



Social Care Accolades 2011

Category: Supporting effective intervention for children and their families

Title: The Risk Model – assessment of the risk of significant harm

1: Brief description of project

The risk of significant harm is the threshold for compulsory intervention. “Working Together 2010” outlines the expectation that Councils will use their own risk assessments to support practice. This project has developed a model for integrating risk assessment into social work processes and developing tools for risk screening, risk assessment and enquiring as to “the significance of any harm”. A library of other tools was developed to support specialized assessments in areas such as change, substance misuse and neglect.

It has been implemented with the support of training, individual and group work. This development has been adopted in a number of Authorities in England.

2: What was the purpose of your project and what were you trying to achieve?

“The Court has requested a risk assessment. How do I present this in the context of the Assessment Framework?”

Social Workers are expected to promote independence and respect rights, protecting service users from harm. It is the responsibility of employers to provide guidance and support to ensure that social workers succeed in ensuring positive results for children and their families. This professional guidance gives support and confidence to agencies and other professionals, strengthening the capacity to protect the multi-agency net.

The concept of risk of significant harm is the key threshold for compulsory intervention in family life. Existing social work frameworks avoid using “risk” and the practice of risk assessment is not covered in assessment guidelines, documents or tools. This project has defined these concepts in the context of the Assessment Framework and developed a model to assess the risk of significant harm linked to existing practice.

The project has also recognized the need for social workers to link highly specialized assessments to the holistic methodology of the Assessment Framework, for example, a specialized assessment of neglect, substance misuse or domestic violence. A library of specialized assessment tools organized on an intranet has been developed. These were

structured according to the areas of the Assessment Framework and based on assessment themes such as neglect or change. In the absence of a tool to assess a specific area, new tools were developed. If tools already existed, these were evaluated, adapted and linked to a model which includes over 30 specialized assessment tools.

The aims of the project were to ensure:

- That each case was checked on a regular basis for risk of significant harm
- The capacity to carry out a detailed risk assessment where concerns were raised
- The capacity of workers and managers for greater consistency in their threshold decisions regarding significant harm
- The capacity of workers to use tools to gain greater clarity when assessing cases where there were specialist needs.

Heifetz introduces two types of change. When talking about a “technical” change, such as skill or ability, such a change can be presented through traditional training methods. The other type of change is referred to as “adaptive” change. This is a change which requires someone to change the way they think about their work and the way they react to things. In the context of the Risk Model, this is an “adaptive” change which requires new methods of presenting change. Through workshops, training, group work and individual work, we have attempted to appeal to the reawakening of staff motivation and appeal to their professional leadership role. We want to see workers shoulder their professional responsibilities once again and do these key things well.

This work makes an important contribution to risk assessments for children. It is also substantial because it includes so many assessment tools. Workers will understand it best via one or two forms which enable them to do their work better. They can look beyond this limited window and see the model in its entirety and what it solves in terms of safeguarding.

3: How was this achieved?

As Registered Social Workers, we have been looking for solutions to these practice difficulties. We have analysed practice guidelines, the law, existing models and examples of practice in other Councils. The solution has come by being creative, enterprising and persevering over a number of years.

Our first enquiry considered the concept of risk in Children’s Services. Risk was defined as the probability that children’s unmet needs indicated harm, and to what extent that harm was significant.

In more recent enquiries, the focus was on Child Protection Guidelines which are usually dependent on an initial driver. This driver includes incidents in casework, new information about an open case or concerns by other agencies. However, in cases of long term neglect, workers often develop a high threshold for low level multiple incidents, incident patterns and multiple information from external agencies. The risk of significant harm model was designed to screen cases on a regular basis to avoid the need for such a driver. A two-level model of risk assessment promoted regular screening of 100% of cases, and where there was a need to conduct more detailed assessments that capability to undertake these. Two new tools were developed to facilitate this.

Another enquiry looked at the principle of the Assessment Framework as a holistic assessment whilst many assessments were very specific. For example assessment in the

context of neglect and concern regarding a parent's capacity to change. Workers would ask, "How do I recognize neglect? How can I assess this in detail and incorporate the results into my analysis?" We reviewed research, a number of existing assessment tools and areas where assessment support was weak. Where assessment tools were available, these were evaluated, updated and adapted. Where there were no assessment tools, new ones were developed. Examples include resilience and vulnerability, change, substance misuse and the effect of mental health.

The assessment of the risk of significant harm model presented two steps to risk assessment. Each case could be regularly assessed for risk of significant harm. Where concerns were noted, there was a further tool for assessing risk in detail. The first step was incorporated into supervision processes in a number of Authorities.

The specialized assessment model presented a method of discovering and using specialist tools and incorporating findings into the holistic assessment. A library of over 30 assessment tools was created, operating through an intranet system with guidelines, assessment tools and scoring forms.

Some of the tools were developed with partners. The young carers' assessment forms were developed with the Action for Children Young Carers Project, and the Substance Misuse tool with specialist workers. A training programme was developed which made use of these partners' expertise. In the area of neglect, training was provided on joint assessment with a local Barnardos project.

4: What were the results and who benefited?

This project includes a number of elements, from conceptual models to a range of assessment tools regarding the risk of significant harm and in specialist assessment areas. The project has multiple outcomes.

When doing presentations, the response from individuals has been very positive. It responds on a professional level to workers' frustration regarding the lack of leadership and national direction. Some Authorities have heard an outline presentation of the work and have seen immediately that it is possible for them to incorporate Step 1 into the supervision process and at the end of standard assessments. They have done this without committing to a big decision to adopt the models, the materials or to receive training on how to use and present the models. Using the Pareto model, 80% of the safeguarding impact is in a small proportion of the materials created.

This product has been presented to a number of Authorities through training and presentations. The Welsh Systems Consortium, which includes 8 Councils in Wales, has received an introduction and examples of the materials. Some of the Authorities have adopted some aspects immediately, expressing interest in receiving an introduction and more detailed training on all the materials in the future. Other Authorities have already commissioned visits or further training.

Gwynedd Council, as co-author of the work, presents the Risk Model and some of the specialized assessment tools through training and individual sessions. The 3 Authorities in England have undertaken pilots with evaluation and have fully adopted the model. They have appointed members of staff to lead the work.

The process of screening (Risk Assessment - Step 1) regularly in professional supervision has been a success. In teams, the question “Are there any concerns regarding significant harm in this case?” is discussed and recorded on a regular basis. The decision drives the consideration of further steps to be considered. This may include conducting a Risk Assessment (Risk Assessment - Step 2) or using a specialized assessment tool. Some of the most useful tools are the three Change Tools and Home Conditions.

Examples of the pilots include workers introducing the Risk Assessment (Step 2) and the Change Tools in extremely complex cases and seeing key multi-agency decisions changing on the basis of their professional advice. Previously, the discussion on significant harm was inconclusive and varied from one worker and team to another. Very little attention was given to assessing the willingness to change. This led to unrealistic expectations of families. Focusing on the ability to change enables the change agreement with parents to be a fair one and, through this, gives power to families. The workers state that their professional confidence has increased, as well as their image in multi-agency forums. Examples suggest an increase in the confidence of agencies in the opinions of social workers, which reinforces the safeguarding net. Some Authorities are approaching a situation where 100% of cases are routinely screened.

5: How did you evaluate the success of the initiative?

The screening process (Step 1 of the Risk Assessment Model) ensures that 100% of cases receive the same amount of threshold attention, without being dependent on an external driver to the protection process. Each Authority has made progress compared with the practice baseline before starting the work.

When a case has been highlighted with concerns of significant harm, a detailed risk assessment should be undertaken (Step 2). When summarising the assessment, the worker will be able to recognise the factors that make the harm significant.

The significance of harm is often related to parenting factors and parents’ willingness to change. A commitment to change will be based on an understanding of the type of motivation to change and to what extent a parent has started on the process of change. Each Authority has started using the assessments of change with some cases, and workers are experimenting to understand these concepts and these new ways of thinking about casework.

The implementation processes in England have followed a more formal procedure with a pilot programme, evaluation and a decision to adopt. The views of workers and managers on the work were compiled, and feedback analysed. In Gwynedd, the introduction has been more gradual, focusing on encouraging individual workers and teams through training and individual sessions. This work ties into ICS practice developments, including practice improvement programmes in the area of Outcome Based Planning and discussions regarding thresholds. The materials are highlighted across a number of work programmes and it is hoped that over time they will become a mainstream element of practice improvement. Despite the successes, this is a medium term change initiative.

6: What was learned from the evaluation and how this will influence developments in the future?

Obstacles exist in relation to the lack of national leadership in this area. There is very little practical support to aid threshold assessment. In case chronology, there are many key threshold decisions that means the Court does not evaluate the decision. Our experience suggests there is a substantial difference in the way thresholds are applied.

We have faced committed workers, beleaguered by the compliance and recording processes. Under these circumstances, there is very little time and desire to shoulder new ideas, forms and new processes which expect more from them. The prize of course is pride in their work, decisiveness in decision-making and a new confidence in the multi-agency arena.

In the absence of national leadership, it was an honor to shoulder the professional responsibility, as registered social workers, to reinforce and offer genuine value and leadership in this difficult area. Influencing this system is a special challenge. With all the concerns regarding avoiding making mistakes, the circumstances of the whole system are militating against creativity and attempting to solve some of the problems.

Basic risk assessment is a fixed part of the model. It includes Step 1 and Step 2 processes and documents. The library of specialized assessment tools grows with new needs, adapting the index on the intranet to cover new tools.

The priorities of the project over the next year are to ensure full operation of Step 1 in Gwynedd, and continue to build capacity to undertake Step 2 assessments as required. In terms of development of the model, there is further work to be done on the specialist assessment tools in the area of Resilience, Pre Birth Risk Assessments and Attachment. A number of these tools are available in Welsh or English.

We give support to specific Authorities in Wales in this area through consultation and training, and we have offered to share the learning with Consortium Authorities.

JBT Training and Development produces the material on CD in order to distribute it and the company provides an implementation and training service. With Authorities in England, publishing a cross-Authority article will draw further attention to the work and it is anticipated that the response to enquiries will need to be managed and learning shared.

The model can link to processes beyond the work of statutory Children's Services. The models (risk and specialized assessments) are relevant to Common Assessments (CAF) and specialist work of IFSS. Some of the tools in these areas can also be used, or specific tools can be created and linked into the model.