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Risk Management in Social Services

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Abstract: *Risk management is a continuous process. Once a professional has committed to a particular risk course of action, they must continue to monitor, identify, and respond to progressive risks, as they may change even within the course of a single intervention. The aim of the research is the continuous development of additional risk management strategies including file instrumentation, depending on the risk characteristics, operational intra- and inter-institutional partnerships in risk management; complying with standards and legislation, creating and complying with work procedures, complying with and updating the risk register.*

Keywords: risk management; additional risk management strategies; social services

1. Introduction

Instrumenting a social risk requires, regardless of its specifics or the field addressed (protection of the child, the person with special needs, the elderly, the unemployed, the delinquent person, etc.), following a path common to all risks in the practice of social assistance:

- *The date of the reference/request for help* (it is the day on which the request, the reference or the transfer of the risk is registered by the social worker within the institution that offers social services);
- *The initial assessment* (assumes a brief investigation of the risk situation to decide if it is subject to the specifics of the institution that offers social services and if it falls within its support criteria).
- *The date of opening the risk* (it is the day when the social worker/risk manager decides to open the risk in order to implement and solve it);
- *The detailed evaluation stage* involves a thorough investigation and analysis of all the elements that are involved in the instrumented risk with the participation and involvement of the beneficiary: the client, the family and its system of relationships, the factors that generated the problematic situation, the possible resources for solving the risk, etc.)
- *The intervention stage* (presupposes specific intervention actions carried out by specialists as well as the mobilization and involvement of all human, financial, material, community resources identified by him in order to solve the risk by fulfilling the objectives of the intervention plan).

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- The *monitoring stage* (assumes the permanent follow-up and evaluation of the client's situation to ensure the state of equilibrium pursued in solving the risk; the social worker does not intervene unless data on the client's situation changes, or unforeseen factors intervene that may affect the balance achieved).
- *The risk closure date* (is the day when the social worker decides, in consultation with the risk manager supervisor, to end any involvement in the instrumented risk. *The risk closure* can be done either according to the *intervention plan* - when the social worker has achieved his previously established objectives, either by *referral* or *transfer* to another institution/other social service - when the problematic situation cannot be solved by the institution or social service in which the risk was instrumented until that moment (World Vision, 2002).

2. Research Method

In the practice of social assistance in Romania to instrument the risks is used more and more often *the risk management method* that ensures a multidisciplinary and interinstitutional intervention organized, rigorous, efficient, and coherent with the aim of restoring the ability to (re) integrate and participate in community life of vulnerable people and people in difficulty (use of risk management is mandatory in the field of child protection according to the provisions of the mandatory minimum standards provided for in Order no. 288/2006). Risk management represents a concept that designates a method of coordination and integration of social and medical services that has been used in different meanings. *Risk management* in social assistance is seen as a method of providing services based on the needs of the client and his family, the role of social workers being to “coordinate, monitor, evaluate and support the client to access social services that meet these needs. Weil and Karls (1985) saw in *risk management* “a logical set of steps and a process of interaction within the service network that ensures that beneficiaries receive the services they need in an effective, efficient form of support and at an acceptable cost”.

3. Result

Risk management has two essential functions: a) individual counselling, offering advice and therapy to clients in the community, b) connecting clients to the network of community services offered by community service providers. From this perspective, risk management makes the connection between micro and macro-practice in social assistance, being an important technique in the management of care and assistance, as well as in the coordination of community resources for the optimal social functioning of the client served. Risk management as a work practice proposes evaluating the needs of the individual, the social environment in which he lives and the network of available services, according to which the risk manager builds an individual intervention strategy based on priority needs and available resources. This work orientation shows that the social worker risk manager no longer focuses on selecting eligible beneficiaries for a service but focuses on identifying **the problems of the assisted person** and the services in the network that are effective for covering these needs. Depending on the strategy used in the use of resources, the orientation and fulfillment of objectives, as well as the vision that directs the involvement of the beneficiaries in achieving the desired and intended changes, in social practice several forms of risk management work: *centered on resources, on results, on problems and appreciative risk management*, inspired by the SOWT analysis model.

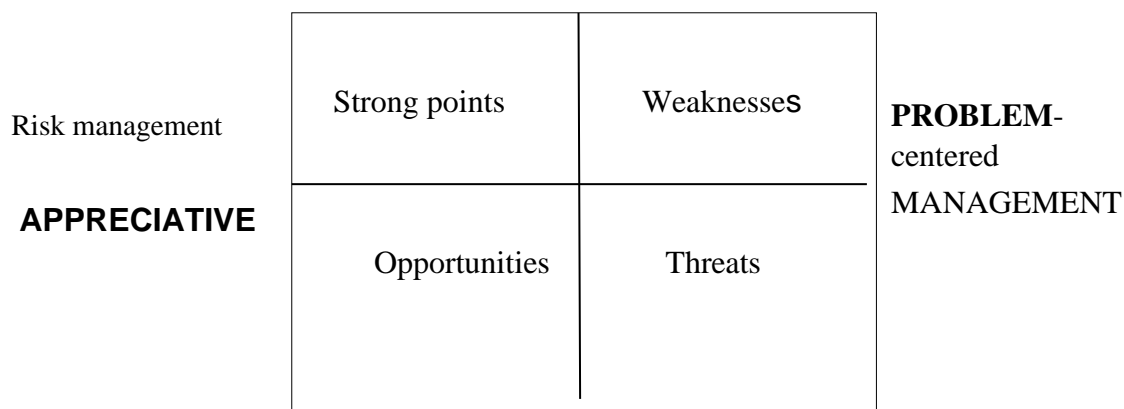


Figure 1. SOWT analysis model

Risk management goes through several stages, identical for each individual risk: 1. identification, initial assessment and risk assumption; 2. is the detailed/complex assessment of the situation; 3. the planning of services and interventions embodied in a plan provided for in the legislation: individualized protection plan, recovery plan, rehabilitation and/or social reintegration plan, service plan; 4. providing the services provided in the specific intervention plans; 5. monitoring and periodic reassessment of the progress made in achieving the goals from the intervention plan; 6. closing the risk in the situation where the goals proposed in the intervention plans have been reached. The fundamental principle of risk management practice is that resources are allocated in relation to the needs of the individual in a way that is effective for both parties: positive results for the people assisted and low cost for the services.

The efficiency of risk management is analyzed in relation to:

- allocating resources according to the requirements of each risk;
- the degree of coordination of the services so that all the requirements of a risk are covered without the resources to be wasted;
- increasing the efficiency of the cost / benefit ratio: low cost for the service - benefits for the assisted person.
- client satisfaction - the way in which the beneficiary characterizes the services received, the degree of satisfaction with them and with the results obtained is evaluated.

Risk management requirements create conditions for improving the services offered by different institutions of social assistance, their permanent adaptation to existing needs and requests, to complex risk-taking, and finally to the mobilization of resources from the community to solve the client's problem.

The Risk Manager is the professional who ensures the coordination of social assistance and special protection activities carried out in the interest of the beneficiary, with the main purpose being the development and implementation of personalized care plans.

4. The Role of the Risk Manager

- coordinator thereby ensuring that the specialists involved in the provision of services follow the objectives included in the elaborated care plan and allocates resources in order to achieve the finality of the intervention;
- role in social planning by establishing clear and measurable objectives for each individual client, ways of carrying out activities, establishing the duration of the intervention, developing monitoring and evaluation plans, etc.;
- negotiator and mediator of any disparities/conflicts arising between the client and another specialist, client and his family or client and the accessed social services;
- promoter/facilitator of interdisciplinary and interinstitutional team collaboration;
- team worker;
- counselor (seeks to support the client for understanding the situation, and reduces the degree of vulnerability that characterizes him at a given moment, analyzing the actual situation, identify solutions and make future plans);
- recorder (reports, revisions of care plan) and progress monitor for evaluation intervention of results for making decisions regarding the successes and failures of the activity;
- community resource seeker and network worker – the manager has an active role in distributing and allocating existing resources in the community, in the sense of articulating these services for the benefit of the client;
- technician/ information seeker (community services, admission criteria for potential candidates, beneficiaries, the permanent verification of the capacity of these services and the “degree of occupancy”);
- consultant for the other practitioners in the social field and for the other institutions that offer services of different categories of vulnerable and disadvantaged people;
- evaluator of both the situations of his clients in different stages of the intervention (initial and periodic, final), as well as the impact that the interventions of different specialists have on their areas of competence;
- facilitator contributing to improving the links between institutions, organizations and people who have problems;
- risk and group advocacy to influence a decision within the service provider or local authorities in favor of its client.

5. Conclusions

Interdisciplinary teamwork it is a *sine qua non* condition in the instrumenting of risks in the field of social assistance. The interdisciplinary approach allows a global approach/holistic vision of the client's situation from a social, psychological, medical, legal perspective, contributing through synergistic and coherent interventions to solving the risk. Multidisciplinary and inter-institutional teamwork is not only desirable, but also a necessity given the increasing complexity of risk in the practice of social assistance, the integrated approach to clients' needs, as well as the provision of social services as close as possible to their living environment. Depending on the type of services provided, the multidisciplinary team in a

social service is made up of a social worker, psychologist, doctor, specialized educator, physical therapist, occupational therapist, psych-pedagogue, etc. In accordance with the job description and the Procedure for providing their social services, each member of the multidisciplinary team has clearly defined roles in each stage of risk management, roles aimed at the following aspects: evaluating the client's situation according to the area of competence, presenting the data, their conclusions and recommendations in an evaluation report, developing the specialized intervention plan, collaborating and communicating in a team in a formal framework according to a meeting agenda, carrying out the activities established according to the plan of intervention, announcing and recording any change in the client's life with an effect on the evolution/finality of the intervention, cooperation with the client and his family.

The benefits of working in a multidisciplinary team: complementary skills and competences, sharing responsibility in areas of competence, integrated approach to risk, possibility of giving/receiving feedback, cooperation and team spirit (mutual support in solving risks, sharing risks, and celebrating successes, mitigating the risk of professional attrition), developing models of good practice in intervention and their institutionalization.

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