CYCJ
centre for youth & criminal justice

How to implement effective risk practice

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The recent CYCJ report 'Balancing rights and risk: How can we get it right for children involved in violent behaviour?' highlights that in Scotland we have a way to go to 'get it right' for some of our children involved in violent behaviour (Murphy, 2018). This is particularly so for those where there are concerns about a range of risks and who present with more complex needs and vulnerabilities.

To begin developing more effective risk practice, CYCJ and the Scottish Government have been working to increase the capacity to deliver training in structured professional judgment (SPJ) approaches such as the Structured Assessment of Violence Risk in Youth (SAVRY) (Borum, Bartel & Forth, 2006) and the Short Term Assessment of Risk and Treatability: Adolescent Version (START:AV) (Viljoen, Nicholls, Cruise, Desmarais, & Webster, 2014). The START:AV training for practitioners, recently funded by the Scottish Government, is an excellent foundation for improving risk practice. START:AV takes an SPJ approach to the assessment of strengths and vulnerabilities linked to a range of adverse outcomes (e.g. violent offending, non-violent offending, substance use, unauthorised absences, suicide, non-suicidal self-injury, victimisation and health neglect) thus providing a holistic assessment. This should aid our understanding of the needs underpinning risk and subsequently our action planning in order to reduce adverse outcomes from occurring (Viljoen et al., 2014).

The selecting of risk assessment tools and provision of training is, however, only the first step to effective implementation. Vincent, Guy, and Grisso (2012) highlight that the implementation process should aim to 'create an environment that will ensure the tool is used in a way that will allow the system to experience its benefits'. Unfortunately a body of evidence indicates that there are often significant gaps between risk assessments and risk management efforts (Nelson & Vincent, 2018; Singh et al., 2013; Viljoen, Cochrane, & Jonnson, 2018; Vincent, Guy, Gershenson, & McCabe, 2012). A review of 73 studies found that despite some promising findings, professionals do not consistently adhere to tools or apply them to guide their risk management efforts and that many needs remain unaddressed. This can be due to reasons such as professionals having differing views about the utility of the tool, manuals and training focusing on the scoring of assessments rather than applying the tool to risk reduction efforts and interventions to meet the identified needs being unavailable. However, there is some evidence that tools have a more beneficial impact on risk management when agencies use careful implementation procedures and provide staff with training and guidelines related to risk management (Viljoen et al., 2018; Vincent, Guy, Gershenson, et al., 2012).

Based on research findings and practice experience, Vincent, Guy, and Grisso (2012) recommend the following eight key steps, with recognition that adaptions for different settings will be required:

1. **Getting ready:** This step involves achieving system readiness (at administrative, operations and staff levels) so that evidence based risk assessment tools can achieve their objective of a reduction in risk. Components can include building the leadership and human resources needed, identifying a coordinator, creating a work plan, identifying currently available data

and preparing the data system, and selecting sites for pilot testing.

2. **Establishing stakeholder and organisational buy-in:** Engaging the organisation and essential stakeholders and preparing them for the changes is an important step. Strategies for training and dissemination of information should be developed so that stakeholders understand the research behind the approach and the benefits for decision-making and risk reduction.

3. **Select and prepare the risk assessment tool:** The third step involves ensuring that tool is being used for the population for which it is intended and relevant to the assessment question. Most tools have been developed and validated in a manner that makes them appropriate for some populations and decision points and not for others.

4. **Preparing policies and essential documents:** This step involves developing policies for use of the risk assessment, how the outcomes should be communicated and used in decisions about the level of supervision and intervention required to manage risk safely and proportionately, plans for ongoing monitoring and re-assessment and how quality assurance will be conducted.

5. **Training:** As well as training staff in how to conduct the risk assessment, there should be training for supervisors, and training in how to use the outcomes from the assessment to inform case planning and decision making. In addition, stakeholders should be trained in the new policies and procedures established to implement the risk assessment.

6. **Implement pilot test:** This step recommends pilot testing the risk assessment process to work out any problems in procedures prior to full implementation. This should involve follow-up surveys with staff and stakeholders, reviewing inter-rater reliability and quality assurance audits to ensure it is being implemented as intended.

7. **Full implementation:** Step 7 involves rolling out the risk assessment tool to the wider service/agency, which includes ensuring sufficient trainers are trained; policies and templates (or examples of these) are provided; and quality assurance checks are conducted.

8. **Ongoing tasks for sustainability:** The final step is to maintain the integrity of the risk assessment tool and the benefits of its use. This can be achieved through staff performance reviews, booster training, inter-rater reliability checks and analysis of the data collected.

Next steps

The Framework for Assessment, Management and Evaluation (FRAME) (Scottish Government, 2014) and the rollout of Care and Risk Management (CARM) training nationally provide a good foundation for effective risk practice but this knowledge and understanding also needs to be embedded across all services/organisations working with children presenting a risk of serious harm to others. A CYCJ power point package is available that can be adapted to meet local needs. To assist with effective implementation the authors are in the process of producing documents including examples of a completed comprehensive START:AV assessment, a case management planning form, Children's Hearing and Criminal Justice Social Work reports containing details of the START:AV assessment outcomes, and an Excel spreadsheet to capture data, should this be helpful. CYCJ also offers a Formulation and Intervention Planning roadshow and are developing a comprehensive but tiered intervention approach to reducing violence, available in Spring 2019. The Risk Formulation Forum aims to provide a safe, reflective space to discuss cases and gain support from peers to assist with formulation - to attend, please contact cycj@strath.ac.uk. Additionally, the Risk Management Authority, Scottish Government and CYCJ are working collaboratively on an evaluation of START:AV in Scotland.

We hope these developments will contribute towards creating an environment that will allow risk assessment tools to operate effectively and help the system achieve its goals and improve outcomes. View references.

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