnosed as being the victims of sexual abuse on the basis of a controversial diagnostic test and taken into care. It is still unclear how many cases were falsely diagnosed—although, with hindsight, we know that many were accurate—but the media response expressed the firm view that professionals had got it wrong on a large scale.

The pressure was now on professionals to avoid mistakes of any kind. False accusations were as undesirable as missing a case of serious abuse. In practice, the emphasis was put on ever more thorough investigations in the hope of improving accuracy. The police began to take a lead role and standards of evidence were, in effect, raised from 'the balance of probabilities' to 'beyond reasonable doubt'. Child protection moved, as Parton (1991) points out, from a socio-medical framework to a socio-legal one. Thorpe (1994) graphically describes how the therapeutic orientation of child protection was replaced by 'the forensic gaze'.

Child abuse investigations have come to dominate child welfare services to such an extent that they swallow up the bulk of resources (Audit Commission, 1994). There is little help available for families experiencing lower levels of difficulties in child rearing—professionals wait until the problems escalate before becoming involved. Ironically, the emphasis on

investigation means that there are few services for families once they are identified as abusive (Farmer and Owen, 1995).

A set of major studies, mostly funded by the Department of Health (1995), have provided detailed evidence of the effects this is having on the experience of families subject to investigation. In the process of detecting true incidents of abuse, large numbers of families suffer the distress of an investigation with no help being offered. Gibbons *et al.*'s (1995) study found that, for every child placed on the child protection register, six had been investigated and screened out. The focus on risk assessment has led to the family's needs being overlooked. Families' relationships with social workers have changed radically. Where once many families saw them as a source of assistance, most now view them with mistrust. After witnessing the extent of trauma experienced by families and seeing the damage done to longer-term relationships with social workers, Cleaver and Freeman (1995) question whether this is too high a price to pay for finding the rare cases of serious abuse.

The need to alter the present system is now widely recognised (Audit Commission, 1994; Department of Health, 1995; Parton *et al.*, 1997) but solutions are not so clear cut.

The Audit Commission suggests that professionals should improve their speed, accuracy and their ability to identify high risk cases so that fewer resources are necessary for this task, freeing up money to provide more supportive and preventive services for families. The Department of Health has urged social workers to 're-focus' child protection in the context of children in need, advising them to turn 'investigations' into 'enquiries', and to work in greater harmony with parents assessing broader family functioning instead of the current narrow focus on risk assessment. Since no extra resources are available, funding for services to meet family needs could be obtained by savings on the number and length of inquiries.

Parton *et al.* (1997) are very sceptical of the feasibility of the Department of Health's proposals:

The uncertainties and tensions which current policy debates are attempting to address cannot be changed by remedial action aimed at redefining child protection as child welfare, child abuse as children in need or investigations as inquiries. (Parton *et al.*, 1997: p. 230)

They are critical of the narrow focus on professional practice with too little attention being given to the social context in which the practice occurs. The way child protection work has developed has been strongly influenced by society's views on risk and its expectations of what professional can or ought to do: "the contemporary nature of risk in child protection is central" (1997: p. 232). The strength of their argument, and the weaknesses of the government proposals, can be demonstrated by examining the recent history of child protection in terms of risk assessment and management.

Managing Risk

Risk assessment is "the general term used to describe the study of decisions subject to uncertain consequences" (Royal Society, 1992). It subdivides into two sections:

- (1) *Risk estimation.* This covers three elements: identifying the possible outcomes, estimating their severity, and calculating the probability that they will occur. In child protection, estimation involves calculating the chances of a child being abused and the severity of the likely abuse.
- (2) *Risk evaluation.* The process of determining the significance or value of the adverse outcomes. Life does not offer us a choice between safety and risk. Any chosen avenue will

have good and bad aspects of varying probabilities. Child protection professionals are well aware that they do not face a simple choice between leaving a child in a risky family and removing him or her to a place of safety. There are benefits to the child in staying in stable environment; there are dangers in the alternative care we can offer.

Risk management is the making of decisions about risk on the basis of our risk estimations and evaluations.

Examination of both the processes of estimating and evaluating risk help to illuminate what is happening in child protection today.

Risk estimation

In terms of risk estimation, the pioneering work of Kempe in the 1960s can be seen as increasing our awareness and our knowledge of child abuse. Research since then has improved our understanding of the circumstances in which abuse occurs (Greenland, 1984; Browne *et al.*, 1988). However, there are serious limits to our knowledge and hence to our ability to estimate the risk of abuse occurring.

First, the reliability and applicability of all research is undermined by the fundamental problem of defining abuse: agreeing on what outcomes we want to protect children from. Child abuse is not akin to an infectious disease where we can all agree on an international and uncontroversial definition. Definitions are related to time and place. They are culturally based, with different views on childhood and good parenting leading to varying views of what is unacceptable. Also, the history of recent years is of the definition of abuse widening from the original focus on physical abuse to include neglect and sexual and emotional abuse. It is well established that people have different views on what counts as abuse (Giovanni and Beccora, 1979). Birchall and Hallett's (1995) study revealed the extent of variation both within and between professional groups, while others have shown the discrepancies between professionals and lay people (Rose and Meezan, 1996).

A wide-ranging American review of research reported that:

Little progress has been made in constructing clear, reliable, valid and useful definitions of child abuse and neglect. (National Research Council, 1993: p. 57)

Yet if studies do not agree on a definition of the phenomenon they are studying, what use can we make of their findings? How does one set of findings relate to other results or to the work experience of any practitioner? Is Greenland's list of risk factors predictive of the type of behaviour considered abusive in countries other than Canada? Indeed, how applicable are they within the different communities of Canada itself?

Problems relating to defining abuse can be reduced to some extent by researchers creating explicit criteria of how they are using the term, but the problems cannot be resolved entirely. There seem no good grounds for assuming that there is a common aetiology for all the varied types of behaviours classed as abusive by different social groups. The core concept of child abuse is systematically and incorrigibly ambiguous.

The present state of our understanding of abuse obviously puts serious limits on our ability to estimate the risk of future harm, but there are good reasons for arguing that more research may reduce but will not solve the problem. The statistics of predicting relatively rare events mean that it is extremely difficult to achieve a predictive system with high accuracy. The problem has long been recognised in medicine in relation to screening for illnesses. Campbell and Machin (1990: Chapter 3) provide a standard account.

Beginning with some definitions: the '*prevalence*' of the phenomenon, in this case child

abuse, is the frequency with which it is thought to occur in the population. The 'sensitivity' of a diagnostic test is the probability that the test result will be positive if the phenomenon is present, that is, its ability to correctly identify abusive families. The 'specificity' of the test is the probability that the result will be negative if the phenomenon is not there, that is, its ability to exclude non-abusive families. Bayes theorem (Bayes, 1763) can be used to calculate the positive predictive value of the test—the probability that a family that is identified by the test or risk instrument will actually be abusive.

If we call the probability of abuse $p(a)$, and the probability of being identified as abusive as $p(t)$, Bayes theorem states:

$$P(a/t) = \frac{\text{sensitivity} \times \text{prevalence}}{\text{Probability of positive result}} = \frac{p(t/a)p(a)}{p(t)}$$

Providing figures for the variables in the case of child abuse is difficult in our current state of knowledge, but we can make up some figures because my main aim is to demonstrate how even a very sophisticated test has surprisingly low predictive value and, hence, what a mammoth task we face in trying to find a way of estimating the risk of abuse accurately. Let us suppose that we have developed a highly sensitive risk instrument so that the sensitivity is 90% and its specificity is even higher at 95%. The prevalence of child abuse depends on one's definition: a broad definition produces a high incidence rate. However, in this context, we are generally concerned about serious abuse since minor instants do not confront us with difficult decisions about removing children. Kempe in 1971 produced an estimate of 120 per million of the population. Corby, using the numbers of children on child protection registers as a measure, offers a higher figure of four per 1000 Corby (1993: p. 53). The more common the phenomenon, the easier it is to develop a diagnostic test with a high probability of accuracy so, since I want to demonstrate the difficulty, let us assume a higher rate of one in 100—this has the added advantage of simplifying the maths.

Before working out the probability of a family with a positive result actually being abusive, we need to calculate the overall probability of getting a positive result to the test. This is where people reasoning intuitively tend to err, thinking that a high specificity will produce a low rate of positive results. If used on 100 families there is a 90% probability that the test will detect the one expected positive case of abuse but, given the error rate of its specificity, it will also give a positive result on 5% of the 99 families who are not dangerous. Thus the total positives is $(0.01 \times 0.9) + (0.05 \times 0.99) = 0.009 + 0.0495$ so the probability of getting a positive result to the test is 0.0585.

Using Bayes theorem with these figures then, the probability that a family judged by the test to be abusive is actually abusive can be calculated:

$$P(a/t) = \frac{1 \times 0.01}{0.0585} = 0.15$$

So if 100 families are judged to be abusive, 15 will be accurately identified and 85 will be false positives—not a danger to their children.

Even if research were able to make the predictive instrument almost perfect, with a specificity of 99%, keeping the other probabilities the same, its predictive value would still be as low as 0.48, almost a 50/50 probability that a family deemed abusive is actually so.

Evaluating risk

The other dimension to risk assessment is, having estimated the probability of certain outcomes, how undesirable are they? Values play an essential role in risk management and

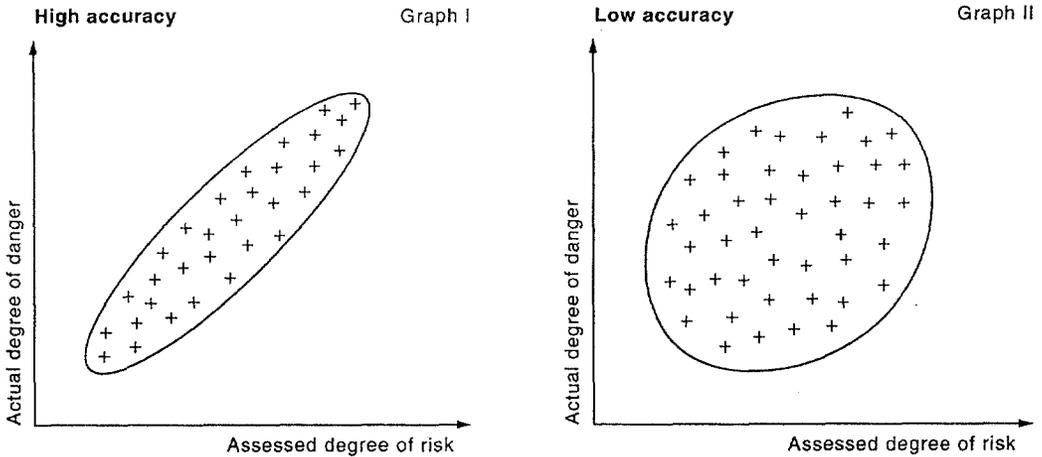


Figure 1. Changes in threshold for intervention.

the history of recent years in child protection is of society altering the values it places on various outcomes. The death or serious injury of a child has always been negatively viewed but, in risk assessment, the positive value of averting such an outcome has to be weighed against the negative value of other outcomes, such as falsely accusing and disrupting an innocent family or the possibility of a child removed from home suffering abuse or harm in the alternative care situation provided. There is no objectively right evaluation of risk. Values differ between people and even the consensus view alters over time. Kunreuther and Slovic (1996) highlight the scope for disagreement between professionals and the public in evaluating risk, since each group may be aware of different risks as well as placing a different value on risks they both identify. In relation to child protection, professionals tend to be far more aware than the public of the risks of taking a child into care and take these into account when weighing the risk of leaving a child in a potentially abusive family.

Since risk assessment is, by definition, making judgements under conditions of uncertainty, there is an unavoidable chance of error. We cannot infallibly identify which children are in serious danger of abuse, but only reach a judgement with a degree of probability. There are, however, two types of error that can be made: false positives and false negatives, that is, some families may be falsely accused of being dangerous while others are incorrectly cleared. The changes in society's view of child abuse and their expectations of professionals can be expressed in terms of changes in the consensus view on the acceptability of each type of error.

The Taylor-Russell diagram (1939) helps to illustrate the elements involved. The two axes measure the degree of actual abuse and the assessment of risk. If we had a perfect way of identifying high-risk families, we would expect cases to follow a straight line with real and identified risk being the same. However, since we can have only fallible measures, cases will fall within an ellipse, the less accurate the diagnostic system the bigger the scatter. Hence, a good diagnostic system would produce a graph like Graph I in Fig. 1 below, while a less accurate one would look like Graph II.

Professionals assessing risk need to make decisions about the threshold for intervention. Once these are added to the picture, the rate of false positives and negatives becomes apparent. A low threshold for intervention produces a high rate of false positives (Fig. 2, Graph III) while, conversely, a high threshold leads to a high number of false negatives, missed cases of serious abuse (Graph IV).

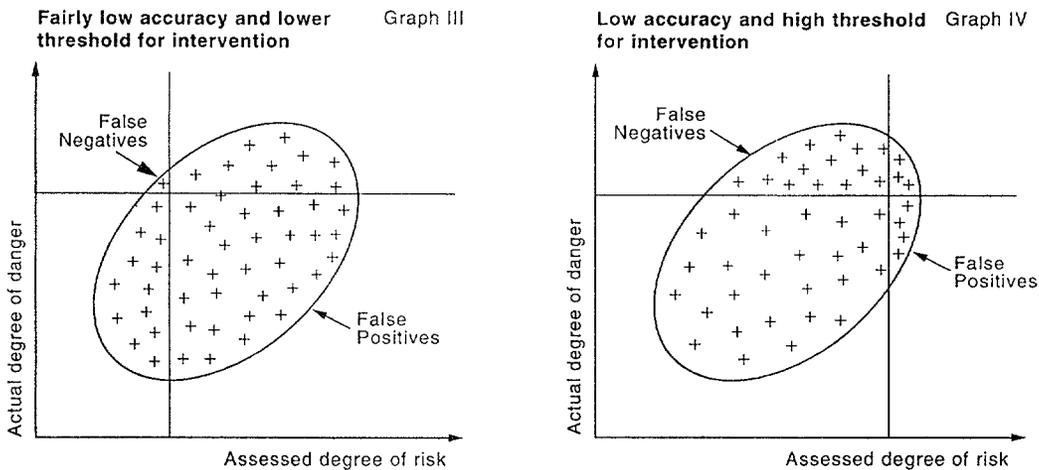


Figure 2. Implications of different thresholds of intervention.

The threshold for intervention is a separate decision from the estimation of the probability of a particular outcome. Researchers may help us make more accurate estimates, but they will not determine the point at which professionals should act. This is a value judgement made by policy makers and, in recent years, strongly influenced by media coverage of mistakes and the public's response.

Another crucial point that these diagrams illustrate is that, given the same level of accuracy, moving the threshold to reduce one type of error *automatically increases the other type*. Applying this to child protection history, when society was outraged by the death of Maria Colwell, professionals responded by lowering the threshold for intervention to minimise the chances of missing another child in such extreme danger. This necessarily led to more families with low actual levels of abuse being caught up in the net. The cases of Cleveland and Orkney were unsurprising consequences: on these occasions, professionals were criticised for intervening inappropriately and removing large numbers of children from their homes unnecessarily. These well-publicised cases reinforced a growing public perception that social workers had been given too much power and were misusing it. Though another way of describing their actions is to say that they were following the wishes of the general public in trying to avoid overlooking a child in need of protection. After Cleveland, there was strong pressure to avoid false positives but, unfortunately for professionals, there was no public acceptance of the logical consequence that this would lead to more false negatives and so increase the chances of another tragedy like Maria Colwell. Faced with this dilemma, professionals took the only rational course open to them of trying to increase the accuracy of identifying high-risk families and so reducing both false positives and false negatives. In terms of the Taylor-Russell diagram, if the ellipse can be made smaller then both types of error will be less frequent. Investigations, therefore, became the central task of child protection agencies, with a more thorough and single-minded focus on the risk of abuse to the detriment of assessing the family's other needs and with little attention paid to the costs either to the agency in terms of resources or to families in terms of pain and trauma.

Many have now recognised the faults in the current state of affairs in child protection systems, but we have reached this state, I would argue, not from stupidity or carelessness but as a rational attempt to respond to the changing and conflicting demands of society.

Solutions

Let us now reconsider the solutions that have been proposed.

The Audit Commission's suggestion that social workers become better at identifying high-risk cases runs into the problems relating to increasing our ability to predict a rare event like serious abuse. Whilst research may make some advances on clarifying and agreeing definitions, at least within one culture at one time, and in identifying predictive factors, it would be wildly unreasonable to hope to achieve a system where a positive result had even a 50/50 chance of being accurate.

The problem with the Department of Health's proposed 're-focusing' of child protection in the context of children in need is that there is no explicit recognition of the increased risk of inaccurate risk assessment. Yet it seems inevitable that more errors will occur. If social workers are trying to divert families at an early stage from the child protection route into a more welfare-oriented service, to protect them from the trauma (and the expense) of a full-scale investigation, then their judgements about which referrals are serious will be based on less evidence and therefore more prone to error. The child abuse inquiries amply illustrated the dangers of interpreting information in a narrow context (Munro, 1996). The information known to one professional may look benign or only slightly worrying until collated with evidence known to others. Another factor that will effect accuracy is the move towards greater partnership with parents. Efforts to establish good relations with parents are liable to founder if the professionals keep showing scepticism of their honesty. Yet inquiries have shown how pleasant and convincing abusive parents can be and criticised practitioners for taking information on trust. If professionals are trying to carry out less intrusive and upsetting investigations, then it will effect their ability to collect and check essential data that a family may not want them to have.

The Department of Health's proposals seem to be putting the onus on professionals to eliminate the undesirable elements of the current system without acknowledging that they have been created as a well-intentioned effort to respond to the unreal expectations of the general public. Efforts to tinker with the current system are vulnerable to the old pressures that have shaped it up to now. When errors occur, as they will, who will bear the brunt of the public reaction? Will it continue to be individual social workers scapegoated as being responsible or will Government and local authorities step in, accepting responsibility for the policies they have introduced? In the recent case of Rikki Neave, who died after social workers had assessed him as being at low risk and left him with his mother, Paul Boateng, the responsible Government minister, responded in the traditional style, being critical of the social work assessment and decision-making and asserting the priority of protection over other issues of welfare.

The final option of radically altering the social context of child protection seems the only viable alternative. If, as Beck and Giddens claim, the concept of risk is central to contemporary life, then improving the child welfare system depends on improving people's understanding of risk management and, crucially, of society's role in shaping professional practice. Parton *et al.* (1997) criticise the Department of Health proposals for change for failing "to locate the current situation in any wider social and political analysis. As a consequence they fail to ask *why* children's services are experiencing these difficulties, *why* the tensions have become so sharply focused and *why* professionals respond in the way they do" (1997: p. 242).

My analysis of the logic of risk assessment clarifies how social forces influence practice and so identifies some points at which change could be initiated.

A starting point is to confront the fallibility of risk assessment and to acknowledge that this is not just a minor and temporary issue, but fundamental to policy making in this area.

Professionals, as much as anyone else, would like to have some means of identifying all and only those children who are in serious danger in their homes. A more realistic understanding of the scope for estimating child abuse is essential. As Beck (1992) has highlighted, the risk society has an ambivalent relationship with science. On the one hand, confidence in science has decreased as its fallibility is appreciated. On the other, increased concern with risk has led to greater expectations of scientific experts to be able to manage risk and make society a safer place. Public education on the limits of risk estimation would seem to be part of the on-going, larger enterprise of their increasingly accurate and sophisticated view of the potential of science.

The second area for change in public perception is in a greater appreciation of the essential role of values in evaluating risk. The final decision on what to do can never be reduced to a technical task. Nor can it, nor should it, be left just to professionals. Society contributes to the value debates about the rights of parents, the sanctity of the family, and the rights of children. Unfortunately, society's current contribution is distorted by a limited understanding of the various risks and costs involved. The dangers of coming into care need greater publicity, not just of the shocking dangers of abuse revealed by inquiries into children's homes but of the more insidious, long-term effects on children's mental and physical health, their education, and their future relationships and employment histories (Triseliotis *et al.*, 1995). Equally, the recent findings on the trauma suffered by families, guilty or not, subjected to vigorous investigation needs to be known and weighed in the balance when considering how much effort should be made to detect abuse.

There is also a need to encourage a more compassionate view of parents in difficulties. In the current system, they tend to be seen as potential criminals rather than as people deserving help. It is important to recognise that parenting is difficult. Although, in many respects, the developed countries have a higher standard of living than ever before, family life has its particular stresses. Poverty and long-term unemployment are major sources of stress. Demographic changes, geographical mobility and family breakdown mean that many are facing the task of parenting in greater social isolation than ever before. Parenting involves providing the material necessities and meeting children's needs for love and discipline. All parents find this challenging at times. We need a system in which a parent struggling to cope can turn to official sources for help and not be treated as a suspicious character needing to be thoroughly investigated.

It is time to instigate a more informed public debate about the complexities of assessing risk. The simplistic view that children can be rescued from harm and live happily ever after needs to be replaced by an understanding that the work usually involves choosing between two undesirable options and hoping to pick the one that does least damage.

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