Northern Territory Community Services High Risk Audit

Executive Summary & Recommendations

Howard Bath

The Thomas Wright Institute

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Auditor

Howard Bath M Clin Psych, PhD, MAPS
Director, The Thomas Wright Institute, Canberra ACT

Associate Auditor

Diana Boswell MA, PhD
Senior Associate, The Thomas Wright Institute, Canberra ACT

The
ThomasWright
Institute

SPECIALIST SUPPORT FOR CHILD, YOUTH AND FAMILY SERVICES

Community Services High Risk Audit

Executive Summary and Recommendations

On 19 July 2007, the then Minister for Family and Community Services, Ms Delia Lawrie, announced an **Independent Audit of Clients at Risk** to cover high risk clients within her portfolio of Community Services. This followed the deaths of two people for whom the Department had some level of statutory responsibility - a twelve year-old girl in foster care, and a seventeen year-old boy who allegedly stabbed and killed his carer, who was also his uncle. The Minister announced that the audit would involve 'A risk assessment of all potentially at risk clients across the Territory' and would 'look at clients across the agency's divisions of Alcohol and other Drugs, Family and Children's Services, Aged and Disability and Mental Health.'[1]

Terms of Reference for the project were developed which provided more detail of the project parameters. The central objective of the audit was:

> *To assess whether current risk management strategies for client care in the Community Services Division reflect appropriate professional practice and models of care.*

A set of processes and tasks were defined as the parameters of the project were negotiated in discussion with Departmental management. These included the appointment of a Departmental Project Manager and initial workshops conducted with senior personnel from the four Community Services Programs.

As the concept of client risk is complex and multi-faceted, it was determined that the focus of the audit would be on the nature of the concerns expressed by Minister Lawrie – risk to the welfare of clients of the various Community Services Programs, and that posed by the clients themselves to others. Many aspects of good case work and clinical practice could broadly be understood as approaches to manage risk, but an exploration of good practice in the many professional domains represented in Community Services was beyond the scope of the audit. The focus of the audit was therefore placed on those approaches and interventions that were specifically designed or described as being for risk assessment and/or management. There was also a focus on those areas of practice where specific tools, processes or services were needed but not available or not being used.

Given that Family and Community Services (FACS) and Aged and Disability (A&D) had a statutory role in the cases that triggered this audit, they are the Programs that have been examined in greater depth.

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[1] *Independent Audit for Family and Community Services,* Media Release, Northern Territory Government, Delia Lawrie, Minister for Family and Community services, 19 July 2007.

Approaches to auditing

A variety of methodologies have been used in this audit. One approach has been to look at the use of risk assessment instruments and other tools that have already been developed for particular programs. This includes the usage and completion rates of such instruments and the development of response strategies in accordance with the guidelines that accompany them. One outcome of this approach is that, where the instruments have been reliably completed, a broad estimate can be made of the number of clients that are rated at certain levels of elevated risk. As is demonstrated by the data, the relatively low rates of risk instrument completion across the four Programs has meant that *a quantification of risk in terms of client numbers and risk levels has not been possible in this audit.*

A second approach, usually used in conjunction with the first, has been to look at specific Program protocols and guidelines pertaining to risk management in the Program Policy and Procedure Manuals, and then to assess levels of compliance with the instructions.

A third approach has been to look in more depth at a sample of nominated high risk clients and how their risk issues have been identified and managed in the various Programs. This approach is a more qualitative one that looks beyond compliance rates to actual practice, describing the range of issues facing practitioners, the processes of decision-making involved, and the actual risk management decisions taken. As required by the Terms of Reference the audit, the findings from the two internal case reviews have also been considered.

A fourth approach (used only in the FACS audit) has been to review selected sub-programs based on interviews and workshops with program staff, the content of program documentation, and legislative imperatives. This has helped to identify practice areas where there is high risk, to examine practitioner responses, and to identify service gaps.

Finally, the FACS and AOD Programs have undertaken a number of internal reviews of compliance with legislative and internal guidelines and some of the findings from these audit processes have been reviewed.

Summary of findings

The findings and recommendations have been presented for individual Community Services Programs and for the Division as a whole (cross-Program issues). The outcomes for each Program are also summarised, as are the broad themes from the case studies.

The audit revealed that all four Programs were dealing with many clients who are at high risk of being harmed or of harming others. Many of these clients are involved in more than one of the four Programs, and usually with other statutory organisations such as Health, the Police and Corrective Services, as well as non-government organisations.

Unfortunately, as noted, the available data do not allow for a valid quantification of risk for any of the individual Programs or for Community Services as a whole.

The internal reviews of the two cases that triggered this audit generated a set of recommendations that cover much of the same ground explored in this audit. The auditor supports the recommendations from the internal reviews and has attempted to avoid direct duplication.

Family and Children's Services Program

In the FACS audit, two service areas, *Intake* and the *Youth at Risk* program were reviewed. It was determined that the Intake process was broadly achieving its goals of providing *Initial Danger Assessments*, classifying notifications in terms of risk and urgency, and triggering a formal investigation by regional case workers. In recent years there have been no reported cases of injury or death arising from any deficiencies in the Intake process. However, the Program itself has been aware of a significant backlog in the follow-up investigation of notifications that have been classified in the lower risk category (*Child Concern*). In the course of the audit, FACS developed and implemented a strategy to significantly reduce this backlog of cases. It was recommended that FACS review the Intake and assessment process to ensure that it reflects current best practice.

The *Youth at Risk* service that operates from Alice Springs was reviewed in some depth. This program presents some extraordinary challenges for case workers and the larger Department in terms of the client risks that are being managed and the risks that some of the clients pose to others. In recent years FACS has developed a number of innovative service responses to the needs of this client group but there are still major service gaps. Because of the pervasive and complex nature of the issues arising from statutory service delivery in this area, it was recommended that the Department develop a broader strategy to guide the development of services for young people with high needs and complex behaviours. Other recommendations focused on the need for a more effective case transfer process and the issue of the temporary secure containment of young people at extreme risk of harm.

Unlike the other three Programs, FACS does not have a single risk assessment and tracking tool that is used across its services. The more formal audit process concentrated on legislative, policy and practice guidelines and the extent to which these were followed in practice. Broadly, it was found that there was a relatively low level of compliance with both policy and practice guidelines with respect to the completion of *Full Danger Assessments*, the regular visitation and review of children in statutory care, the completion of risk assessments, the assessment and training of foster carers, and the use of registered carers. The auditor has made a number of recommendations to address these problematic areas of practice.

The more detailed case studies of high risk clients involved in the FACS Program raised some serious practice issues relating to risk management, case management decisions and inter-agency collaboration. A number of recommendations covered the management and monitoring of foster families, the monitoring of children with special needs, the internal case transfer process, and the follow-up process for safety and intervention planning that involves multiple agencies.

Aged and Disability Program

The focus of the audit was on the disability function of this Program. As with the other three Programs, it emerged that there was a low level of compliance with the Program's own risk assessment and management protocols – the extent to which this reflects broad scale deficiencies in actual practice is unclear and, given that this is an issue in all four Programs, it is examined in more depth in the section on cross-Program issues.

The Program audit revealed that unacceptable risks to clients are generated because of a lack of resourcing (particularly of case managers, who are currently known as Local Area Coordinators). This has led to an apparently inequitable distribution of case management services. There are also apparent deficiencies in the Program's process of allocating a risk status to clients and in the actual undertaking of risk assessments. It appears that because many clients are not allocated a case manager, necessary risk assessments do not occur.

The difficulties in ensuring cross-Program and inter-agency collaboration emerged as a significant issue in the case studies as did the perennial problem of case 'ownership' and the demarcation of responsibility.

Many of the services provided for clients with a disability are delivered by non-government organisations (NGOs) under contract to the Department, but there are few requirements placed on these organisations with respect to the undertaking of risk assessments and reporting to the Department. Furthermore, the Department does not appear to have an adequate process to ensure that NGOs have the capacity to provide the necessary services. This appears to have been a major factor in the outcome of one of the cases that triggered this audit.

A set of recommendations was developed to address these areas of concern.

Alcohol and Other Drugs Program

The Alcohol and Other Drugs Program documentation states that the Program manages risk through a range of measures, interventions and services that include: 'thorough development of service plans, service auditing, evidence based clinical practice, up to date policies, procedures and protocols, detailed staff recruitment and selection processes, mandatory skill requirements (e.g. First Aid Certification), police checks, clinical supervision and personal and professional development requirements'. As the focus of the audit was on measures specifically relating to the assessment and management of risk, the relevant internally-developed processes and tools were analysed.

The Program has developed a *Risk Alert Sheet* (RAS) that is designed to be used across the Program and which specifies a number of areas in which clients may be at risk. The instrument also provides a risk classification and prompts for the development of risk mitigation planning.

Overall it was found that there was a compliance rate with the recording of RAS results at intake of 84%. This is higher than in any of the other three Programs. As with the other Programs, there was a drop-off in the use of the RAS at subsequent points of a client's

treatment process, but the ongoing rate is still higher than in any of the other Programs. There was a significantly lower rate of compliance (40%) with the recording of the actual risk management procedures as required in the RAS documentation.

A number of themes emerged in the more detailed high risk case studies. It was clear that many of the clients present significant challenges with chronic substance abuse associated with other issues such as criminality and mental health concerns. Of the case themes that emerged in this section of the audit, the following stand out: The lack of effective treatment services; the need for a smoother process of mandated treatment; the need for additional intervention models; the need for a specific focus on risk assessment and management; the lack of an effective system of case coordination; and the need for revisions to the contracting processes with non-government organisations.

Mental Health Program

As with the other Programs, the focus on the Mental Health section of the audit was on tools and procedures that had been developed by the Program to track and manage risk in clients. For some years the Program has been using a tool called the *Risk Assessment Tracking Tool* (RATT). This tool was designed to be used by all staff of the Program but it appears that several sub-Programs have subsequently developed their own approaches to the assessment and tracking of risk. Program staff are also required to regularly complete an assessment instrument called the *Health of the Nation Outcome Scales* (HoNOS) which has a number of risk-related items.

The completion rates for both of these instruments and in particular the HoNOS, were low. For those clients being managed by community-based teams, the required three-monthly reviews (as specified in the RATT guidelines) were rarely documented. The RATT usage rates in inpatient settings were somewhat higher than for the community based teams but there were still a significant number of clients for whom this risk information was not recorded, especially at case closure. For more than a third of the inpatient clients the required daily recording of RATT data did not occur. Some of the possible reasons for these low completion rates were canvassed in the report.

The audit found that there was also a low rate of usage of the **risk alert facility** in the CCIS with its use being recorded for only 2 of the 123 clients. Again, there are possible reasons for this that are explored in the report.

There were a number of themes that emerged from the Mental Health case studies. These included an indication that follow-up processes need to be improved where clients are assessed as being at elevated risk; that the lack of cross-Program information sharing can increase risk to clients; that the recording of risk-related information on the CCIS needs to be improved; that there are clear gaps in the available service options; and that inter-agency case coordination needs to be improved.

Major themes from case studies

Cumulative risk

Every case reviewed was complex with multiple issues involving the individual, the family, the community, human service programs and legislative frameworks. The epidemiological concept of *cumulative risk* applies in both the assessment and the management of risk.

The human element and case coordination

Despite attempts by the Programs to formalise and regulate decision-making around risk management, actual decisions often reflect personal values and beliefs and the existing Program 'climate'. These factors can lead to a 'defensive' stance that involves a simplifying the situation by concentrating on only one element of risk; redefining it as of low level of concern; or passing on the responsibility to others. In a parallel process, Programs can concentrate only on their perspective, refusing to see the bigger picture; they can displace their frustration onto other Programs (blaming them for inadequacies in services); they can 'split' by aligning themselves with the client against other services; or they can simply give up ('there is nothing we can do so we don't try'). While such dynamics are understandable they actively work against the development of effective problem-solving strategies.

Some of these issues can be addressed by improved training, support and supervision of staff, but in the long term, substantial progress is unlikely to occur without a powerful process of case coordination and collaboration with other services that shares the burden and relieves individual and Program stress. Options for addressing this need are canvassed in the section on cross-Program issues.

Gaps in treatment and accommodation services

A recurring issue in the case studies was a lack of services to which case workers could refer their complex clients. In Mental Health, rehabilitative programs appeared limited in Darwin and non-existent out of Darwin. Families bore the brunt of risk of immediate harm and of supervising medication and dangerous behaviours. In the AOD Program, the cases referred emphasised the lack of residential services for aboriginal people outside Darwin and of intensive services for young adolescents anywhere. Also of immediate concern are the very limited options for substance abuse treatment for young people, particularly outside Darwin. For both adolescent and forensic mental health clients, there are no appropriate accommodation options in the NT.

Lack of targeted case work services

The lack of targeted case work services was also a common theme, particularly for youth. Many of the AOD and FACS case notes identified extreme risk to self, from others and sometimes to others when the individual was entering adolescence. Only Alice Springs has a targeted youth program (*Youth at Risk* program of FACS) – there appears to be a pressing need for such services elsewhere in the NT.

Extreme risk and the need for containment

In several of the case studies, it was clear that the person (often a young person) went through periods during which they were actively self-destructive and at extreme risk. Although there are two secure psychiatric wards in the Northern Territory, there are no dedicated adolescent beds and many of the crises experienced by such adolescents are not considered to be mental health emergencies. A therapeutically-oriented, secure, temporary accommodation option should to be considered by the Northern Territory Government to meet the needs of these high risk adolescents.

Cross-Program issues

The audit identified a number of risk-related issues that appeared to apply to all four Community Services Programs or to the need for collaboration amongst Programs.

1. There needs to be a more formal emphasis on client risk issues at a Program management level as suggested in the Departmental policy on risk management.

2. It is clear that without an effective formal process to promote case coordination and collaboration across Programs the risk to clients is increased. A formal process of cross-Program case coordination needs to be developed that accounts for different levels of risk and cross-Program involvement; that addresses the needs of remote and rural clients and services; and that factors in the privacy concerns involved. The model (or models) adopted will also need to address the involvement of external organisations. Several suggestions for the development of such a process have been made.

3. The case studies have highlighted a number of difficulties pertaining to the contracting with NGO's that provide services for clients of all four Programs. A number of recommendations relating to the contracting process have been made.

4. Across all Programs the levels of compliance with both the legislative and the policy requirements around risk assessment and management, are low. Although compliance with formal procedures and data recording imperatives does not necessarily mean that risk issues are not being considered by clinicians and case workers, the low levels of compliance do raise serious questions about practice. Moreover, it is hard to understand how supervisors and managers can assess and monitor practice and provide accurate statistics if this data is not recorded. One outcome is that it has not been possible to provide a quantitative assessment of risk for this audit because the data has not been available. Despite a number of plausible reasons for these low levels of compliance, this problem needs to be addressed as a matter of urgency. The development of Program-wide strategies for addressing this problem has been recommended.

5. There were a number of Division-wide difficulties with the standardisation and clarity of policy documentation. A review of the relevant policies and procedures has been recommended.

6. The auditor found that it was often difficult to access information; that there were gaps in some of the case files; that important data was not recorded on the CCIS; and that there were differences between the paper and the electronic records. It was recommended that a review of documentation requirements across the Division be undertaken in line with the recommendations from the two recent incident reviews.

7. All four Programs have serious workforce issues relating to the recruitment and retention of qualified and skilled staff. These issues directly impact on the capacity of the Programs to effectively manage their high levels of client risk. The recruitment of indigenous staff is a particular challenge. Although all government services in the Northern Territory struggle with workforce issues, each of the Programs needs to ensure it has a comprehensive workforce strategy in place to address recruitment needs.

Recommendations

Family and Children's Services Program

Recommendation 1

Given that there has been a lot of recent research into risk assessment and child protection intake systems, and that there have been recent reviews of the intake processes in other states, a review of the current NT tools and processes should be undertaken.

Recommendation 2

That FACS develops a comprehensive strategy to facilitate and integrate service development for children and young people with high needs and challenging behaviours. This plan should cover the development of identification, assessment and case management protocols as well as educational, recreational, therapeutic and accommodation options for the focal young people. It should involve plans for resourcing, recruiting, training, supervising and supporting those who work with troubled youth and for the phased development of specialised intervention services. It should also address the need for cross-Program and NGO collaboration.

Recommendation 3

It is recommended that the NT Government, as part of an overall strategy for responding to the needs of young people with high and complex needs, consider the development of a small-scale 'secure care' facility to provide a temporary containment and treatment option for young people at extreme risk. Secure welfare facilities are operated by Human Services in Victoria, are under development in Western Australia, and are being considered by other states. Planning around secure care options might be undertaken in the context of a broader high-risk youth strategy.

Recommendation 4

It is recommended that FACS urgently review the policies and practices around case transfers between regions and offices to address recurrent issues arising from communication problems and disputes around case 'ownership'.

Recommendation 5

It is recommended that FACS institute a plan to substantially improve the compliance rates relating to the requirements around the assessment and training of carers, with a particular emphasis on ensuring that relative and 'other' carers offer a comparable standard of safety and care to that provided to the children in regular foster care placements.

Recommendation 6

It is recommended that FACS develop and implement a plan to significantly reduce its reliance on care providers who have not been appropriately assessed, licensed or trained.

Recommendation 7

It is recommended that FACS reviews the risk assessment sections of the FACS Policy and Practice Manual and provide a more prescriptive format that focuses on the ongoing assessment and management of risk.

Recommendation 8

It is recommended that FACS investigate the possibility of instituting a risk-based foster family classification system. Such a system might help identify foster families that need higher levels of supervision and support. Updated risk classifications could be included as components of the regular annual case reviews.

Recommendation 9

Having identified a child with special health needs, it is recommended that the risk level of the child should be determined, and there should be a process of intensive monitoring until such time as a health assessment indicates that there are no longer special needs

Recommendation 10

When a child known to FACS moves out-of-area it is recommended that there should be a timely and efficient process of case transfer that includes the forwarding of the paper file, and a joint review of risk status and intervention planning.

Recommendation 11

When a child is assessed as 'conditionally safe' contingent on the engagement of 'wraparound' supports, it is recommended that there is some system of monitoring to ensure that these supports are engaged.

Aged and Disability Program (A&D)

Recommendation 12

It is recommended that the service agreements with non-government organisations be revised to include specific requirements around the development of risk management policies and guidelines in accord with the *Northern Territory Disability Standards*. The service agreements should also require funded organisations to conduct risk assessments for all clients, specify the time frames and occasions on which risk should be assessed, and mandate the development of risk management plans where high risk levels are identified. They should also require funded organisations to notify the Department when a client under statutory supervision is assessed as being in a high risk category.

Recommendation 13

It is recommended that the process of updating and standardising the policies and procedures to be used across the A&D Program (especially the various Assessment

guidelines) be expedited and that a strategy for communicating the updated policies and procedures and training staff members in their use be developed.

Recommendation 14

It is recommended that the process of case allocation on intake be made much more explicit and that cases are formally assigned a status as per the existing guidelines.

Recommendation 15

It is recommended that an *Assessment of Individual Needs* and *Risk Assessment* and, where indicated, an *Individual Service Plan* be conducted for all cases classified as being 'Medium' or 'Complex' and a case manager be assigned.

Recommendation 16

It is recommended that a specific, stand-alone, Program-wide risk assessment tool be developed for the A&D Program to be used alongside existing assessment frameworks such as the *Assessment of Individual Needs* and the *Caregiver Level of Payments* protocol (these documents to be duly modified so that risk assessment requirements are not duplicated). The proposed tool will need to outline the reasons for assessing risk and when it should be done. It should also cover the procedures involved, list the range of common high risk client behaviours, along with risks to the client (these are not included in existing guidelines), and include a rating system. As with the *Risk Assessment Tracking Tool* (RATT) used in the Mental Health Program, the A&D risk assessment tool should include a risk summary or tracking sheet and include prompts for risk management planning where risk is assessed at the higher levels. There also need for clear guidelines for the timing of reviews of the client's risk status. All existing documentation pertaining to the assessment and management of risk should, where feasible, be removed or updated so that it is consistent with the Program-wide tool.

Recommendation 17

It is recommended that the range of staff members required to do risk assessments be broadened to include any A&D staff member providing services for clients where there is reason to believe that the safety of the client or others may be compromised. All professional staff of A&D should be required to notify their managers where they have reason to believe a client is a significant risk and the manager needs to ensure that a formal assessment process is completed within one month of intake.

Recommendation 18

It is recommended that the A&D Program implement a strategy to ensure that, within a reasonable time frame, clients in remote areas have access to similar services to those in urban areas, particularly with respect to the provision of case management.

Alcohol and Other Drugs Program (AOD)

Recommendation 19

It is recommended that the AOD Program consider the development of adjunct approaches to the treatment of young people with serious substance abuse issues, for example, a model based on the Multi-Systemic Therapy approach.

Mental Health Program (MH)

Recommendation 20

It is recommended that Mental Health management review the policy and procedures relating to risk assessment as well as the use of the RATT (including the need for electronic recording on the CCIS) to ensure that these meet the requirements of clinicians in the different work settings. When this review is completed management should implement a strategy for educating all staff members in the use of the RATT (or its alternatives) and the HoNOS and a strategy to ensure that they are used consistently across the Program with results entered in the CCIS.

Recommendation 21

It is recommended that the RATT form be updated to include specific management plan review time frames where clients have been assessed at 'significant risk' or above.

Recommendation 22

It is recommended that Mental Health management investigate the reasons for the low usage rate of the CCIS client alert system, review the thresholds for its use and the mechanisms involved in placing an alert, and then provide the necessary training for staff in its application as a risk management tool.

Cross-Program issues

Recommendation 23

It is recommended that each of the Community Services Programs develops an annual risk management plan in accordance with the DHCS Policy document on **Risk Management** dated 23 January 2004, that, amongst the other requirements, specifically identifies risks to clients and others. The risk management plan will need to set out 'specific treatments' as stated in the policy.

Recommendation 24

It is recommended that the Community Services Division develop a 'flagging' system in the CCIS whereby workers in one Program are alerted to the fact that the client (and/or an immediate family member) is being served by another Program within the Division.

Recommendation 25

It is recommended that within six months, the Community Service Division develops and implements a *Complex Needs Case Coordination* strategy that includes prescriptive guidelines for cross-Program coordination in those cases where high risk is identified and there is multiple Program case involvement.

Recommendation 26

It is recommended that each Community Services Program ensures it has a coherent mechanism for the identification and classification of each client in terms of risk status; that funded NGOs are assessed as to their capacity to manage clients at high risk levels; that the service requirements outlined in the service plans be reviewed to more specifically reflect the need for adequate risk assessment and management (as outlined above); and that formal internal auditing processes be instituted to ensure that NGOs comply with the funding conditions.

Recommendation 27

It is recommended that each Program identify the practice areas where risk to clients is compromised because of a lack of casework compliance with statutory and policy guidelines and to establish why this is occurring. From this analysis, each Program needs to institute a strategic plan to address the problems of compliance along with appropriate goals, timeframes and review processes.

Recommendation 28

It is recommended that strategies be developed to ensure that processes of policy standardisation within Programs be expedited and that the imperatives pertaining to risk assessment and management are clarified. The standardisation strategy should include timeframes and a plan for familiarising all workers with the updated requirements.

Recommendation 29

Given that recording and documentation problems were found across all four Community Services Programs, it is recommended that the relevant recommendations pertaining to record management in the two internal reviews, should apply to all four Programs.

Recommendation 30

It is recommended that each of the Community Services Programs develops a comprehensive workforce strategy to address recruitment and retention needs.