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A reflection on forensic social work, focused on social work's role in mental health inquiries and in assessing risk, drawing on a discussion that took place during a BASW Forensic Social Work Special Interest Group (SIG) Annual Study Day late last year

Dealing with risk

Twenty-five years ago the BASW Forensic Social Work Special Interest Group was set up to promote good policy and practice in work with people who have offended and have histories of mental disorder. Membership of this group comprises social workers and probation officers who are seen as mainstream in the field. The study day, Enquiring after Inquiries, was one of a series of such events and arose out of concerns expressed about the social work involvement in mental health inquiries.

Margaret Lougher and Heather Edwards, medium secure unit social work managers, used the study day to provide a comprehensive overview of the political and legislative contexts governing inquiries, and the emergent themes and lessons for social work, including six inquiries in Wales that took place between 2003 and 2007. They argued that a “hotchpotch” of policy drivers has led to piecemeal changes in legislation, professional roles, organisational structures and healthcare services. This hotchpotch includes measures such as the asylum closures, community care ideologies, and the public safety agenda.

Changes

In terms of current policy, the care programme approach (CPA) was introduced in the early 1990s and community treatment orders (CTOs), after many previous attempts, finally emerged under the Mental Health Act (MHA) 2007. Policies governing Dangerous Severe Personality Disorder (DSPD) and victims are also now in place. Elsewhere, the Approved Social Worker (ASW) has been replaced by the Approved Mental Health Professional (AMHP) who may be any non-medical mental health professional.

The study day heard how official estimates suggest that 33% of all mental health homicides are probably preventable. The lessons for social work arising from the



inquiries point to the importance of ‘structured professional judgement’ in assessing risk of future violence, using accredited tools such as the HCR20 – the Historical, Clinical, Risk Management 20, an assessment tool that helps mental health professionals estimate a person's probability of violence.

Inquiries have also found that social work is sometimes conspicuously absent from patient care, that social workers have been hampered by organisational and structural difficulties and, in the context of the complexity of their role, have struggled to achieve a balance between care and control. Despite these difficulties, the role and importance of social work involvement is clear – a robust social history to inform the care plan and risk assessment is one of the key lessons to have emerged from previous inquiries. Likewise, probation can offer a valuable contribution to the field and more

sophisticated training in risk assessment for probation officers was recommended some time ago (Kemsall and Pritchard, 1996).

In respect of the Welsh inquiries, Lougher and Edwards focused on the importance of paying greater attention to family concerns in producing social histories and suggested that in one instance a carer's assessment might have made a difference to the eventual risk assessment. The relationships between the patient and his or her family or close associates required in-depth exploration and standards of information sharing across agencies needed to be raised. Concerns about the need for improved training and supervision, staffing levels and leadership, and hospital and hostel placements, also emerged. As with the English inquiries, the importance of understanding the role of medication compliance and of involving the patient in his or her care plan to encourage



engagement, were additional key themes. The need for social work to define its unique contribution to mental health services, as highlighted by some inquiry reports (Stanley and Manthorpe, 2001) was endorsed, albeit now within the contexts of the AMHP, value-based training and integrated team management.

In his opening remarks to the study day, Professor Tony Maden, a keynote speaker, reiterated the importance of mental health social work and the social history. He went on to register concerns that mental health services were 'opting out' in these respects, applying instead simplistic approaches to managing serious mental disorders. He stated that 90% of useful information is located in the social history: without this psychiatrists were "wandering about in the dark".

Risks

Professor Maden argued that there were always significantly heightened risks of dangerous behaviour in people with a diagnosis of schizophrenia, which has a prevalence of 1% in the general population but of 5% in respect of homicides. Research suggests that better compliance with treatment could improve outcomes. He warned, however, that in some cases the violence perpetrated by patients may be attributable to their lifestyle rather than their mental disorder. Professionals, commissioners and politicians should be alert to the implications of this fact. Even the best management of mental illness cannot eliminate the risk of violence.

Professor Maden described his survey of 25 patients with histories of previous violence, using the HCR20 retrospectively to standardise analysis of the case records. He concluded that some care teams were providing robust care, while others were failing in particular areas. There was sometimes a lack of awareness of the indicators of high risk violence. There is also a specific problem in the way in which services respond to 'drug induced psychosis'. The diagnosis is rarely clear cut and often distract attention from the business of managing risk. Whatever the underlying cause, psychosis associated with risk of violence requires proactive intervention.

Significantly, there were a couple of examples where professionals had closed the case just prior to the homicide. There is, however, rarely any certainty about diagnosis or outcome. He therefore favoured keeping cases open, not only to allow patients to feel that they could return a few months down the line if they felt the need to do so, but also to avoid the risk of triggering feelings of rejection. Overall, the study findings suggest that patients can be

safely managed in the community provided the risk assessment is robust and supported by a thorough social history and, in cases of doubt, a forensic medical opinion. Better compliance could have saved lives in his view. In some cases the outcome might have been different if the patient had been monitored under a properly implemented community treatment order, had this then existed.

The study day went on to consider an altogether different aspect to the involvement of social workers in complex and challenging cases – the social worker's responsibility for making the right call and the implications of getting it wrong. In particular, Dr Ken McLaughlin described the current culture of fear, public and private surveillance and risk aversion in which social workers are currently operating, as a consequence not just of management and employment circumstances, but also because of the role of the regulatory process. If a social worker is reported to one of the UK councils the outcome will be dependent on the balance of probabilities and not the higher burden of proof threshold of 'beyond all reasonable doubt'. In more than half of the 205 conduct cases heard across the four UK countries, social workers have received the harshest sanction – removal from the Social Care Register.

David Carson and Suzie Clift then described, however, how social workers, probation officers and their colleagues need not live in fear of punitive sanctions when making complex risk assessments. Indeed, they suggested that social workers could use the law to avoid problems and to justify their decisions (see also Carson and Bain, 2008). They pointed out that risk cannot be entirely eliminated; indeed that professionals have a duty to take risks; and that risk-taking is about the management of uncertainty. Furthermore, evidence suggests that where an untoward incident occurs, a careful analysis of the risks showing a balanced approach to the uncertainties, the reasons for the decision and likelihood of success or failure, is likely to be viewed sympathetically.

Negligence

The law of negligence requires that the standard of care, applying to the duty of care, causes foreseeable losses which the law compensates. That standard of care only requires professionals to make decisions which other responsible co-professionals would have made, not necessarily what is the best or what most would have done. Professionals could help themselves by articulating these standards more clearly, particularly those liable to be misunderstood by lay people.

In expanding on "ten practical steps" to

improved risk-taking, Carson and Clift emphasised the importance of balancing the chance of harm with the intended benefits, showing a rigorous approach based on professional standards and any available research or epistemological evidence. The context of the incident should be carefully explained, such as an emergency situation and any lack of resources to manage the situation identified. Study day participants were reminded that short-term predictions of risk were likely to be more reliable and that risk assessments should be reviewed regularly. They were also exhorted to systematically record their successes, not only as a means of monitoring the service's effectiveness and demonstrating this to external bodies, but also because it was better to learn from good models of practice rather than failures.

Finally, they were urged to enlist the support of their employers and managers to sign up to accredited ways of looking at risk because they also have responsibilities to tackle risk aversion. Other agencies are demonstrating an interest in adopting this approach.

Delegates discussed the experiences of social workers involved in mental health inquiries and those of probation officers in Serious Further Offence (SFO) reviews. While these varied, a number of common themes emerged. Key amongst these was the importance of appropriate support in mitigating the long-term impact on individuals' personal and professional lives, including that of colleagues, and recourse to independent legal representation where necessary.

A compelling message of the day was that employers, managers, professionals and regulatory bodies should adopt a more realistic and robust approach to risk aversion, using the tools available to support structured professional judgement and the balancing of public protection imperatives with duties of care. The inquiries have highlighted the importance of social history, listening to families and close associates, and cross-agency working.



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Have you been involved in an inquiry? The BASW Forensic Social Work SIG is hoping to produce a guide to help workers manage the inquiry process. If you would like to contribute to this or would like more information about the SIG please email england@basw.co.uk