Risk Assessment and Child Protection: best practice and pitfalls

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Word of Caution

Best Practice?

Pitfalls?

I will adopt Best Practices
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AVOID PITFALL
Aims of the session

To discuss

• The basis for renewed interest in risk assessment
• What we mean by risk assessment
• How we can evidence consideration of risk
• How we can measure change

You will

• Learn about some tools in use; and find out about some examples of what works in effective implementation
Current Practice Context

• Children left too long in sub-optimal parental care (Select Education Committee report 2012)

• Need to work within timely fashion to meet children’s developmental timeframes (Ward 2012)

• Revolving door syndrome – repeat referrals

• Specialist assessments build delays in courts

• Lack of robust planning and clarity regarding the changes a family must make to exit the system

• Lack of purposeful monitoring
Context of “Risk” Assessment

• A core social work activity, but little guidance

• At the heart of good child protection work is risk identification, risk assessment and risk management

• Can mean accountability for decisions

• Requires evidence for underpinning decisions

• Shared multi-agency definition of risk

• Following procedures is not necessarily the same as managing risk well
## Possible time - points for Risk Assessment

<table>
<thead>
<tr>
<th>Decision-Making Stage</th>
<th>Assessment Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral / Intake S 17</td>
<td>Screening-Respond in a day; 45 working days to decision on next steps (or record reason for delay)</td>
</tr>
<tr>
<td>Investigation S 47</td>
<td>Diagnosis; No separate initial and core assessment</td>
</tr>
<tr>
<td>Voluntary Care (S 20) or Care Order (S 31) Applications</td>
<td>Disposal</td>
</tr>
<tr>
<td>Case Planning / Measuring change</td>
<td>Service Planning</td>
</tr>
<tr>
<td>Continuing Services/ Placement and Reunification Services</td>
<td>Monitoring / Measuring Progress / Evaluation</td>
</tr>
</tbody>
</table>
What do we mean by “risk”
Assessment

Different from assessment

• Assessment Framework DH 2000
• Cross sectional assessment of parents current ability to meet the child’s needs
• Gather information about past history, previous concerns, previous intervention, current concerns and current functioning
What do we mean by “risk”

Assessment

Risk of significant harm

• What is the harm – what is the concern
• What is the impact on each individual child
• How severe is this – analysis and judgement
• How likely to happen again – judgement and prediction
• Risk (chances) of potential outcomes
What do we mean by “risk”
Assessment

Balance: risk and protective factors
Decision making

• Practitioners are prone to making errors when making decisions under conditions of uncertainty (Baumann et al 2011)

• Less or more protective intervention errors (Corby study 2003)
  – Less = lack of intervention when there should have been some, often in families with multiple stressors, little consistent follow up work
  – More = leads to more CP case conferences that do not lead to registration
## Prediction: an outcome framework

<table>
<thead>
<tr>
<th>Take action</th>
<th>Child maltreatment present</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>True positive prediction eg harmful behaviour will occur</td>
<td>False positive prediction eg risk of harm predicted but does not occur - query over-intervention</td>
</tr>
<tr>
<td>No</td>
<td>False negative prediction eg risk of harm not identified but does occur; the consequences are acute</td>
<td>True negative prediction eg harmful behaviour will not occur</td>
</tr>
</tbody>
</table>
From Information to Intelligence

STRONG EVIDENCE

1. Ambiguous Information

2. Missing Information

3. Assumption-led Information

4. FIRM GROUND Intelligence

WEAK or NO EVIDENCE

Strongly Held View

Unclear or No View
Available on Research in Practice website

Sections on factors which make: Significant harm more/less likely

This tool is only suitable for use in cases in which there is evidence of previous child maltreatment to the child or other children by one or both parents/carers.

Assessing risk of further child maltreatment: a research-based approach

Why use research-based risk assessment?
Assessing the risk of further maltreatment is central to protecting children who have already suffered significant harm, but the Assessment Framework focuses primarily on needs and does not explicitly consider risk. There has been criticism of social work assessments as being too descriptive and insufficiently analytical – with a tendency to providing a great deal of background information without addressing the ‘so what?’ question about what this means for a particular child (for example Turney, 2011; Turney et al, 2011).

‘Social workers and managers should always reflect the latest research on the impact of neglect and abuse when analysing the level of need and risk faced by the child.’
Working Together, 2013, DfE

In 2012 Barlow, Fisher and Jones carried out a systematic review of models of analysing significant harm, with the following conclusions:

> Clinical judgement alone (based on how an individual presents in interview) is not a reliable method of assessing risk. The accuracy of much decision-making in the child protection field is poor; research has found the accuracy of assessments being “only slightly better than guessing” (Dorsey et al., 2008, cited in Barlow et al., 2012).

> Standardised and actuarial-based risk assessment tools (based on research data and resulting numerical risk scores) have limitations, but “have the potential to improve the classification of risk of harm by providing practitioners with clear guidance about how to focus the assessment process, and analyse the data collected” (Dorsey et al., 2008, cited in Barlow et al., 2012).

> Structured professional judgement (combined the use of research-based tools for analysis with professional judgment to produce assessments that are informed by research and reflect the unique implications for each child’s risks and strengths within their family and wider environment). Standardised tools are not a substitute for professional expertise. Effective assessment is dependent on the relationships built with child and family and on the quality of the information gathered. Professional judgement is essential in determining whether what has been observed in a family meets the criteria for inclusion as a risk factor and in making appropriate plans for a child. Risk assessment is not an end in itself – it must be linked to risk management, decision-making and plans for work with the family. Risk assessment is a continuous process, not a one-off event. Risks to a child can escalate rapidly and sometimes unpredictably. Even the best assessment of risk will not protect every child – risk assessment is not risk prediction. However, the use of research-based tools in combination with professional judgement can improve the quality of risk assessment and improve consistency. Families may appreciate the use of such tools because they help to make the reasons for social work decision-making more explicit and demonstrate impartiality.

The use of structured professional judgement in care proceedings has the potential to help reduce the need for experts, avoid delay, improve decision making and re-establish social workers as experts in their field. The research evidence upon which this tool is built (Hindley, Ramchandani and Jones, 2005; Jones, Hindley and Ramchandani, 2009) is particularly useful in this context, as it focuses on the risk that a previously abused or neglected child will suffer further maltreatment.
Judgements and Decisions

• **Judgements of Risk**: to make a decision on the most appropriate course of action (ie to remove a child) we must first make a judgement of risk

• **Decision thresholds**: the point the level of risk needs to be to make the decision (ie the line in the sand)

• Decision thresholds are independent of judgements of risk

• Practitioners may make different decisions for 2 reasons: they make a different estimate of risk or they vary in their decision thresholds
Barlow, Fisher & Jones (2012, DFE) Review models of assessing significant harm

- Practitioners good at info gathering but find it challenging to analyse complex information in order to make judgements about significant harm -

- Concern re poor accuracy of CP decisions “only slightly better than guessing” (REF 3 Dorsey)

- Increasing consensus about need to move towards Structured Professional Judgement = decision making supported by the use of standardised tools including SAAF; S of S; GCP.
Types of risk assessment (Barlow et al)

In order of increasing accuracy (REF 4)

• Guessing
• Unaided clinical judgement
• Consensus based tools (=factors practitioners typically use)
• Empirical tools:
  Structured Professional or Clinical Judgement (=structured guidelines)
  Actuarial (=only statistically predictive factors)

BUT EACH APPROACH HAS LIMITATIONS
Limitations in their use for child protection

- Unaided clinical judgement = only 65% accurate
- Consensus based tools = inconsistent
- Structured Professional Judgement = often uses variables unrelated to harm
- Actuarial tools = often ignore crucial case-specific factors; are tailored for specific populations or uses

Recommendation: when assessing complex family systems, indicative rather than purely predictive (quant) approaches are most appropriate (Barlow et al.)
Structured Professional Judgement
Risk analysis

• Need clinical expertise but........

  – Unaided clinical judgement is flawed due to human bias and contexts in which we work
  – Need standardised measures and evidence based tools
  – And direct observation

Requires combination of all elements
Examples of tools of each type (Barlow)

• **Actuarial** = Children’s Research Centre Structured Decision-Making
  (R8 Michigan)

• **Structured Professional Judgement** =
  SAAF Safeguarding Assessment & Analysis Framework (R9)

  NCFAS North Carolina Family Assessment Scale (R10)

  GCP Graded Care Profile (R11)

• **Consensus based** = Signs of Safety (R4)

• **CAF???** = “a concise conceptual model of assessment”
Actuarial models quantify risk
(ref 8)

- List confirmed risk factors and sources of evidence
- List extent and likelihood of re-occurrence
- Attribute a score to each AND an overall score EG

Prior history of substantiated CP reports
Prior history of substantiated DA reports
Prior history of violent crime
Untreated drug or alcohol abuse
History of acute mental ill health EG delusional behaviour, depression
Vulnerability of child (age, disability etc.)
Lack of insight or motivation
High criticism /low warmth
Static and Dynamic Risk Factors

A static risk factor is one that can’t change.

- Examples: Historical factors e.g. childhood history of abuse

A dynamic risk factor is one in which the level of risk can fluctuate over time, and therefore has the potential to change.

- Example: Current parenting
Moving from Uncertainty to Greater Certainty

• The assessment process needs to increase certainty/decrease uncertainty

• Do this by providing families with opportunity to demonstrate change – achieve improved parenting

• Assessing their motivation to change and acquire new parenting skills in structured manner and in timely process (4-6 months)
Capacity to Change
(Dawe and Harnett: Four Stage Model)
www.capacity2change.com

• Stage one: baseline assessment and standardised measures

• Stage two: collaborative goal setting

• Stage three: time limited evidence based intervention

• Stage four: measures re-administered and progress reviewed
NSPCC Evidence Based Decisions Assessment Service

What the NCFAS tool covers (REF 7)

- Environment
- Parental capabilities
- Family interactions
- Family safety
- Child well-being
- Social & community life
- Self-sufficiency
- Family health
Scaling for Evidence Based Decisions with NCFAS

The domains are scored from +2 to -3

<table>
<thead>
<tr>
<th>Clear Strength</th>
<th>Mild Strength</th>
<th>Baseline/Adequate</th>
<th>Mild Problem</th>
<th>Moderate Problem</th>
<th>Serious Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>+2</td>
<td>+1</td>
<td>0</td>
<td>-1</td>
<td>-2</td>
<td>-3</td>
</tr>
</tbody>
</table>

Scores below 0 indicate a requirement for statutory intervention
NSPCC: Evaluation of the Graded Care Profile

GCP sets out to provide:

- A succinct framework for making an assessment of care of an individual child
- Baseline measurement and comparison over time
- Practice tool, giving objective measure of the quality of care in 4 domains
- Physical Care, Safety, Love & Esteem
- Considers strengths and areas for change
- Judgement about care and indications on capacity
- Based on reliable standardised evidence (REF 12)
# GRADED CARE PROFILE (GCP) SCALE

**Record Sheet**

**APPENDIX 1**

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<table>
<thead>
<tr>
<th>AREA</th>
<th>Sub-area</th>
<th>SCORES</th>
<th>AREA Score</th>
<th>Comments</th>
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<tbody>
<tr>
<td>(A)</td>
<td>PHYSICAL</td>
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<td></td>
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<tr>
<td></td>
<td>1. NUTRITION</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. HOUSING</td>
<td>1 2 3 4 5</td>
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</tr>
<tr>
<td></td>
<td>3. CLOTHING</td>
<td>1 2 3 4 5</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>4. HYGIENE</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. HEALTH</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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<tr>
<td>(B)</td>
<td>SAFETY</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>1. IN CARER'S PRESENCE</td>
<td>1 2 3 4 5</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>2. IN CARER'S ABSENCE</td>
<td>1 2 3 4 5</td>
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<tr>
<td>(C)</td>
<td>LOVE</td>
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<td></td>
<td>1. CARER</td>
<td>1 2 3 4 5</td>
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<td></td>
<td>2. MUTUAL ENGAGEMENT</td>
<td>1 2 3 4 5</td>
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<tr>
<td>(D)</td>
<td>ESTEEM</td>
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<td></td>
<td>1. STIMULATION</td>
<td>1 2 3 4 5</td>
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<td>2. APPROVAL</td>
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<td>3. DISAPPROVAL</td>
<td>1 2 3 4 5</td>
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<td></td>
<td>4. ACCEPTANCE</td>
<td>1 2 3 4 5</td>
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**TARGETING PARTICULAR ITEM OF CARE:**

Any *item with disproportionately high score can be identified by reference to the manual as: capital letter for an 'area', numericals for an 'sub-area', and small letter for an 'item'. (A/1/b = physical - nutrition - quantity)

<table>
<thead>
<tr>
<th>Targeted items</th>
<th>Current Score</th>
<th>Period</th>
<th>Target Score</th>
<th>Actual Score</th>
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<td>5</td>
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</tbody>
</table>
Questions - Talking Points?

- What risk assessment approach or tool do you or your agency use?
- What are its advantages and disadvantages?
- What is the evidence for its effectiveness?
- Is it being evaluated?
- Make a note - what could you take back from today to assist increase the potential for improvement?
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• rgardner@nspcc.org.uk
References

3. Dorsey S et al 2008 Child Abuse & Neglect 32 (3)
References