

Abstract

A common assumption in the social work and child protection literature is that a 'blame culture' is antithetical to good practice by social workers involved in assessing and working with risk, who need to be able to identify high risk situations as far as possible, but also need to be able to live with moderate levels of risk if they are not to be needlessly and destructively interventionist. Indeed, this was a key theme of the Munro review of child protection (2010, 2011_{a,b}) which forms the basis for current reforms in the child protection system in England and Wales. However, this assumption is based on observation and experience rather than experimental evidence. The present study, a collaboration between social work and psychology academics, is unusual in that it used a quasi-experimental technique to explore the effect of experience, along with moderating cognitive, emotive and demographic factors, on risk judgments by social workers, comparing these with judgements made by social work students not yet in practice. Participants were asked to assess vignettes of cases where child maltreatment was suspected or likely, and their evaluations of risk to the child were measured using four risk scales. Qualified social workers rated risks lower overall than did students, and social workers with more years of experience rated risk lower than less experienced social workers. The largest variation in risk judgements between practitioners and students was for emotional aspects of risk, where student scores were significantly higher. Students also rated the risks in a sexual abuse case higher than for the other cases, while practitioners rated the risks higher for the physical abuse and neglect cases. Finally, for practicing social workers, but not students, the perceived likelihood of being blamed was significantly positively correlated with risk judgements (that is: the greater chance of blame, the higher risk rating). This is particularly striking when one bears in mind that

practising social workers were generally less influenced by emotive factors, and it raises questions about the role of blame and 'blame culture' on professional decision-making.

Keywords: risk, social work, blame culture, expertise, emotion, experience

Effects of Experience on Child Maltreatment Risk Assessments: A Comparison of Students and Qualified Social Workers

Introduction

The ability of social workers, doctors and other professionals to accurately evaluate risks posed to children in their families, and particularly the ability to identify fatal risks, is an issue of major public concern. When a child abuse tragedy comes to public attention, there is often incredulity that experienced professionals failed to recognise signs of fatal risk to children that seem quite obvious to ordinary members of the public. There are a number of possible reasons for this. One is the ‘hindsight fallacy’: it is easier to judge a risk when the outcome is known (Fischhoff, 1975). Another is that the general public, reading the history of a dysfunctional family where fatal abuse occurs, will tend to compare that family with families of their own acquaintance, while child protection professionals will be comparing it with other dysfunctional families which may not differ from it to any great extent (Beckett, 2008).

It could also be, however, that the experience of working with serious cases on a daily basis dampens the perceived severity of those cases, or that the priorities and demands of the system within which they work results in professionals prioritising the wrong things. Completing an assessment within a set timeframe, for instance, may become more important than carrying it out to a high standard (Broadhurst et al., 2010), maintaining a detailed audit trail may become more important than engaging with children and their parents.

The present study represents an attempt to use the techniques of experimental psychology to tease out some of the factors that may influence judgements of the likelihood

of child abuse. The study compared the risk judgements of practicing social workers with those of social work students, on the basis that while the two groups are presumably similar in background and motivation, they differ in expertise, experience and exposure to the working context in which these judgements are made 'in real life'. Participants were asked to rate case vignettes for likelihood and severity of child maltreatment, as well as rating them on a scale intended to provide a measure of the emotive component of risk which can be expressed as dread, worry or regret and is often the best predictor of behaviour in response to risk (Chapman & Coups, 2006; Slovic, 1987). The study explores how these scores were affected by variables including professional experience, case type, perceived responsibility and likelihood of blame. Its most striking finding is that, while student social workers were generally more influenced by their emotional responses to case material than were practitioners, this effect is reversed when we look at the impact of blame.

We will conclude by with some thoughts on the potential for methods from experimental psychology to contribute to our understanding of social work judgements.

Effect of expertise and experience on assessment of risk

Typically, in the psychological literature on risk perception, experts are found to produce evidence-based risk judgments while non-experts tend to rely on gut instinct which might be biased by irrelevant contextual factors (Slovic et al., 1985, though see also Rowe & Wright, 2001). Experts are also more familiar with hazards within their area of expertise, and are therefore less alarmed by them, and the literature on risk judgements across many fields has typically found that experts rate hazards within their field of expertise as less risky than non-experts, particularly for risks that fall outside of everyday experience (e.g., Fleming et al., 2012; Slovic et al., 1995). Experience, as a refinement of expertise, is also relevant.

Insurance underwriters have been shown to make more accurate risk judgments when they have greater experience (Wright et al., 2002). Less experienced judges were more influenced by negative emotion than experienced judges were, when assessing the risk of returning an abused and neglected child home from foster care (Summers et al., 2012).

We anticipated therefore that *social workers would rate equivalent risks as lower than social work students* (Hypothesis 1a). In addition, we anticipated that *greater experience would predict lower risk perception in social workers* (Hypothesis 1b), and that social workers' judgement will be less influenced by their emotional response to the cases than students, meaning that *the difference between social workers and student risk perceptions will be particularly strong for the emotive component of risk perception* (Hypothesis 1c).

Effect of abuse type on assessment of risk on social workers and non-social workers

Risk perception has three inter-related components: the likelihood of a negative outcome, the severity of that outcome, and an emotive component (dread, worry, regret). A more severe outcome typically generates a greater emotive response, but this is particularly pronounced for deliberately caused and 'unnatural' hazards (Sjöberg, 2000). For instance, public concern about the link between the Measles Mumps and Rubella vaccine and autism (possible harm resulting from a deliberate intervention perceived as 'unnatural') might be higher than public concern about the link between cycling and brain injury (an accident resulting from an everyday activity).

Based on studies of other professionals, we anticipated that experienced social workers would be more influenced in their risk judgements by *likelihood of harm occurring and severity of harm, should it occur* (Britner & Mossler, 2002) as compared to those with less or no experience, who would be more likely to rely on their emotional response. Since harmful inaction is generally seen as more socially permissible than harmful action (Rachels,

1975) and hazards perceived as ‘unnatural’ tend to be seen in a particularly negative light (Sjöberg, 2000), we assumed that sexual abuse would be emotionally more disturbing than neglect, and that this negative affect would produce a greater perception of risk (Slovic et al., 2007), which would be more pronounced for those with no or less experience. We therefore predicted that *in relation to other types of abuse, social work students would rate sexual abuse as more risky compared to social workers* (Hypothesis 2a). We also measured the effect of abuse type directly with a single question about which case type carried the most emotive risk. *We expected students to be more troubled by sexual abuse compared to social workers* (Hypothesis 2b).

Blame and risk perception

One final factor which we anticipated would differentiate the responses of experienced practitioners from those of students is the degree to which the anticipation of blame is likely to affect judgement. The Munro review identified ‘unmanaged anxiety about being blamed...as a significant factor in encouraging a process-driven compliance culture’ (2011, p. 107), and suggested that such a culture may result in a less efficient risk assessment system, preoccupied with avoiding procedural errors which could lead to blame, punishment and social stigma, rather than with understanding the world of the child. While the desire to prevent harm and the desire to avoid blame may of course, in many situations, lead the professional in the same direction, these two impulses can pull in quite different directions. For instance, policy-makers on terrorism make different choices depending on whether they prioritise preventing terrorism, or protecting themselves against blame (McGraw et al., 2011).

Since practicing social workers must live with the possibility of making mistakes for which they could be blamed (sometimes in a very humiliating and public way) and students as yet do not have to live with this possibility, we anticipated that *social workers’ judgements*

of risk will be more influenced by the perception that they are likely to be blamed for poor outcomes than will be the case for social work students (Hypothesis 3a). As an extension of this hypothesis, we would also predict (Hypothesis 3b) that a higher sense of personal responsibility for a case (which presumably increases the likelihood of being blamed) would influence the risk judgements of social workers, but not those of social work students, and that (Hypothesis 3c) that a lower estimation of one's own ability to affect change (that is: effectiveness) will influence the risk judgements of social workers, but not those of students, because its consequence will be a reduced confidence in one's ability to avoid blame.

Other variables – multiple cases, gender and age

There is some evidence that people view a single isolated case more seriously, than when considering the same situation alongside multiple comparable cases, due to psychophysical numbing (Slovic, 2007). To address this we set up a control in which half of the participants received one case alone and the other half received three cases for consideration but were then asked to focus upon one only. No significant difference was found between these two conditions however.

We also tested for effects of gender and age. Many studies report a gender effect in which women rate most risks as more hazardous than men (e.g., Flynn et al., 1994), and an age effect in which hazards are judged as increasingly risky with increasing age (Cohn et al., 1995; Weller et al., 2011).

Ethical approval was given by the appropriate ethics committee at the University of East Anglia in October 2011.

Method

Participants

Participants were 40 social workers (7 men) and 105 social work students (10 men) from two UK local authorities (advertised to a total of 305 social workers: 34% response rate), and two UK universities (advertised to a total of 750 social work students: 14% response rate).

Students ($M = 34.7$ years old; $SD = 8.83$) were a similar age to the social workers ($M = 38.7$ years old; $SD = 11.92$). The social work students were typically in the middle of their studies having completed 1.5 years ($SD = 1.43$) of study. Social work students were from both BA and MA Social Work courses from the second and third years of study. The social workers had 7.3 years of experience on average ($SD = 8.66$). Social workers all worked within children and families services. Of these participants, one student and two social workers declared that they had not read the initial case vignette and were excluded from further analysis.

Procedure

With the collaboration and endorsement of the relevant organisations, invitations were sent by e-mail to staff and students requesting participation in a study looking at perceptions of social workers concerning child protection studies. In an online questionnaire participants were asked to make risk judgements about one of three cases of child abuse or neglect. One case concerned a situation where there were reasons to be concerned about physical abuse, one about parental neglect, and one about sexual abuse. Using a 2 x 3 design, random numbers were generated using the questionnaire software (Inquisit) to allocate participants to type of case and to single- or multiple-case groups. (As discussed above, some (80) participants were shown only one randomly selected case; others (65) were shown the three

cases together and then asked to comment on one of them, randomly selected. As already noted, no significant difference emerged between these two conditions.) Participants were asked to rate their perception of risk for each of the cases they were presented with on each of the scales described below.

Materials

As part of a larger questionnaire participants were presented with case material followed by measures of perceived risk and case management.

- *Case vignettes:* Three short 180-250 word case vignettes were created to represent possible cases of sexual abuse, physical abuse and neglect, each identifying a different child and their circumstances¹. The vignettes were designed to be typical of evidence seen by social workers and to be indicative e.g. “Paula has come in with a faint fading bruise on her cheek, and a series of parallel bruises on her legs that look like finger marks”.
- *Risk:* Risk was measured using four sub-scales which were then summed into an overall risk score. The first sub-scale measured *general risk priority* and comprised of two questions: ($\alpha = .735$). In the first they were asked to rate the risk to the specified child of suffering serious long-term physical, emotional or psychological harm on an 11-point scale from 0 (no more than average) to 10 (almost certain). The second question asked in the context of ‘real life cases that you are actually familiar with’ would the case require follow up (yes/no) and to rate the case from 0 (much lower priority than average) to 10 (much higher priority than average). All participants

¹ Available from corresponding author on request

responded yes and these two items were summed to produce the general risk priority score.

The second risk subscale measured *risk likelihood* using two items: ‘How likely is it that [child name] will suffer long-term harm if her circumstances don’t change?’ and ‘How likely is it that [child name] will suffer short-term harm if her circumstances don’t change?’ on 11 point scales from 0, ‘not at all likely’, to 10, ‘extremely likely’, $\alpha=.575$.

The third risk subscale measured *risk severity* using two items: ‘How severe is the long-term harm to [child name] likely to be?’ and ‘How severe is the short-term harm to [child name] likely to be?’ on 11 point scales from 0, ‘not at all severe’, to 10, ‘extremely severe’, $\alpha = .624$.

The fourth risk subscale measured *emotive risk* using three items ‘How worried are you for [name]?’, ‘How troubling do you find [child name]’s case?’ and ‘How much regret would you feel if you did not intervene in [child name]’s case and in 2 years’ time her situation was unchanged?’, all on 11 point scales from 0, ‘not at all’, to 10 extremely (worried/troubling/regretful), $\alpha = .873$.

General risk, likelihood, severity and emotive risk were summed to create *an overall risk measure*, $\alpha = .890$.

A single-item within-subjects relative measure of *emotive risk* was also obtained by asking which of the three types of abuse was most troubling to them in general: physical/sexual/neglect/don’t know.

- *Perceived blame* was measured by the question: ‘If there was a poor outcome on this case, to what extent do you think you personally might be held to account, if you had case responsibility?’ (0, not at all, to 11, entirely accountable).

- *Responsibility and effectiveness*: One item assessed *personal responsibility* ‘How personally responsible do you feel for this type of circumstance?’ (0, not at all to 11, very much so). One item examined *perceived effectiveness*: ‘How difficult do you think it is for professional intervention to address this type of circumstance?’ (0 very easy to 11 extremely difficult).

Statistical analysis

Data were analysed using SPSS. Risk scores were summarized using descriptive statistics. General risk, likelihood, severity and emotive risk were summed into *an overall risk* score. T-tests were used to examine control variables. Total risk scores ranged from 43 to 97, with higher scores indicating higher perceived risk of harm to the child. MANCOVA and ANCOVA were used to examine Hypotheses 1 and 2 regarding the relationship between ‘Expertise’, Case type and Risk perception (the term ‘expertise’ being used here to describe the distinction between students and qualified practitioners). Chi square tests were used to examine Hypothesis 2, Case type, Expertise and concern. Multivariate linear regression models were developed to examine Hypotheses 2 and 3: Factors predicting risk perception, controlling for age and case type.

Results

Initial Data Screening

The risk perception scale and subscales were significantly non-normal with negative skew which indicated the high risk recorded for all three cases. Data were reflected and square root transformed prior to statistical analysis to address this. In the following statistical tests the

transformed risk perception scales are used in statistical tests. However, the descriptive statistics presented are from the original, untransformed data.

There was a significant effect of gender on risk perception, $t(132) = 2.86, p = .005, r = 0.24$; consistent with previous research (e.g., Flynn et al., 1994). On average, the 16 male participants who responded perceived less risk ($M_{\text{untransformed}} = 69.8, SD = 12.20$) than the 118 female participants ($M_{\text{untransformed}} = 78.2, SD = 10.52$). Given the small numbers of male participants in the sample (17 including 1 who didn't complete the questions), it was decided to exclude them from all further analysis.²

Expertise, Experience and Risk perception

Hypothesis 1a expected *social workers to rate equivalent risks as lower than social work students*. Hypothesis 2a expected the *judgment of riskiest case type to differ between social workers and students*. To test these hypotheses the four risk subscales were entered into a 2 (Expertise: student / social worker) x 3 (Case: sexual / neglect / physical abuse vignette) MANCOVA, age and the number of cases presented (1 or 3) were entered as covariates. Using Pillai's trace there was a significant effect of Expertise on risk perceptions: $V = 0.11, F(4, 103) = 3.15, p = .017$ and of Case: $V = .23, F(8, 208) = 3.31, p = .001$. The interaction was not significant, $V = 0.07, F(8, 208) = 0.99, p = .444$. The covariates also did not reach significance ($F < 1.3$). Figure 1 gives the mean risk perception scores by subscale and shows higher risk perception scores for social work students.

² Removal of the male participants makes little difference to the effects found in the following analyses however the significantly different risk perceptions of men can't be statistically controlled for or examined with such small numbers and so the decision was made to remove them from the analyses.

Hypothesis 1a is therefore supported (social workers *do* rate risks significantly lower than students). Hypothesis 2a, however, is not supported by this test. (Social workers did rate the physical abuse case highest and the sexual abuse case lowest for likelihood, severity and general risk, whereas students rated the physical abuse case lowest and the sexual abuse case highest for emotive and general risk, which would be consistent with the hypothesis, but this is not a statistically significant difference.) However another part of the analysis provide support for Hypothesis 2b, as will be discussed in the next section

[Figure 1 about here]

Follow up analyses were carried out using four ANCOVAs, one for each subscale, therefore alpha levels were bonferroni corrected; the criterion for significance was adjusted to $p < .0125$.

The **Risk Likelihood** Subscale was examined, Expertise, and Case-type (Physical abuse case, Neglect case or Sexual abuse case) were entered into an ANCOVA with covariates age and number of cases presented (1 case or 1 case and distractors). Risk Likelihood was approaching significance across Case-types, controlling for covariates, $F(2,107) = 4.30, p = .016, \text{partial-}\eta^2 = .074$; Expertise was also approaching significance, controlling for covariates, $F(1,107) = 6.44, p = .013, \text{partial-}\eta^2 = .057$. The interaction of Expertise and Case-type was not significant, $F(2, 107) = 1.16, p = .316, \text{partial-}\eta^2 = .021$. Neither of the covariates were significant, age, $F(1,107) = 0.80, p = .375, \text{partial-}\eta^2 = .007$; number of cases presented, $F(1,107) = 0.41, p = .522, \text{partial-}\eta^2 = .004$.

The ANCOVA for perceived **Risk Severity** subscale found a significant effect of Expertise after controlling for covariates, $F(1,107) = 8.04, p = .005, \text{partial-}\eta^2 = .070$, but not of Case-type, $F(2,107) = 1.42, p = .247, \text{partial-}\eta^2 = .026$. The interaction of Expertise and Case-type was not significant, $F(2,107) = 1.66, p = .195, \text{partial-}\eta^2 = .030$. There were

no significant effects of the covariates: age, $F(1,107) = 0.35, p = .556, \text{partial-}\eta^2 = .003$; number of cases, $F(1,107) = 0.41, p = .840, \text{partial-}\eta^2 < .001$.

The ANCOVA for the perceived **Emotive Risk** subscale found a significant effect of Expertise after controlling for covariates, $F(1,107) = 12.32, p = .001, \text{partial-}\eta^2 = .103$ but not of Case-type, $F(2,107) = 1.77, p = .175, \text{partial-}\eta^2 = .032$. The interaction of Expertise and Case-type was not significant, $F(2,107) = 2.10, p = .128, \text{partial-}\eta^2 = .038$. There were no significant effects of the covariates: age, $F(1,107) = 3.82, p = .053, \text{partial-}\eta^2 = .034$; number of cases, $F(1,107) = 1.05, p = .307, \text{partial-}\eta^2 = .010$.

The **General Risk** Subscale was tested by ANCOVA which found no significant effects of the independent variables after controlling for the covariates: Expertise, $F(1,106) = 2.69, p = .104, \text{partial-}\eta^2 = .025$; Case-type, $F(2,106) = 0.66, p = .520, \text{partial-}\eta^2 = .012$. The interaction of Expertise and Case-type was not significant, $F(2,106) = 2.29, p = .106, \text{partial-}\eta^2 = .041$. There were also no covariate effects: age, $F(1,106) = 1.93, p = .168, \text{partial-}\eta^2 = .018$; number of cases, $F(1,106) = 0.23, p = .634, \text{partial-}\eta^2 = .002$.

These results also provide some support for Hypothesis 1c which predicted there would be a difference between social workers' and students' risk perceptions. Differences were found for Risk Severity and Emotive Risk, but not for Risk Likelihood or General Risk. . See Figure 2, which shows that students' ratings of Emotive Risk and Severity were, overall, almost 10% higher than those of practitioners.

[Figure 2 about here]

In the regression analysis which will be discussed below, Hypothesis 1b (*greater experience will predict lower risk perception in social workers*) is also supported in that the effect of experience that is visible in the different risk assessments vis-à-vis social workers and students is also visible when comparing the assessments of practicing social workers with

different levels of experience whilst controlling for age: more experienced social workers rated risks lower than less experienced ones.

Case type and risk perception: comparison of practitioners and students

Hypotheses 2a and 2b expected that there would be a difference in concern expressed by abuse type between social workers and social work students and that this difference would influence their risk perception. The first way of testing this using case vignettes, as noted in the previous section, failed to provide conclusive support for Hypothesis 2a. However, we also assessed relative Emotive Risk directly with the question: *Which of the following types of child maltreatment do you find most troubling? (Sexual abuse, physical abuse, neglect or don't know)*, and this did provide some support for Hypothesis 2b (*We expected students to be more troubled by sexual abuse compared to social workers*). Students showed greatest concern about sexual abuse (79%) compared to the neglect, physical abuse or 'don't know' options. Social workers were much less likely to rate sexual abuse as most troubling (38%) compared to the other options ($\chi^2(1) = 18.8, p < .001$, see Table 1). This supports Hypothesis 2b in relation to abuse type and expertise.

[Table 1 about here]

Blame and risk perception: comparison of practitioners and students

Hypothesis 3a expected that *social workers' judgements of risk will be more influenced by the perception that they are likely to be blamed for poor outcomes than will be the case for social work students*. Hypotheses 3b and 3c expected *responsibility and effectiveness to be an*

important determinant of risk perception among social workers but not among social work students.

So far, our analyses have shown that student social workers and social work professionals have very different patterns of risk perception. They have also provided mixed evidence for an effect of case type. As there are differences between the two groups in risk judgement, the remaining analysis considers the two groups separately to assess what variables predict their risk judgements. A regression analysis was used to examine the effect of demographic, attitudinal and experiential factors on risk perceptions among social workers and social work students. The total risk measure (incorporating the four scales of likelihood, severity, emotive and general risk) was used as the dependent variable. The scales were not considered independently to avoid statistical problems known to arise with repeated testing. Attitudinal variables of perceived personal blame, perceived professional effectiveness, and perceived responsibility were tested for inclusion in the model, but only perceived personal blame significantly improved the regression model and is reported here. Age, experience and abuse-type dummy variables were also included. The regression models used the transformed total risk measure (square root reflected) to meet the assumption of normally distributed errors, therefore the B weights reported in table 2 and 3 should be reversed for interpretation.

The regression model for student social workers using the same variables was not significant $R^2 = .093$, $F(5,77) = 1.58$, $p = .176$ and no significant predictors were found amongst perceived professional effectiveness, or perceived responsibility, see Table 2. By contrast the regression for social work professionals suggest that 55% of the overall risk perception scale variance is explained by these variables $R^2 = .549$, $F(5, 25) = 6.09$, $p = .001$ (see Table 3). There is therefore support for Hypothesis 3a indicating that increasing blame predicts increased perceived risk (though no support for Hypotheses 3b and c; responsibility and effectiveness do not significantly predict total risk perception in social workers).

As we have already noted, the regression analysis also provided support for Hypothesis 1b (*greater experience will predict lower risk perception in social workers*).

Discussion

Our findings confirm those of many other studies, in many different fields, that experienced professionals will tend to rate risks lower in a given situation than would a non-expert for whom the field is unfamiliar. We have shown here that this is the case even where the non-experts in question are students training for the same profession, and we have shown also that the effect continues to be visible when one compares more and less experienced practitioners. Student social workers perceived cases to be more risky than social workers, particularly in relation to emotive risk and severity of harm (students' ratings for emotional risk were on average more than 10% higher than those of experienced social workers in relation to the sexual abuse and neglect cases). The effect of experience was not due to age because age was statistically controlled for, and less experienced social workers still perceived cases to be more risky than more experienced social workers. There is also evidence that student and professional social worker judgments differ by case type. Students were relatively more troubled by sexual abuse cases than were practicing social workers. This is consistent with the finding that students' ratings of 'emotive risk' were higher than those of social workers, since (for reasons discussed earlier) sexual abuse is likely to evoke particularly strong emotional responses.

We cannot say which group's perceptions were closer to the 'correct' answer, and we cannot rule out the possibility that the lower risk perceptions of more experienced social workers reflect a decline of sensitivity due to over-exposure and 'psychophysical numbing' (Slovic, 2007), or that students and inexperienced social workers have a more accurate perception of risk. However, the reduction with experience of the influence of emotive

factors, such as the ‘unnaturalness’ of sexual abuse and of the emotive risk subscale (as opposed to calculative ones, such as likelihood) suggests that social workers are less influenced by the distress that cases of child maltreatment raise for them personally, and more able to weigh up risk factors in an objective way, a view consistent with existing literature on experts and risk assessments in other fields (Fleming et al., 2012). (This is not necessarily to say that experts do not make use of feelings *per se* when coming to judgements about risk, but rather to suggest that the feelings on which experts rely may be ones based on their own experience and knowledge [see Pham et al., 2012] rather than ones based on the ‘shock value’, ‘unnaturalness’ or unfamiliarity of particular kinds of situation.)

The Effect of Blame

In view of the fact that social workers are in general *less* influenced by emotive factors extraneous to the case itself than are students, a particularly striking finding of this study is that social worker’s risk judgements are strongly correlated with the perception of the possibility of being blamed for a negative outcome, but students’ judgements are not. This would suggest that the perception of risk, for social workers, is based not simply on risks to the child (the criterion one would wish for in an optimal child protection system), but also on reputational and career risks to the worker, and it could therefore be said to offer support to the view that a ‘blame culture’ is unhelpful to a child protection system, and may result in worse outcomes for children than would be the case in a non-blaming ‘learning culture’.

Further research

This paper has described a relatively small scale exploratory study. While we consider several of its findings to be striking and significant, further study is needed in order to more fully understand what they are telling us.

Although we have shown that increased experience is associated with lower assessments of risk, we cannot be sure of the extent to which this effect reflects increasing expertise and good judgement, and the extent to which it reflects ‘psychophysical numbing’ due to overexposure to distressing material: since we do not know the ‘real’ risks of the imaginary cases used in our vignettes, we cannot measure the objective accuracy of the risk judgements made by the two groups. However, this could be explored further by devising materials that would allow us to compare, for instance, accuracy of recall of details in case material, thereby providing us with information about the relative accuracy of the risk perceptions of different groups. Such materials could be used in conjunction with ‘priming tasks’ to examine the effect of potential blame on subjects’ ability to process and analyse different kinds of case information.

Psychological research as a tool for understanding social work decision-making

Academic social work is often suspicious of quasi-experimental controlled studies (see, for instance, Webb, 2001), and there are valid grounds for this suspicion. The messy, multi-factorial context in which social work is practiced often does not lend itself easily to an approach which involves isolating, and controlling for, measurable variables. The authors do not wish to suggest that the methodology used in the present study could be used to answer all of social work’s questions. Nevertheless we think it does demonstrate that the methods of experimental psychology can be used to enhance our understanding of the factors that influence social work judgements. It is in the nature of judgements that we ourselves are only partly aware of how we reach them, and may easily deceive ourselves as to how we do so, and this makes findings based purely on the observations and intuitions of the parties involved rather easy to discount. For instance, a finding that a blame culture damages social workers’ ability to make good judgements would, if based solely on interviews with social

workers, invite the response: ‘They would say that wouldn’t they?’ A measurable effect of blame on judgement in a controlled experiment is less easy to dismiss in such a way.

Conclusion

This article has reported the findings of an exploratory study in which social workers and social work students were asked to estimate the risk to children in three hypothetical scenarios where physical abuse, child neglect, or sexual abuse was indicated. Its first key findings were that estimations of risk become lower with experience (a finding that applies both when comparing practicing social workers with students, and when comparing more and less experienced practitioners), and that this effect is most pronounced in relation to assessments of emotive risk and severity. This supports existing evidence in other fields.

The second key finding was that practising social workers’ judgements of risk are significantly correlated with their view of the likelihood of being blamed, but that student social workers’ judgements were not. We have suggested some further lines of enquiry that would help us to understand better why experience reduces perceptions of risk and whether the effect on judgement caused by the fear of blame results in better or worse judgements in terms of optimal outcomes for children. We have also suggested that this study, a collaboration between social work and psychology academics, shows that there is considerable potential for the use of the methodology of academic psychology as a tool for exploring social work judgements.

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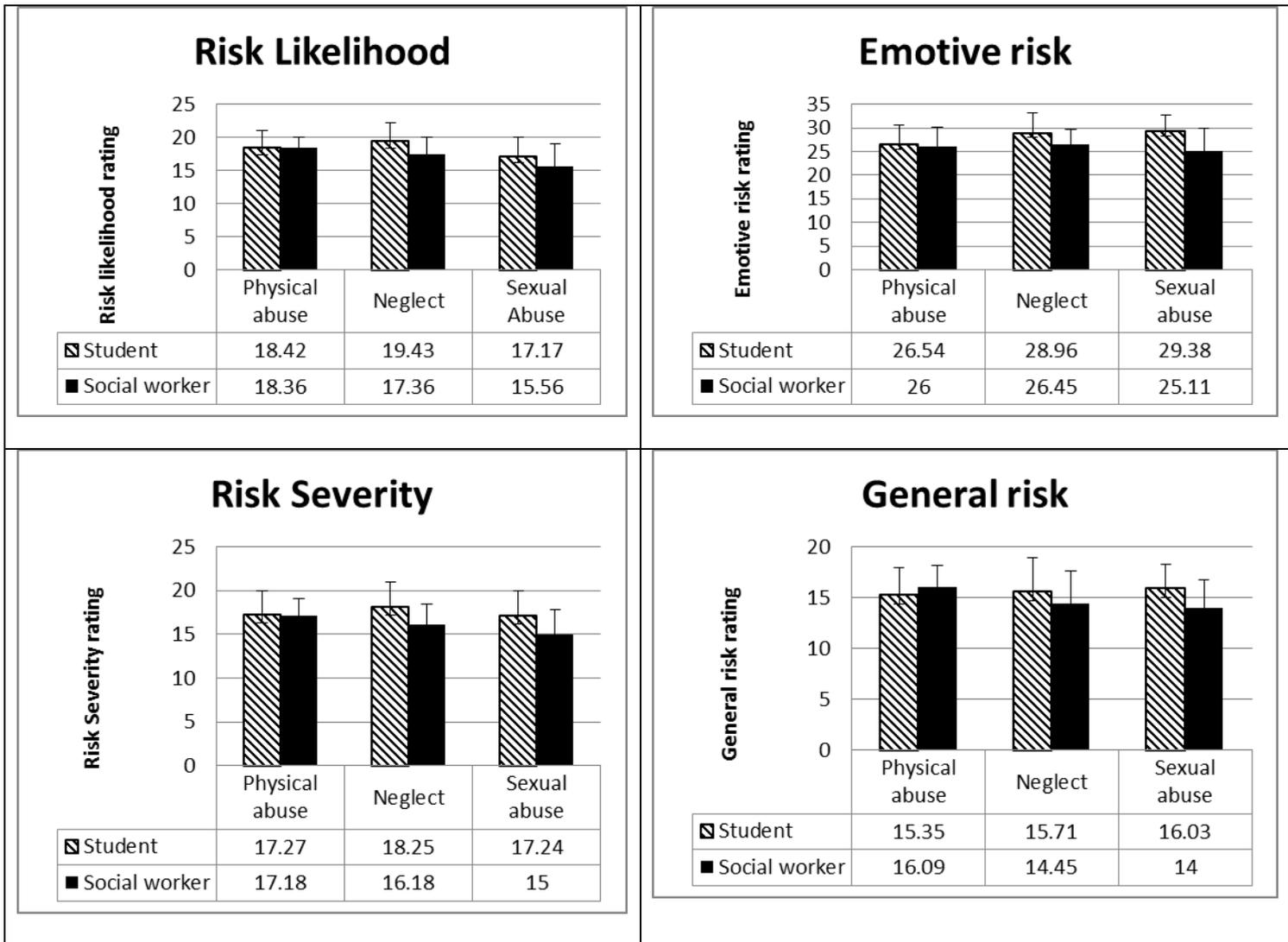


Figure 1. Mean risk perception scales by Expertise and Case type, controlling for age and number of cases (Untransformed Means), error bars represent standard deviation.

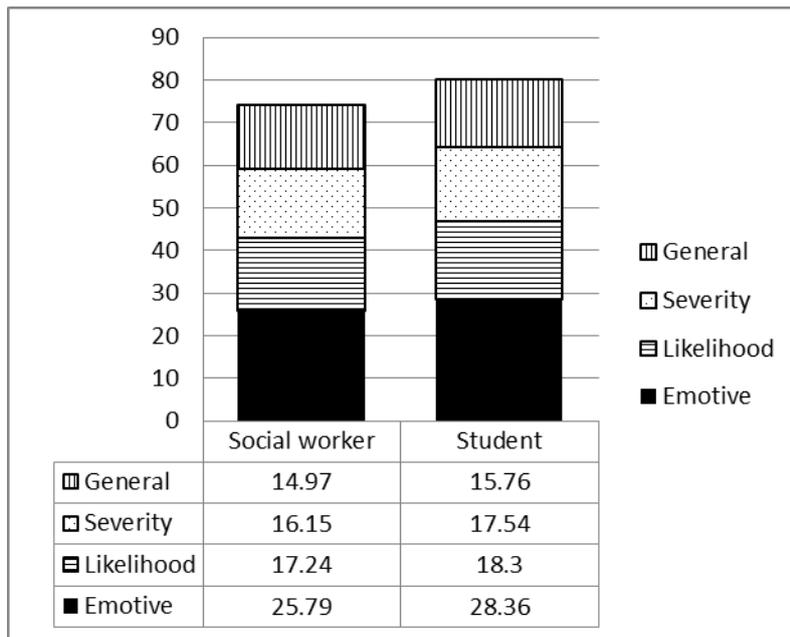


Figure 2. Mean risk values by type of risk and expertise

Table 1

Frequency of most troubling case type response

	Sexual abuse	Neglect/Physical Abuse /Don't know
Students	69	18
Social Workers	12	20

Note: the cells have been collapsed to meet minimum expected cell counts.

Table 2

Regression table of factors predicting Total Risk perception (reflected) among social work students

	B	Std. Error	Beta	p
(Constant)	6.032	.751		
Age	-.027	.013	-.208	.042
Experience (years)	.009	.082	.011	.917
Perceived personal blame	-.073	.068	-.110	.286
Sexual Case (0) vs Physical Case (1)	.168	.290	.065	.565
Sexual Case (0) vs Neglect Case (1)	-.225	.279	-.093	.423

Note: Predictors are of the reflected variable so should be reversed for interpretation

Table 3

Regression table of factors predicting Total Risk perception (reflected) among social workers

	B	Std. Error	Beta	p
(Constant)	9.257	0.890		
Age	-0.046	0.017	-0.48	.012
Experience (years)	0.069	0.026	0.49	.013
Perceived personal blame	-0.281	0.062	-0.637	< .001
Sexual Case (0) vs Physical Case (1)	-1.133	0.340	-0.55	.003
Sexual Case (0) vs Neglect Case (1)	-1.178	0.370	-0.572	.004

Note: Predictors are of the reflected variable so should be reversed for interpretation