

Workshop – Dynamic Risk and Transforming Care

Facilitators:

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The **aim** of this workshop was to develop an understanding of the work within Transforming Care in relation to early identification of risk and how this work can be utilised to reduce the need for admission.

The **objectives** were to:

- Establish an understanding of where we are nationally in relation to Dynamic Risk Registers
- Identify what is risk, and consider what factors contribute to risk.
- Explore how we can become better at identifying risks earlier and responding to them in a positive way.
- Consider what processes are needed nationally and within Transforming Care Partnerships to establish some consistency of approach in gathering and using information to the best effect.
- Agree where and how the feedback from this workshop can best be used
- Consider how to ensure future expert/stakeholder input to inform this piece of work as it develops.

Background

This workshop considered “How to identify those at risk: Early identification and the ‘at risk’ register” as part of the Transforming Care work. The workshop identified the work to date and reviewed the requirements laid out in “Building the Right Support” and the national model.

Attendees explored what risk is, and the factors that contributed to it and looked at what processes are required that can be usefully implemented across Transforming Care Partnerships.

Workshop

After welcome and introductions there was a brief presentation to give the background and context for the work. A group discussion followed covering the following issues and contributed to the actions listed in the actions table.

What factors contribute to risk of admission?

(This discussion was divided into three interrelated themes including support, individual and other factors)

Support

- Changes in circumstances in an individual’s life were indicated as causing “stress to systems” and lead to placement breakdowns or admissions. Absence of resilience in services
- Unmet health needs / limited access to health checks and screens
- Complexities of family relationships
- Not enough support during transitions
- Lack of appropriate housing

- Schools and other settings not understanding the causes and functions of behaviour
- Perverse incentives in schools in the form of league tables based on academic results, too easy to exclude (formally or informally)
- Institutional nature of schools and lack of person centred approach puts children at risk
- Those receiving “light levels” of support who are not eligible for more support can end up in the criminal justice system. Once there, no longer about commissioning the right services
- When families reach “crisis” there are limited options particularly when Local Authorities are simply managing each crisis instead of focussing on early intervention

Individual

- The link was made between significant events in a person’s life creating change that increasing the risk of admission. Examples were given of physical health, carers’ health.
- Complexities of family relationships
- Known “risk factors” such as specific syndromes, level of disability, communication issues
- Sensory issues and other factors relating to specific disabilities can impact risk
- Committing serious criminal offences. Noted that earlier indicators of risk would be lower level behaviours

Other

- Once involved in the criminal justice system it is very difficult to “shake the label” of challenging and can increase the risk of admission
- Zero tolerance rhetoric for challenging behaviour in schools
- The perception of behaviour as being the responsibility of the individual and not the result of systemic problems means that the “whole picture” around the causes of behaviour are not explored.
- Professionals being adverse to risk; described as a “climate of fear”

What processes are required to make best use of risk information? What examples do we have so far?

- For all the themes discussed, in practice we would need to identify an observable feature/indicator or correlate that would act as an alarm bell to indicate that someone is potentially at risk.
- The system sounds complicated
 - Needs to be made clear that this is a process that will lead to support. It was noted that name may be off-putting to families.
 - Need to think about what would be on offer if families were to sign up. The benefits should be made clear
- Suggestion to start mapping the route that leads to being admitted to an assessment and treatment unit in local area
 - This could highlight areas where support is ineffective or indicate points for intervention
- There should be one point of contact
 - Community can decide which key moments the “point of contact” should be responsible for i.e. one point of contact for early years and a different point of contact for transition
- Question of whether Education, Health and Social Care are all signed up
- The point was made around integrated working and how this would happen in reality. Should consider the barriers to making this work and ensuring the focus is on a person-centred approach
- How will this link to budgets? Is there any additional funding?

- A set of “1” standards similar to those produced by TLAP would be useful in implementing the register

Actions

- Organising an additional consultation on this work
- Connecting with Siobhan Gorry and team around work
- Share outcomes with Task and Finish Group working on
- Dynamic Risk Register Share outcomes with Anne Webster
- Explore possibility of meeting at Department of Education to discuss the Dynamic Register
- Transforming Care Programme to consider producing standards/monitoring for risk register