

# The Role of Uncertainty in Professionals' Thinking about Children Who Harm Other People

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## Abstract

Uncertainty in thinking and reasoning is crucial in allowing professionals to engage with the complexities of practice, yet the way it is expressed in childcare social work remains under-researched. This study examines the uncertainty expressed by professionals when discussing children who present a serious threat of harm to others. Discourse analysis is used to examine data from twenty meetings involving seventy-five professionals. The findings suggest that there is considerable variance in the way professionals express uncertainty and in many of the meetings it appears to be relatively infrequent. The low levels of expression of uncertainty in such complex cases are problematic because it reflects limitations in professionals' thinking and actions. The majority of instances of uncertainty occur in response to a question from another professional. This is a positive aspect of professional interaction and suggests that robust questioning from peers that encourage analysis of our practice might be particularly useful in prompting uncertainty. Rather than ignore or suppress uncertainty by viewing it in negative terms, it should be valued and embraced by professionals who want to reduce unnecessary errors and enhance children's safety.

**Keywords:** analysis, childcare, social work, uncertainty

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## Introduction

The role of uncertainty in social work is contentious, and insufficient research exists about the way it affects practitioners' thinking. [Munro \(2019, p. 127\)](#) highlights its value and states that, 'in the face of uncertainty, the aim is to think clearly and rigorously to obtain the best possible picture without pretending that full details can ever be known'. The consequence of ignoring uncertainty or seeing it only in negative terms has also been documented. Perhaps, most notably within the UK, The Lamming Report into the Death of Victoria Climbié argues for a 'respectful uncertainty' when dealing with families and warns against unquestioningly accepting information about vulnerable children ([Lamming, 2003](#)). Uncertainty is not only an inevitable or unavoidable aspect of social work, but it also has to be sought out by practitioners where it may not always be apparent or obvious. This is reflected in the research by [Taylor and White \(2006, p. 944\)](#) who believe social workers often need to 'stay uncertain for longer' in order to consider more fully the evidence and ensure that alternative options are considered. However, the nature and presence of uncertainty in practice remain unclear. By examining the way professionals express uncertainty in discussions about children who harm other people, this study contributes to our understanding of the way practitioners think about complex cases where there are often competing tensions, serious risks and dilemmas. Although the study is conducted in Scotland, its focus on uncertainty and the quality of professionals' thinking gives it relevance across the UK and internationally in childcare systems that have a responsibility for care and protection.

## Uncertainty with children who present a serious threat to others

Whilst uncertainty is apparent to varying degrees with all service user groups, its presence with children who harm others is of particular relevance because of the risks to public safety and the complexities around assessment and intervention strategies. Uncertainty can arise with children who harm others from the threat of risk and likelihood of an incident occurring as well as risks arising when an incident occurs. There are four main areas where uncertainty is likely to arise. First, the children have often been subject to trauma and abuse (e.g. [Allardyce and Yates, 2013](#)); therefore, any attempt to understand their harmful behaviour requires professionals to adopt a broad view of the child's development, rather than take a narrow focus on any offending ([Hackett et al., 2013](#)). Therefore, uncertainty can emerge from the large amounts of historical

and contemporary information about the child and family, which is often incomplete, ambiguous and subject to interpretation. Secondly, understanding children who harm others require practitioners to recognise the 'multidimensional nature of the risks', where the risk can have positive and negative consequences for the child, their family and the public (Baker, 2008, p. 1475). Weighing up such risks can serve to highlight or generate uncertainty, especially in multi-disciplinary settings. Yet, working with that uncertainty is less than straightforward where social workers are expected to minimise it when determining what constitutes risk and who is at risk, whilst having to avoid the dangers of making the 'wrong' decision within organisations that have increasingly adopted a blame culture (Dekker, 2007; Armstrong *et al.*, 2018). Thirdly, intervention strategies often involve sanctions and controls to manage the risk (Barter, 2013), and this can lead to increased tensions and uncertainty where a strengths-based approach is selected to promote the child's protective factors and resilience (Daniel *et al.*, 2010). Fourthly, the unpredictability in relation to a child's future actions, behaviour and situation generates uncertainty about the nature of the harm, the victim(s) and the context. These four areas show that children who harm others present professionals with particular uncertainty about past, present and future events which have to be recognised and acted upon in terms of child protection and public safety.

Despite uncertainty being an inevitable aspect of social work and crucial to the quality of thinking (Lamming, 2003; Stalker, 2003), its role and expression in practice remains subject to debate. A study by Spafford *et al.* (2007, p. 165) found Canadian social work students 'embraced uncertainty as a normal and expected part of their work', and this was in contrast to medical and optometry students who were less willing to own uncertainty or view it as a positive aspect to their practice. White (2009, p. 233) arrives at a different conclusion based on the research from children's services in the UK and states that 'many social workers in statutory settings do not have the time to notice uncertainty in their work'. For White (2009), practitioners often rush to categorise information into certainties because of organisational pressures and practices that seek to minimise ambiguity and uncertainty. Any attempt to minimise uncertainty might readily align with children who harm others because they can be more easily labelled and stereotyped (e.g. perpetrators, high risk, irresponsible, dangerous), which might make professionals feel more confident in their assessment even where their certainty is inappropriately applied in practice. As Munro (2019, p. 129) reminds us, there is always a degree of uncertainty in childcare and protection which cannot be eliminated, but can be reduced and social workers should 'seek to manage it intelligently'. Uncertainty can arise from a variety of sources, including incomplete histories of children, unclear or disputed facts, lies and inaccurate information, forgetting information and

insufficient time and resources to complete a full assessment. Importantly, any attempt to predict the future for a child is likely to increase uncertainty because of the array of variables, known and unknown, which can affect an outcome. Understanding uncertainty is, therefore, integral to enhancing practice in complex childcare cases.

## **Methodology**

This study examines the expressions of uncertainty when professionals discuss children whose behaviours harm others (e.g. physical assault, arson, rape) as well as self-injury (e.g. attempting suicide). Data are obtained from a project based in Scotland that offers a specialist psychological and social work service for children who present a serious threat of harm or actual harm to other people and who are themselves at risk. The project offers a range of services; however, this study focuses on consultation meetings that provide an assessment of the child's needs and harmful behaviours with the aim of supporting those professionals to reduce risks. The extent to which the individuals attending the meetings are representative of their professions is not entirely clear. Those attending meetings might, for example, be more curious and motivated by an intrinsic desire to enhance their practice, or attend because they are worried or have been instructed to do so by a manager. An essential role for staff is to differentiate between the likelihood of an event occurring and the seriousness of any consequences should the event occur. Although the project is not located within mainstream social work, it is accessed by social workers and related professionals and is relevant to the profession in four key ways: most of the children discussed in the meetings have experience of abuse and neglect and have previous or current social work intervention; many of the children live out with the family home and are in the care of the local authority; childcare and protection matters arise because the harm presented by the children is often towards other children; and the experiences and knowledge of social work from the professionals attending the meetings are likely, at least to some extent, to influence their thinking. By examining the discussions of professionals during the consultation meetings, the study aims to:

- identify patterns in the way uncertainty is expressed within and across the meetings and
- analyse the specific incidents where uncertainty exists.

The retrospective nature of this study provides insight into the realities of practice in terms of the way uncertainty is expressed; however, it is not possible to ascertain how it might be linked to any emotions or reasoning by staff.

Data were collected from twenty consultation meetings (hereafter, referred to as meetings) each lasting approximately two hours. A total of 207 meetings occurred in the project's five-year duration. The project accepted referrals for children who are aged between twelve and eighteen years: boys were referred more frequently (86 per cent) than girls (14 per cent) and 96 per cent of the referrals were children of white ethnic origin. The audio recording of the meeting for each child is stored digitally in a file. Of the 207 files, the researchers randomly selected twenty: fifteen boys and five girls all of who are of white ethnic origin. The files were anonymised and labelled alphabetically from A to T as a means of organising the data. The study adheres to internationally accepted ethical guidelines and is approved by the University Ethics Committee. A consent for the meetings to be used for research purposes is provided by all of the professionals participating in the meetings. In order to ensure anonymity, all names have been changed to protect the professionals attending the meetings and the individuals discussed.

The decision to select twenty meetings aligns with the criteria for qualitative studies (e.g. [Fusch and Ness, 2015](#)) and allows for data saturation to occur in terms of examining the frequency of expressions of uncertainty and the patterns emerging from the data. The meetings comprised between five and ten professionals: usually, three professionals attend from the project, with at least one social worker and one psychologist, and normally two or more professionals making the referral attend the meeting (i.e. social worker, teacher, residential worker, police officer, psychologist, nurse and psychiatrist). Sixty-four professionals attended the meetings who had direct involvement with the children and eleven members of the project team were present over the twenty meetings, giving a total of seventy-five professionals involved in this study. Social workers and psychologists are the most frequently represented professionals at the meetings. Whilst there has been a growing recognition of the importance of service user involvement and participation in social work ([D'Cruz and Gillingham, 2017](#)), there are no service users (children, family members or laypersons) attending the meetings. The rationale for excluding service users from the meetings is to create a forum where professionals are more able to be open about their feelings, honest about mistakes and willing to disagree and debate with colleagues.

Discourse analysis is used to examine expressions of uncertainty or lack thereof. Its value as a method is in examining written or verbal language within the context in which it is used ([Hardy et al., 2004](#)). There is no single definition or approach to discourse analysis that is best suited for an empirical study; however, [Potter's \(1996\)](#) approach is useful, given its focus on social phenomena that are both constructionist and interpretive. The use of discourse analysis in this study is appropriate because uncertainty and its expression in language are socially constructed and open to interpretation by laypeople, professionals and researchers. It

also allows for instances of specific words and phrases to be coded and the language used in a running discourse to be examined in relation to a specific context (Crawford, 2004).

The researchers follow a specific process for organising and coding data from the meetings. Each recording is listened to and instances of uncertainty are noted. The dialogue preceding and following the instance of uncertainty is transcribed in order to provide an understanding of the context in which it occurs. The frequency of uncertainty across the meetings is noted in order to provide insight into overall patterns and variability of use. The expression of uncertainty is coded from any aspect of the meeting (e.g. relationships, assessment, intervention) where a lack of certainty is conveyed. Uncertainty is identified in the dialogue by a variety of words and phrases (e.g. 'I'm not sure', 'it might be but, I'll have to check') that show a lack of certainty. For example, when a social worker is questioned about the sexual images a child has shared online, she replies, 'I'm not entirely sure'. The social worker goes on to discuss some information about the images but recognises that she needs to seek additional information, hence the expression of uncertainty. Where someone indicates they are confused and having trouble explaining something (e.g. 'there are so many things in my head'), this is not uncertainty but rather a difficulty expressing ideas or prioritising information, hence it is not coded. Similarly, if someone has forgotten information (e.g. I can't remember the father's name), this is not uncertainty although it may be a contributory factor. Where there is any difference in coding between the researchers, the recording is listened to again until agreement is reached. When using extracts from the meetings, the phrases showing uncertainty are placed in italics to enhance clarity.

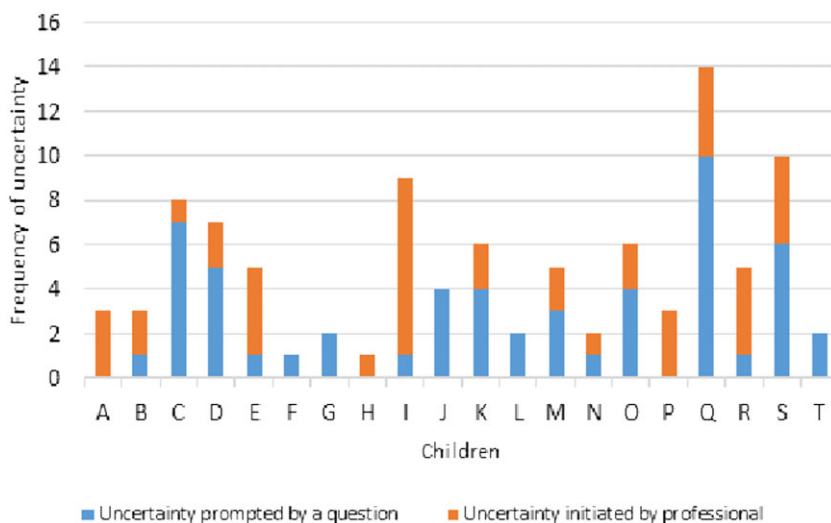
A limitation of this study design arises from the identification and interpretation of uncertainty being determined by the researchers, which may fail to capture the intended usage and meanings of the professionals involved. Given the exploratory nature of this study, there is no attempt to differentiate between professional groups; therefore, it is not possible to identify how factors such as identity, status or power might impact on uncertainty at the meetings. Caution is also necessary because of the small-scale nature of the study and the extent to which it is possible to make assertions or statements that are generalisable to the broader context. Similarly, its focus on a very specific service user group, namely children who present a serious risk to others, makes it difficult to ascertain its relevance to more mainstream social work contexts. Given one of the researchers worked on the project and participated in a small number of the meetings, there is potential for insider bias, especially in terms of insights from additional information or the interpretation of data. However, the process of both researchers checking data kept any such bias to a minimum. As the meetings were completed before the research commenced, there is no obvious bias that might influence the way professionals express uncertainty.

## Findings

The frequency of expressions of uncertainty across the meetings are provided in order to gain insight into the overall patterns and variability of its use. A total of ninety-eight instances of uncertainty occur across the twenty meetings (mean 4.9, highest 14, lowest 1). [Figure 1](#) shows the variation across the meetings and how often uncertainty is initiated by a professional or in response to a question from a colleague.

Given the exploratory nature of this study, it is not possible to ascertain if the frequency of uncertainty during the forty hours of meetings is high, low or qualitatively different from other types of childcare meetings. The findings do show that uncertainty occurs at least once in each of the meetings. However, there is considerable variation in the way professionals express uncertainty when discussing children who present a serious risk of harm to others.

Uncertainty in this study arises from the discussion of complex issues or a lack of information. Eighty-seven instances of uncertainty link to complex issues and where the information is ambiguous, incomplete or different perspectives exist (e.g. nature of sexualised behaviour, level of drug misuse). The remaining eleven instances of uncertainty are linked to specific issues resulting from a lack of information (e.g. when a father died, the age of a victim of abuse). This suggests that some uncertainty relates to issues that can be addressed by additional information requiring minimal thought or action by a professional. The majority of instances of uncertainty, however, require additional information along with



**Figure 1:** Variation of uncertainty across the meetings.

some level of analysis or action by a professional. The overwhelming majority of uncertainty ( $n = 94$ ) is expressed by the professionals in the meeting who know the child (i.e. those making the referral). The four instances of uncertainty expressed by the project staff (who do not know the child) relate to suggestions or speculation (e.g. 'maybe he is just looking for some form of acceptance'). A possible explanation of why few instances of uncertainty get expressed by the project staff might be due to the questions asked at the meetings. When the project staff do not know something or are uncertain, they might be more likely to ask a question and the uncertainty underpinning the question is not made explicit.

The use of questions by professionals, especially in relation to these complex issues, appears to be important in prompting expressions of uncertainty in the meetings. Fifty-five instances of uncertainty (56 per cent) are in response to questions. The questions in the study tend to focus on seeking clarification and specific aspects of the child's situation (e.g. 'why was he in prison?', 'what is his mood like?'). The focus on specifics relating to complex issues, rather than more general issues, might be integral to generating uncertainty. Whilst seeking clarification is necessary, questions designed to generate uncertainty in order to enhance the robustness of thinking and analysis by staff might also be important. Of course, this is not to downplay the forty-three (44 per cent) instances of uncertainty initiated by professionals when discussing the children. Professionals should recognise the value of expressing their own uncertainty, especially when discussing complex cases.

It is difficult to identify fully why there is such variation in the occurrence of uncertainty and the use of questions prompting it across the meetings. The meeting with the highest occurrence of uncertainty ( $n = 14$ ) included ten instances that are prompted by questions and related mostly to the suspected sexual abuse of Keith (sixteen years) and his siblings.

Project staff: is Keith tactile with his aunt and uncle and family members?

Social worker: *I'm not really sure* how many cuddles he would have had growing up, so I don't even know if he knows how to cuddle.

This uncertainty about cuddling with family members raises issues about how much social workers can be expected to know, especially in cases such as Keith's where adults are very secretive and hostile towards social work and where sexual abuse is suspected, but not proven. Of particular relevance to the high levels of uncertainty in this meeting is the honesty and openness of the social worker about her own practice errors and wider organisational failings. The potential for questions to prompt uncertainty might, therefore, depend to some degree on the openness and honesty of professionals when discussing practice.



The meeting with the lowest level of uncertainty ( $n = 1$ ) shows an inability or unwillingness of some professionals to share and analyse important information. The extract focuses on Anna (fifteen years) who has been in the residential care for several years and is currently in secure care. The uncertainty arose when discussing Anna's extreme mood swings and behaviours:

Residential care manager: It's the inconsistencies and *we can't really put our finger on what it is either*. Out of the 30 kids we have in the school she is the one who causes us the most concern . . . she is incredibly vulnerable.

After expressing the uncertainty the manager adds:

There is something I've overlooked, she was sexually assaulted recently.

Project staff: I think that is really interesting because it is only being mentioned an hour into this meeting.

Residential care manager: It was very clear to me it was rape. . . Another point is that when she was interviewed [in the children's home by police officers about the rape allegations] it was uniformed police, one of whom she had an incident with before and she swore at him. Then she tried to push past him and then she got arrested, handcuffed and put in the van.

Police officer: you cringe when you hear it. It was horrendous.

It is interesting that the professionals (social worker, senior social worker, police officer and residential manager) all 'overlook' such an important piece of information until it is mentioned over halfway through a two-hour meeting and after considerable discussion about Anna's 'hated' towards the police. A possible explanation is that those involved are so overwhelmed with crisis management generated by the child's extreme behaviours that they did not have the presence to reflect on key aspects of the case, and the weighting that different events should have for the child's life. Whilst the reason is unclear, it does suggest some association between low levels of uncertainty and limited analysis and reflection by professionals when discussing vulnerable children. Both of these cases suggest that levels of uncertainty are influenced, at least to some extent, by a professional's ability to analyse information and their openness and honesty about practice.

## The domains of professionals' uncertainty

The majority of instances of uncertainty ( $n = 91$ ) in the meetings can be categorised into three domains, namely, the child ( $n = 47$ ), family ( $n = 27$ ) and professionals/organisations ( $n = 17$ ). There are a minority of instances of uncertainty ( $n = 7$ ) covering a range of other issues and having no obvious similarities to allow for their categorisation. Each of the three main categories is presented in the order of frequency (highest to lowest) and common themes are examined.

Forty-seven instances of uncertainty relate specifically to the children referred to the project. The majority of uncertainty relates to behaviour and emotions towards others, and vulnerability and abuse experienced by the child and relationships with family members. A common theme with the uncertainty relating to the child is that it tends to convey information which is considered to be relatively insignificant, despite having serious implications for the child's safety and risks to other people. The following extract is about Kevin's (fourteen years) sexual behaviour and how the foster carers are anxious that they would not be able to exert sufficient control as he gets older.

Social worker: *we are still not really that clear* about what his understanding of family is, some of the early experiences with mum, *we don't really know* about... it was the previous social worker who told Kevin to stop kissing his mum full on the lips, she said that is not what you do with your mum. She [mum] was letting it be a prolonged snog [sexualised kiss].

The uncertainty in this situation is minimising the risk or indicating limitations in the sharing of information between professionals, rather than helping to provide an analysis. The uncertainty about sexualised behaviour from the child's past is not analysed with contemporary concerns of inappropriate sexual behaviour, including the foster carer's inability to address the risk and harm presented by Kevin. Yet, there is clear evidence of serious harm, such as Kevin 'standing on the foster carer's baby'. The uncertainty expressed by the social worker, however, has only become apparent because the foster carer can no longer sustain the placement. It appears that the uncertainty is expressed in response to a resource issue (i.e. finding another placement), rather than the underlying reasons for Kevin's extremely dangerous and abusive behaviour. Hence, the expression of uncertainty in relation to some children might indicate a limited analysis of some important issues.

Family members and carers account for twenty-seven instances of uncertainty, and it relates primarily to relationships and abuse. Much of the uncertainty in the category of family is linked to an inability to make links between key incidents or events and act on the information that does exist. The following extract about Richard (fifteen years), who has a diagnosis of Foetal Alcohol Syndrome, shows the social worker's uncertainty about the risk for Richard and his siblings who have, according to the previous social worker, suffered 'absolutely horrendous' physical abuse and neglect within the family.

Social worker: *We don't really know what happens* at the Grandparents' house, or what level of supervision they have... he has disclosed that he's seen Dad masturbating and the question is did he see Dad searching [the internet] for images and videos and is he is copying the behaviour.

Project staff: when he said he saw Dad masturbating, would that not be escalated to some sort of investigation?

Social worker: *I'll double check* with my colleague to see who it was reported to. Even if we were to interview dad, would Richard be able to tell us what happened?

Project staff: not necessarily, but it is a more appropriate response than doing nothing... The system around this family is sleepy, it has been sleepy for almost two decades despite all sorts of warning signs. That becomes a pattern.

There are several other instances where the social worker is uncertain about key information, including whether or not the parents have been convicted of abuse. The uncertainty appears to highlight important aspects where more robust thinking is required as well as a failure to be proactive in linking different events to generate a better understanding and more suitable interventions. An inability to link key aspects and offer a more robust analysis is a common aspect to several of the meetings in terms of the uncertainty expressed by professionals. Hence, in some situations, a lack of uncertainty in complex childcare cases might serve as a warning about limited understanding and/or action by professionals.

There are seventeen instances of uncertainty about professionals and organisations, all of which focus on the negative views of other professionals (e.g. social workers, police, psychologist) and organisations (e.g. social work, housing, psychological services). The majority of uncertainty relates to inadequate services for the child and family. Moreover, it tends to indicate an inadequate level of analysis and unwillingness to challenge other professionals. When discussing Sharon (fourteen years old), who is deemed to be at high risk of attempting suicide, the social worker and senior social worker express uncertainty about an incident in a secure unit and the intervention by colleagues from mental health services.

Senior social worker: *we don't really know* what the focus of the mental health service work is just now

Project staff: so she is in secure care at the moment and is there any other input other than mental health service?

Senior social worker: there is a psychologist, Debbie, I can't remember her surname name. It is fairly therapeutic work.

Social worker: she is not engaging with her anyway, but it also came to light that she had been taking a lot of tablets over the past two weeks.

Project staff: in secure care?

Social worker: yes, *apparently* one of the other children's' mum brought them in.

Senior social worker: you pay £5000 a week to keep them safe.

In addition to the uncertainty about intervention strategies and quality of support in secure care, the social worker states that 'there has been no in-depth work with her'. The uncertainty about the organisation and service delivery for Sharon is linked to some knowledge of the service,

but lacks any real analysis of why there is no effective intervention with the child. The uncertainty does not appear to have generated more inquisitive thinking or motivation to enquire about the service provision, despite the ongoing and serious risks to the child. In this respect, the uncertainty is quite unnecessary as it can easily be addressed by accessing available information. On occasions, the uncertainty associated with other professionals and organisations might reflect a level of acceptance or apathy regarding not knowing certain information, despite having concerns about the quality of service. This apathy might help professionals to reduce the anxiety associated with uncertainty, but it does little to enhance effective intervention.

### Linking the past, present and future

Uncertainty occurs mostly in relation to the child's past ( $n = 46$ ) and present ( $n = 43$ ) situations with much lower frequencies relating to the future ( $n = 9$ ). Future plans, interventions and outcomes are always likely to have some level of unpredictability, especially with children who have suffered trauma and abuse and now present a serious threat to others, yet the child's future is seldom expressed by professionals in terms of uncertainty. This is surprising given referrals are made because professionals want support with current and future strategies. The nine instances of uncertainty about the future relate to children ( $n = 7$ ), family ( $n = 1$ ) and professionals ( $n = 1$ ). Uncertainty is mainly around speculation about a plan for the child. An extract about Sam (fourteen years), whose foster carers have very recently ended the placement due to violence from the child, shows uncertainty by the senior social worker about seeking another foster care placement:

Senior social worker: in terms of another foster placement *I'm not sure how he [Sam] will cope.*

Sam has experienced three foster care families and he functions at the primary school level because of a learning disability. The senior social worker is concerned that he will be unable to deal with the latest rejection, which is likely to jeopardise plans for another foster care placement. Such uncertainty seems appropriate and justified, yet thirteen of the twenty children in this study have no uncertainty expressed about their future. This is surprising given the range of inevitable uncertainties the future can hold for professionals involved in complex childcare cases. The absence might arise because the uncertainty about future events is implied or implicit, or the views of professionals are expressed in a definitive way with little ambiguity. Either way, the limited expressions of uncertainty have implications for risk management, including how risks might change over time.

A lack of uncertainty about the future might also reflect professionals' thinking about the child's past and current situation. This extract about Peter (thirteen years) shows the only instance of uncertainty in the meeting and it relates to the child being sexually assaulted.

Psychologist: was it by another boy with additional support needs?

Social worker: *I'm not certain*, it was a young person that lives five minutes away.

This one instance of uncertainty took place during the first half of the meeting, which focuses on the presenters' account of Peter's violence and problematic behaviour. It is only when the project staff begin to ask specific questions about the family that the discussion shifts to the Grandparents' abuse as not only being the underlying problem but also that it has never been addressed. Consequently, a lack of uncertainty about the child's future might reflect a lack of interrogation of professionals' thinking and manifest in inaction by those individuals in relation to past events, which might contribute to a more dangerous, and in this case, abusive home environment. Therefore, uncertainty might play a crucial role in generating opportunities and ideas for the future, but it may be less likely to happen if it has not existed in the professionals' thinking about the child's past or present.

Overall, the findings suggest that there is considerable variance in expressions of uncertainty when professionals discuss children who present a serious threat of harm to others. Low levels of uncertainty in such complex cases might signal a lack of rigour and analysis in professional thinking. The use of appropriate questions by colleagues, however, is an important way of prompting individuals to express increased levels of uncertainty.

## Discussion

The levels of uncertainty in this study reflect findings by [White \(2009\)](#) and raise issues regarding the robustness of professionals' thinking about children who harm other people. Uncertainty is an inevitable part of childcare social work and important for keeping children safe ([Lamming, 2003](#); [Munro, 2019](#)), hence the low levels of uncertainty that often occur when professionals discuss children who present a serious threat to others suggest it is constrained or deprioritised within practice. Given there are seventy-five professionals involved in the twenty meetings used in this study, it seems plausible that the low occurrence of uncertainty is shaped less by any individual deficits and more by cultural and organisational factors that adversely affect the quality of thinking in complex childcare cases. [Baker \(2008\)](#) believes that excessive workloads and the demands of practice, especially short timescales, create dilemmas for

practitioners whereby they are expected to reach decisions without having sufficiently analysed the necessary information. Whilst such pressures are very real for many professionals and might account for low levels of uncertainty, [Taylor and White \(2006\)](#) also point out that hasty judgments about a case can remain relatively unchanged even when contradictions become apparent. Hence, the failure to embrace uncertainty might not only lead to poorer analysis or interventions in the past, present or future, but it may also continue over time and exclude important and new information. This can lead to deleterious if not dangerous outcomes for a child and the public. [Dekker's \(2007\)](#) view of a 'just culture' seems relevant to addressing some of these organisational and cultural practices along with the low frequency of uncertainty found in this study. For Dekker, it is the opportunity to reflect on a just culture rather than a blame culture that will help create a practice environment where staff feel supported to explore uncertainty. Engaging in more reflective practice will help professionals to understand whether their uncertainty has to be resolved (e.g. seeking more information), accepted (e.g. some aspects of a case will never be known) or managed intelligently with robust analytical and reflective thinking.

Within the current study, there are four inter-related factors that limit the way uncertainty is expressed by professionals when discussing children who harm other people.

1. Lack of curiosity: constrains active inquiry when seeking out information, including a willingness to respond to complex issues.
2. Incompetence: being unaware, lacking insight or unwilling to check information.
3. Work processes: where overly bureaucratic procedures and excessive workloads create a sense of powerlessness that limit the ability of individuals to think analytically about complex issues.
4. Systemic pressure: where the organisational practices require definite answers and have intolerance of complexity or information that might have a detrimental impact on the organisation.

There might be other factors limiting uncertainty such as a difficulty or unwillingness of professionals to engage with children's traumatic experiences and associated harrowing information; however, the retrospective nature of this study did not allow for such aspects to be examined. What is clear from the evidence is that the use of robust questioning by professionals on specific aspects of a child's situation can counteract some of these limiting factors. This is not to suggest that all instances of uncertainty have to provoke questions, signify complexity or require a high level of analysis in a child's life. In complex cases, however, the aim is not to reduce uncertainty per se, but rather to ensure that it co-exists over time with analytical thinking. Using robust questions that focus on specifics, rather than general areas of practice, might provide a useful strategy for increasing opportunities where analytical thinking can co-exist with uncertainty.

Uncertainty in complex childcare cases is perhaps best conceptualised as an integral part of the thinking and questioning process, rather than a static entity that has to be overcome or avoided. The 'uncertainty quadrant' (Figure 2) provides a way to conceptualise four key positions experienced by childcare professionals.

Professionals wanting to reduce unnecessary errors will move towards the Ideal position where analytical thinking has led to certainty. However, this position might never be reached due to limitations in individual and situational factors. Where the Ideal position can be reached it must be preceded by Interrogating, where analytical thinking can co-exist with uncertainty. Professionals can fluctuate between these positions depending on a range of factors such as the complexities of a case, new information or changes in the child's situation. Within the Inaction or Unwarranted positions, uncertainty levels are more likely to be low or ill-conceived because of superficial thinking, lack of effort or organisational and cultural barriers, and as such, there is a greater likelihood of unnecessary errors. Whilst there can be a temptation or pressure to move directly from either of these positions towards the Ideal position, it will create a false dawn because the understanding of uncertainty lacks sufficient rigour. The time spent engaged in analytical thinking will depend on a range of individual and situational factors, and professionals may remain uncertain and never leave this position in some complex childcare cases. Importantly, analytical thinking can generate higher levels of uncertainty and in doing so will reflect the robustness of professionals' thinking. Whether or not uncertainty is deemed a positive or negative aspect of practice will, therefore, be determined by the quality

<p><b>Inaction</b> ¶</p> <p>Limited action results in uncertainty ¶</p> <p>¶</p> <p>☐</p>	<p><b>Interrogating</b> ¶</p> <p>Analytical thinking co- exists with uncertainty ¶</p> <p>(default position) ☐</p>
<p><b>Unwarranted</b> ¶</p> <p>Superficial thinking leads to uncertainty ☐</p>	<p><b>Ideal</b> ¶</p> <p>Analytical thinking leads to certainty ☐</p>

**Figure 2:** Uncertainty quadrant in complex childcare cases.

of thinking associated with it. In all childcare cases, Interrogating should be the default position where uncertainty and analytical thinking co-exist and are viewed as a strength within practice.

### Limitations of study

As with any small-scale study, some caution is necessary when applying findings about uncertainty to the broader social work context, especially given that children who harm other people present professionals with a very specific and often complex range of issues, risks and dilemmas. Whilst the meetings in this study comprised a consultation creating a supportive and safe space for professionals to discuss their practice, individuals might still feel unsure or anxious about expressing uncertainty when their peers are openly scrutinising the case. Also, a lack of expression of uncertainty does not necessarily mean that staff are certain, hence further research is needed to examine how staff experience uncertainty, including their ability and willingness to convey it in practice. Given the professionals who request the consultation meeting have to self-refer (i.e. they have recognised specific problems and are actively seeking support), they might present differently and potentially show more uncertainty compared to a mandatory child protection meeting. The dominance of social workers and psychologists in the study also provides a limited range of perspectives, hence a more balanced representation of professionals, including issues of gender and ethnicity, will give a more robust insight into the role of uncertainty across a range of practice contexts. Although the study offers a unique insight into uncertainty, it is not possible to consider important mediating factors such as professionals' expertise, status, experience, personality, case load and quality of the child-worker relationship. Future research should consider such aspects in order to provide a more nuanced insight into the role of uncertainty in social work.

### Implications for policy and practice

Policy makers, managers and practitioners should recognise that the expression of uncertainty when linked with more analytical thinking is a positive aspect of professional reasoning. Practice forums that provide opportunities for professionals to think analytically, have ideas questioned and discuss complex cases might help to promote greater levels of curiosity and uncertainty, thereby helping to reduce unnecessary errors and enhance safety for vulnerable children and other people. Whilst the findings in this study relate to a very specific service user group, there is little, if any, evidence in the literature to suggest that the



role of uncertainty is any more prevalent in mainstream social work, including community care and criminal justice settings. For Warner and Sharland (2010, p. 1040) 'To bring about improvement, we must develop systems that support and promote among social workers the critical reasoning required to work with complexity and uncertainty'. Yet, the increasingly bureaucratic and procedurally driven organisational practices in social work and health in the UK (e.g. Crawford, 2004; Lamming, 2003; Munro, 2011; Turney and Ruch, 2016) constrain opportunities for the expression of uncertainty in practice. Also, the increasing dominance of a blame culture where there is anxiety and fear of making mistakes (Adams *et al.*, 2002; Warner, 2015) and which adversely impacts on practitioners' sense of self and professional identity (Leigh, 2017) is unlikely to create a safe context for professionals to express uncertainty. The prevailing managerialist practices have not been created by front line practitioners, yet they continue to constrain the quality of their thinking. Whilst it may be tempting to suppress uncertainty for bureaucratic and organisational interests, it is unlikely to improve understanding and communication between professionals or enhance the safety of vulnerable children and others.

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