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Evidence and risk discourses: Shaping professional practice and families in child protection

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Abstract
This theoretical article discusses how specific knowledge regimes have gained increasing influence on the management of welfare services in a Norwegian context. The article argues that a combination of evidence and risk discourses contribute to the shaping of professional practice and families in child protection services. The aim of this article is to show that evidence and risk discourses combined form knowledge regimes as a part of the state's management tools in modern welfare states. The analysis is drawing on a governmentality perspective and illustrates that the impact of such knowledge management in child care protection may have some rational benefits in organizing social work practice. However, the article concludes that it is also important to reflect on how state management tools shape professional practice and affect the lives of families.

Keywords
child protection, governmentality, knowledge regimes, risk, social research

Introduction: Knowledge regimes as management tools
This theoretical article investigates the role of knowledge development in the state management of professional work in the field of child protection services. Our discussions take place within a Norwegian context, which is considered to be more family and child oriented than other welfare regimes. This professional orientation puts a great weight on early interventions to prevent future social problems for children and families. In western societies, certain specific concepts of knowledge have predominated in the welfare systems of the different countries, within health and social sectors alike. Research into which concepts of knowledge have dominated in the development of the Nordic welfare states suggests that positivist-inspired approaches have been influential, particularly during the post-war years, which constituted the most expansive phase of development for the welfare state (Slagstad, 1998, p. 327). The use of the term *knowledge regimes* in connection with the post-1945 expansion of the welfare state refers to the fact that a knowledge regime drawing on natural sciences as its model also became increasingly influential among social scientists. As such, the major lines of development suggest that "… *shifting knowledge regimes [...] gives*

such a regime supplementary institutional characteristics beyond the political and the legal: its identity is also determined by the forms of knowledge predominant in the political institution" (Slagstad, 2004, p. 2).

The article highlights three features that form a more fundamental perspective in respect of the above development tendencies in the field of child protection services. Firstly, we will show that perceptions of risk have become influential in the state's management of the field of child protection services. We can bear in mind that even in the field of child protection services, evidence-based thinking has historically been a less apparent factor, but these ideas have exercised the greatest influence on knowledge development within the medical sector. The article indicates that it currently appears that evidence-based thinking still dominates within medicine, while risk-based thinking is more dominant in the field of child protection services. Secondly, we will show that the two approaches are closely related, as both evidence theory and risk theory play increasing roles in knowledge development that legitimize state management technologies in the field of child protection services. Finally, we ask some critical questions in relation to the possible consequences of the tendency within child protection services to transfer the responsibility for risk handling from the state to the professions and individuals.

The article is located within a governmentality perspective and observes that the exercise of state power behaves as a mentality or tendency to regulate the behaviour of groups within the population, while the state exercises a less visible power over the everyday life of individuals (Foucault, Burchell, Gordon, Colin & Miller, 1991). According to Foucault (1980), the professional sectors maintain the knowledge and skills that are accepted as valid and relevant for problem solving in the modern welfare state. This is illustrated by the manner in which institutional practice is affected by the predominant forms of professional discourse. What is less obvious is that some understandings of knowledge will always be ranked higher at the expense of others, and these will be used to legitimize political guidelines, laws and measures. Within the health sector this can be illustrated by an ongoing work of standardisation, in which what is regarded as valid knowledge includes diagnoses, treatment cost structures and legal frameworks. As paper-based management practices are rapidly being replaced by digital practices, the management system appears to be able more effectively to link people's perceived medical disorders with legal rights, health services and financial benefits (Myrvang, 2005). Within the field of child protection, the psychiatric profession in particular has contributed to legitimizing a medical knowledge platform, while psychology and pedagogy have emphasised a development-psychological perspective (Cole 1998). The above description appears increasingly relevant as the demands on professionalisation and efficiency in child protection services increase and the challenges become steadily more complex. This can explain the need for systems that can reduce complexity and uncertainty, as well as documenting professional work. The increased complexity leads to further needs for specialised knowledge and experts in individual areas. The assumption is that by breaking complex challenges down into subsidiary areas the challenges can become easier to deal with and can find rational solutions (Smith, 2008).

Our approach emphasises that given types of knowledge and practical technologies form part of the state's management tool kit and that management occurs by also affecting individuals' self-management (Slagstad, 2014; Mik-Meyer & Villadsen, 2007 p. 147). Historically, knowledge development in general has been very influential in management of the welfare state's institutions (Foucault, 1980; Foucault, 1982). In the labour market this may relate to an emphasis on the *individual duty* to participate in working life; in the health care sector it may concern the *individual responsibility* for one's own health, while

in the field of child protection it may relate to individuals in families and professions to safeguard children's wellbeing (O'Connor & Robinson, 2008). In recent years, standardisation of professional activity in the field of child protection services has been the subject of wide attention. This development features an increased use of manuals and programmes[1] in practical approaches and decision-making in child protection practice (Hennum, 2010; Sletten & Ellingsen, 2020). Research in the field of child protection services has shown that the knowledge platform on which this development rests results in more subtle forms of control and management of children and families, contributing to the development of constructing children and families at risk based on white, middle-class values (Egelund, 2003; Hennum, 2010).

In our approach, we suggest that discourses around evidence and risk are closely related to each other and contribute to reinforcing the credibility of the discourses and thus their influence. The fact that certain knowledge discourses attain a dominant position affects both professional training and professional practice. A concrete example of this is that newer discourses on evidence and risk now form part of the institutional logic even in the field of child protection (Haug, 2018). The explanation for this development includes ideals of knowledge-based practice, which affect training, research and professional activity alike. Political guidelines and areas of focus promote this ideal and for various aspects of the work feature in state management technologies. Such management technologies are to be found for instance in public management documents, in legal formulations and in national guidelines for professional training (Mik-Meyer & Villadsen, 2007). Power technologies of this sort can also be seen as *self-technologies* in the shape of ideals and expectations that individuals direct towards themselves (Dean, 2006). Self-technologies thus form part of an individual's self-understanding, in that it seems rational and sensible for citizens to act in line with the dominant ideals that are communicated. The linking of power technologies and self-technologies means that the management is not perceived as enforced, but rather as productive and self-chosen (Foucault, 1980; Villadsen, 2007).

The development of knowledge in the welfare state

Historically different types of scientific ideals have played a powerful role in technical areas such as law and social economy, such that lawyers and social economists were trailblazers for a positivist knowledge regime. Their influence can be seen in connection with the significance of the national budget for the management of the state's welfare policy; law and social economy together incorporated faith in rational social management as represented by *"social-economic and statistical expertise"* (Slagstad, 2008, p. 55). A knowledge regime thus manifests as a *"truth regime"* legitimizing which rules apply to distinguish truth from untruth, and which tools and technologies are relevant for solving a given problem (Foucault, 1980, p. 109). After 1970, most western welfare states began to introduce financial constraints in order to apply a brake to the growth in costs, while initiatives based on the so-called *New Public Management* were implemented in order to make the public welfare apparatus more cost-effective. Initiatives during this phase consisted of introducing more constricted budget regimes based on commercial management systems, as well as an increased use of sector-specific and theory-based action plans. Such action plans gradually

[1] Examples of standardised tools: PMTO: Parent Management Training Oregon, MST: Multi Systemic Training, CoS: Circle of Security, etc. For a list of such tools see NOU 2012:5 "Bedre beskyttelse av barns utvikling", p. 82.

developed into decision-making tools in the form of manuals and "evidence-based guidelines". This was seen initially in the health service and subsequently to an increasing degree in child services. Practical policy was increasingly legitimized with reference to these kinds of "knowledge-based" management technologies.

History thus indicates that knowledge discourses form part of, and contribute to, the distinctiveness of a given welfare and social-policy regime. In addition to political ideologies and legal systems, the regime is shaped by what type of knowledge provides the legitimacy for exercising power (Christensen, Gornitzka & Holst, 2017). A good illustration of this development is that modern medicine, with its scientific laboratory based on a positivist knowledge ideal, has succeeded in legitimising its social significance, with doctors becoming a high-prestige profession. This knowledge ideal has exercised, and continues to exercise, a powerful influence on the work in the welfare sector as a whole (Freidson, 1979; 1994). Perceptions of evidence and risk have formed a part of two dominant discourses that historically have a common theoretical basis. In the health sector, it is the biomedical and organ-specialised doctor that has played the most powerful role, with the evidence discourse being predominant. In the field of child protection services, however, it is the risk discourse that has been predominant in recent years, while the evidence discourse has played a less visible role. In child protection services, the so-called psy-sciences in particular have been awarded a hegemonic status. The term psy-sciences refers to a knowledge orientation based on pedagogic and psychological traditions within medicine and psychiatry (Ericson & Doyle, 2003; Rose, 2006). Within child protection services, risk discourses rooted in such developmental-psychological perspectives have gained wide acceptance (Haug, 2018). In recent decades, certain development tendencies have manifested in the field of child protection services, in which both evidence and risk have played a role, but in which risk-based thinking has found a clearer and more influential position as a knowledge discourse.

Evidence and risk as organizing child protection practice

In the above, we have shown how various knowledge regimes can be linked to professional discourses in the welfare state. We now wish to emphasize how evidence and risk discourses contribute to the policies and practice within the child protection field. We have chosen these two specific discourses as they both are underpinning the historical development of management technologies in the welfare state, and they can be re-discovered today in the shaping of given welfare initiatives (Parton, 2006). As we will argue, both evidence and risk discourses appear to be embodied into the organization of child protection services, although risk-based discourses may be more prominent. One position is arguing for distinguishing between assessment of risk within child care protection and in medical treatment and care, because risk assessments being done in different stages of the child's life, and risk assessment for the child's situation here and now, cannot always predict the future (Bendiksen Kjær 2019). To establish a "gold standard", as in medicine, is not possible in child care protection. Nevertheless, when a given discourse legitimizes a particular professional practice, it simultaneously legitimizes the use of particular management technologies, thus creating a more general, neoliberal welfare policy (Webb, 2006). Both evidence and risk discourses have been able to fill the void with rational and scientific social policy and practice. A growing field of research discusses how scientific discourses in child protection are forming new grounds for organizing practice. In the following, we will focus especially on how scientific discourses of evidence and risk shape professional practice through standardisation.

Standardization as knowledge management

Science has played a key role in western medicine, including epidemiology, which with the help of population technology, has supplied calculations relating to *risk* – specifically in respect of expected population mortality. As a more comprehensive society-level strategy, attention was turned towards hygiene in the form of clean water, but also at the individual level by prescribing cleanliness as a strategy against illness (Slagstad, 1998). A link is thus formed between the concepts of *evidence* and *risk*: if *risk* is understood as a "threat" or as the probability of something undesirable affecting individuals or society, there is a requirement for *evidence* of the ability of a tool to reduce or eliminate such a threat. This will be the case whether it applies to the goals of the health service to prevent illness or whether it applies to the goals of child care protection to prevent or reduce the risk of unfortunate child care conditions.

Both in the health service and in child care protection services, the state exercises control by promoting given knowledge discourses. The health service yields more explicit references to science as a knowledge ideal; with a biomedical knowledge discourse displaying a reductionist logic based on the causes of illness being found in some underlying condition, and in which observed symptoms are reduced to more and more closely specified parts of the body's organs. The historical basis for this "evidence movement" in modern medicine can be dated to 1972 when the British epidemiologist Archie Cochrane published his book *Effectiveness and Efficiency: Random Reflections on Health Services*, which exercised a great influence on modern medicine (Cochrane, 1972). Here the scientific method consists of systematic research carried out with double-blind, random-controlled trials (RCT), in which the methodological requirements are associated with those of the medical researcher in a laboratory. Research is intended both to identify the causes of illness and to find adequate medicamental treatment or intervention (Ekeland, 1999, p. 305). Central arguments in support of the evidence movement are studies that have uncovered systematic weaknesses in the medical decision-making process of doctors. A key reference is an editorial in the *British Medical Journal* in 1991, entitled "The Poverty of Medical Evidence", which pointed out that only 15% of medical interventions are supported by what can be termed *scientific evidence* (Smith, 1991; Sacket *et.al.* 1996). In the Nordic countries, "best practice" recommendations are published by the Cochrane Collaboration who disseminate updated meta-research on studies based on RCT concerning medical interventions, in order that doctors can perform *evidence based medicine* (EBM) as the "gold standard" for medical intervention (Daae, 1998).

Even if some parts of health care benefit from EBM, some parts of medicine seem to be adjusting their behaviour according to "best practice" recommendations published by state authorities. In public health care, general practitioners report problems finding diagnostic codes appropriate to the descriptions they are given by their patients, for instance, in the case of lifestyle-related disorders, such as myalgia diseases and syndromes. Nevertheless, general practitioners find themselves forced to use specific diagnostic codes in order to legitimize financial benefits from the social-security system, while at the same time finding that the patients' descriptions of their symptoms do not fit in with the descriptions given for the diagnostic codes. The code categories used here can be regarded as exclusion mechanisms for conditions that do not fit the diagnostic classification regime. This establishes a gatekeeper function within the state welfare bureaucracy (Myrvang, 2005). Here the medical and legal formulations of the welfare apparatus, however, legitimise the decisions that are taken; it is stated in a positivist-inspired language that there is to be a *causal connection* between the degree of fitness for work and the award of financial benefits.

In child care protection, both evidence and risk discourses are today increasingly intertwined as tools for a similar kind of standardization with little regard to the fact that different welfare professions traditionally have employed different criterias, thresholds and rights. Even if some parts of specialized medicine benefit from higher standards for measure, diagnosis and intervention, this is not true for child care services. As the social world is socially constructed and constantly changing, such standards are seldom useful for identifying more complex social problems. In general, in child protection service and social work it would be more difficult to benefit from standards based on objective causality since the practice is influenced by several cultural factors and local traditions. Such factors will represent a complex variety of environmental and social factors (Ekeland, 1999). Taking a governmentality approach both on child care protection and medical practice, a key goal of the state government is to regulate access to welfare provisions. This is a matter both of maintaining control of costs and of ensuring secure deployment of both universal and specific welfare provisions. Management technology, however, links legal regulations with quantifiable, socio-economic factors that together function as exclusion procedures (Foucault, 1999, p. 9). It is necessary that those who wish to participate and need measures from the welfare apparatus fulfill certain qualifications and are willing to subject themselves to certain predetermined rules; in other words, that procedures are established for exclusion and rejection as thresholds for welfare measures. A more subtle exercise of power is however wielded by an invisible "sorting technology" in which *"... each standard and each category valorizes some point of view and silences another"* (Bowker & Star, 2000, p. 5). Individuals and bodies with more limited resources will thus be discouraged from coming forward because they will feel that they lack either necessary specialist knowledge, expertise, or requisite ability to articulate (Foucault, 1999).

Towards a gold standard for child protection practice?

While the health service appears to rely more on a knowledge regime that emphasises a "gold standard" based on scientific evidence, child protection services are to a greater degree to rely on theories of risk. This is currently communicated increasingly strongly in key management documents in the field: *"A feature of postmodern society is an extended pattern of risk. While critical examination was formerly largely limited to socio-economic and psychological issues in the child's home environment, attention has to a greater extent been directed towards a broader problem area of socialisation and social risk"* (NOU 2009:8, p. 52). The language used indicates also that psychological knowledge discourses have a core function for the direction of institutional action. Professional narratives of children and parents as "risk identities" thus receive a greater influence (Haug, 2018). Scientific discourses can be understood to reinforce a risk-based understanding, which may explain language constructions such as "children at risk", meaning that their parents will also be the object of interventions by child welfare services. In the field of child care protection the general accepted understanding is that childhood and parenthood legitimize given institutional actions.

Child welfare services have seen a steady development of constantly new tools for management and self-management, in which distinct programmes and methods are developed for various groups. One example of this is methods for working with behavioural difficulties in children and young people. Common for many of these methods is that they address individuals' actions and reactions in given situations. The aim is by means of these methods to develop new behavioural strategies with the help of motivational and learning theories. Parents and teachers in particular can be trained and coached in how they can pre-empt and reduce unwanted behaviour in the child. Policy documents within child services also

show how the study of modern medicine is seen as a theoretical ideal in risk prevention and reduction. This is apparent for instance in NOU 2009:8: "*On the basis of a medical academic tradition, we have used the terms primary, secondary and tertiary prevention [...]. Preventative work in child welfare services will often have the character of secondary and tertiary prevention, through offers of assistance measures made to the child and the family, as well as possible care measures. This may include various forms of interventions to tackle problem behaviour …*" (NOU 2009:8, p. 50). In relation to the use of methods by child protection services, risk is explicitly mentioned in descriptions directed towards identified risk groups. The language features use of euphemistic formulations such as "precautionary principles" and "early interventions", which provide associations with the idea of "prevention" in the health care system. Such principles are intended to direct both professionals and users to act in line with what is expected of responsible, rational subjects in the modern state (Rose, 1990). While the stated goal is to assist parents and children in terms of favourable conditions for upbringing, the methods are based on collected information "*… that is used to define and categorise the children and parents who are involved as different from those who are not regarded as having a need for them. Such programmes thus contribute to producing a type of knowledge about both parents and children*" (Hennum, 2010, p. 4).

Even though an evidence base forms an underlying premise here, the emphasis on a risk-based perspective is more dominant in the professional practice of child protection services. The management documents, however, emphasise here too that it is "*… necessary to have a focussed and systematic effort to promote evidence-based methods and initiatives …*" (NOU 2012:5 "Bedre beskyttelse av barns utvikling", p. 82). Ongoing work in the child-services sector to introduce "check lists" can be compared to the so-called procedural books that the medical sector uses as a decision-making tool. The use of investigative forms and standardised models is recommended for child-services investigations. These forms include, for instance, categorisation of care and cohabitation forms based on western, psychological-development research emphasising play, interaction, eye contact and taking turns (Lee, Macvarish & Bristow, 2010). An example of an investigative tool that is widely used in the Norwegian child-services system includes manuals for observing the parents in respect of physical contact, initiative for play and interaction, their response to the child, their ability to empathise with the child's world and other factors relating to interaction (Kvello, 2007; 2010). The model includes assessment of parents on a numbered scale ranging from "too little", through "suitable" and up to "too much" in respect of the various aspects of parental behaviour. Such assessment forms presume that risk consists of measurable and objective facts relating to parental behaviour (Haug, 2018).

As is the case with the health service, however, professional work in the field of child protection services encounters challenges in respect of finding a standardised client who "fits the model". The state is here deploying knowledge discourses about risk in order to get individuals to act in line with welfare-political aims and with formulated legal regulation. When the power of knowledge is administered with the aid of such "artefacts of expertise", this entails management on the basis of expert knowledge, but in which laws and regulations are also legitimated in this administration of knowledge (Rose & Miller, 1992). Taken as a whole, it is apparent that evidence-based and risk-based understandings are increasingly intertwined, and have gained a central role in the work of the welfare professionals towards their clients. As we see in Foucault (1980), the purpose of the state's management technology is both large-scale management (in other words, managing groups of the population) and ensuring that individuals' self-management takes place in accordance with the state's welfare-political goals. Risk handling seems to be focussed on both normalization

and regulation of families and children by means of a combination of authoritarian technologies and self-technologies (Donzelot & Deleuze, 1977).

We have argued that evidence and risk discourses are connected and intertwined, and that both discourses can be used as tools for standardization. It is clear that welfare practices employ some kinds of standards, such as criteria, thresholds and rights, but all standardization has its limits applied to the everyday lives of patients, children and families. One of the effects of standardization is that both professions and welfare clients are subjects of this development. Professions are subjects of risk because the evidence and risk discourses combined shifts the everyday practice towards risk management as main focus in their professional practice. Families are also affected by being the ones that have to be "managed" by professions who are obliged to assess and eliminate risk. Obviously, this affects both how we view, assess and document risk, but also in more subtle ways we all are affected by this development.

Discussion

In the above we have shown examples of how the regulation technologies deployed at an individual level are rooted in a positivist scientific ideal. Evidence-based and risk-based discourses together are seen as constituting an influential knowledge regime, both in the health sector and in the field of child protection services, and thereby form part of a management technology that is used to attain welfare-political goals. In the health services, illness is to be prevented and treated, while the field of child protection services is based on perceptions of risk relating to protecting "the child's best interests". We will now discuss the significance and consequences of using such management technologies, in particular that this involves a transfer of responsibility from the state to professions and individuals.

In a governmentality tradition, state power is perceived as being exercised relatively subtly, such as through knowledge management in the professional sectors. We refer here to a tendency to prefer the use of given knowledge forms and practical technologies at the expense of others, including also individuals' self-management (Foucault, 1980). The linking of authority technologies and self-technologies means that this management is not necessarily perceived as enforced, but can also be experienced as self-selected (Villadsen, 2007). Developments after the 1970s show a legitimisation of public management with reference to management tools drawn from the commercial and private sectors, with an overall goal being to slow down any growth in public-sector costs. Initiatives based on *New Public Management* include the introduction of narrower budget regimes based on commercial management systems as well as the use of theory-based action plans and decision-making tools in the form of evidence-based manuals. The underlying premise here is that more effective welfare services will thereby be provided, meaning that these provisions will contribute simultaneously to cost-efficiency and to improved service quality. We have argued that this results in an increased transfer of responsibility towards individuals and professions; in other words, a shift in responsibility that is typical of neoliberal management regimes in Western countries.

Socio-political regulation in the field of child protection services has been seen to contribute to specific initiatives being legitimized with the help of given knowledge discourses (Villadsen, 2007). This development represents a perspective based on *individual duty* to do whatever is possible as a parent to ensure the best possible childhood for one's offspring. For instance by participating in parenting courses, nursing groups, conflict resolution courses, etc. Such courses and services have in the post modern world become self-technologies that we as responsible citizens are expected to use to handle risk (Kemshall, 2003). This illustrates

how hegemonic knowledge regimes contribute to constituting individuals who perceive themselves as autonomous and responsible individuals (Villadsen, 2007).

In this context, risk can be understood as a pervasive perspective that will always be implemented on the basis of someone's interests and values (Douglas, 1992). It may for instance entail a requirement that a need for assistance must be documented on the basis of something that is regarded as an applicable reason. This will impact the rights of both professionals and of individuals. Acting on the basis of knowledge of risk is one approach to assessments both in the health and child protection sectors. In child protection services, for instance, children's care situation is a key issue; perceptions of risk here will demand that professionals do things, make priorities and take action as soon as a risk is discovered. When specific risk discourses attain the status of hegemony, this entails a change in the action imperative. An example of this is that categorising of risk level may mean a shift in focus from individual needs to interventions that are designed for specific risk groups (Beck, 1992; 2009). Individuals can however also be subject to investigation, documentation and measures not just on account of their needs but because they happen to be in risk groups to which something might potentially happen (Rose, 1998; Kemshall, 2002). On the other hand, risk discourses might contribute to needy individuals *not* getting help because they do not meet the criteria for risks listed in the manuals. Many false positives and false negatives can occur in both the health service and child protection services on account of excessive use of standardized, evidence-based risk-prevention tools. In connection with child protection services, it has been argued that certain forms of evidence and risk-based thinking can lead to a less holistic approach (Munro & Calder, 2005; Webb, 2006). Throughout the state welfare apparatus there is currently an ongoing and very comprehensive work of standardization (Sletten & Ellingsen, 2020). The transition from paper-based to digital management tools means that the systems are increasingly based on integration of existing codes and classifications, leading to both diagnoses, regulations and treatment cost rates being linked in a subtle manner. Seen as a totality, this appears as a type of coercive technology, linking individuals' perceived conditions and legal rights as a gateway to welfare services.

The knowledge basis in the health service, which emphasises evidence, has gained increased influence in the field of child welfare services. The risk literature suggests various explanatory models for this development. A governmentality perspective, and in particular regulation theories, explores how risk is linked with management (Green, 2007). The choices and actions of individuals are perceived as the voluntary exercise of rights and moral duties. Adult citizens are disciplined without perceiving themselves as being disciplined, and this is legitimated in common values such as "the best interests of the child" (Hennum, 2015). Most people would support a wish to act in the best interests of a child, which means that this managing appears to occur through our own choices. But state intervention based on a type of "gold standard" – irrespective of whether this takes place in the health service or child protection services – will be of limited value. Only in parts of the system will a limited number of users truly suit this method – in respect to both medical and child services issues. In the medical sector, it will be possible to treat individual conditions with unambiguous symptoms more effectively, while complicated and complex conditions will not readily find a solution when professional practice is dependent on evidence-based support systems. The same is true of child protection services, because the families of which each child is a part will always represent unique and specific challenges which have to be understood within their own local and cultural context (Haug, 2018).

As we have seen, the standardization work that is taking place in child protection services is of a very subtle nature, including control of parental child-rearing practice. With the

help of institutionalised knowledge discourses, professionals in the field of child protection services use a scientific language that presents itself as neutral and objective. Much of this activity, however, is based on a well-known dividing line for moral improvement; the distinction between the deserving and undeserving needy (Järvinen & Mik-Meyer, 2003). This resembles the previously-described development in the health service in which a number of traditional fields of knowledge become interwoven into a primary discourse, in which criterias for inclusion or exclusion in respect of welfare benefits. When the welfare professionals' "toolbox" is increasingly based on standardised procedural descriptions and manuals, which also include questionnaires and test results, such data will exclude those dimensions of the client's life that are difficult to quantify (Kjær, 2019). This modern management form does not take place by means of discipline and coercion, but through invisible social processes that shape the individuals involved within a social field (Chambon, 1999; Dean, 2006).

Conclusion

The aim of this article is to show that both evidence and risk discourses play a dominant role in knowledge development in modern welfare states. The article highlights some features that form a more fundamental perspective in respect of the above development tendencies in the field of child protection services. Perceptions of risk have become influential in the state's management of the field of child protection services. Here, evidence-based thinking has historically had less influence, while these ideas have exercised a significant influence on knowledge development within the medical sector. The article argues that it currently appears that evidence-based thinking still dominates within medicine, while risk-based thinking is more dominant in the field of child protection services. The two approaches are closely related, as both evidence theory and risk theory play increasing roles as knowledge regimes that legitimize state management technologies in the welfare services.

In the field of child protection services, a kind of standardisation of professional activity is currently taking place which in several respects resembles developments in the health service. When measures are put in place to reduce exposure to risk, the methods are to be based on "best evidence". In the health service it is a matter of reducing risk by preventing injury and illness, while child protection services are concerned with assessing and identifying children at risk to safeguard their future. There are many similarities between the activities of the health service and those of child protection services in terms of prevention. In the health service, the goal is to prevent the development of illness, which also serves to limit the costs of mitigating measures and expensive hospital "bed nights". In child protection services, assessment tools are increasingly used to identify, prevent and reduce risk factors in children's lives. Common to the entire welfare apparatus is that risk is to be reduced by basing activities on regulatory technology and tools that are supported by "science" (Green, 2007). Evidence-based and risk-based understandings thus explain how certain professional practices are portrayed as valid and relevant. We have argued that these tools form part of a neoliberal welfare ideology which links evidence and risk in specific ways and which builds on a number of fundamental prerequisites concerning the interaction between the state and the citizen (Mik-Meyer & Villadsen, 2007). This concept of knowledge represents an understanding that emphasises an individualistic perspective at the expense of a systemic and holistic perspective.

The predominant understanding of evidence and risk is determinative for how we understand the time and the society in which we live, and this understanding is constitutive for our self-understanding. In an age in which we have seen how pandemics affects

society, it can be appropriate to remind ourselves that *danger* has always been present: we will never be able to know for sure who will be affected, or when – but we potentially will always have to relate to the fact that we may be in danger (Douglas, 1992). Perceptions of risk and evidence can help us handle complex challenges, but at the same time it shapes our identities and conduct. When the concepts of evidence and risk are portrayed in combination and in a larger socio-political context, less obvious aspects relating to the terms of reference of professionals come to the fore. While diversity and contrasts can be seen, it is also apparent that variations in knowledge devices are associated with different value systems (Erichsen, 1996). Knowledge regimes accommodate both linguistic utterances and means that form an integral part of the social contexts in which they exist. Less obviously, such situations also have moral and political aspects that are inseparable (Foucault, 1999). We can never acquire an infallible knowledge of all causal links. We live, then, in a moralised and politicised world, of which perceptions of evidence and risk form a part. When these are presented as truth regimes, however, demarcation lines are drawn between normality and deviance; defining the contrast between acceptable and non-acceptable social practices (Douglas, 1992).

The article concludes that socio-political regulation in the field of child welfare services contributes to the legitimization of given approaches in certain knowledge forms and rights discourses. There is much to suggest that we can be in the process of acquiring a practice in which the way the state deals with risk in both illness and childhood is a matter of administrating a power of normality (Villadsen, 2007). In this perspective, the state can be understood as totalitarian in the sense that it views all citizens as objects for categorisation in terms of behaviour and lifestyle. When this happens, the state is in danger of excluding the significance of structures for people's way of living and complex everyday life across cultures and time. Paradoxically, this can lead to the welfare state, by the power of pastoral authority, actually limiting rather than supporting social development and constructive citizenship.

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