



## Health of the Nation Outcome Scale for Users of Secure and Forensic Services

### HOW TO USE HoNOS-*secure* ~ version 2b

#### **What is HoNOS-secure?**

It is a set of the 12 original HoNOS scales, with the addition of the “security scales”, which record the outcome of a clinical assessment of current need for secure / forensic care. The 12 original scales have been amended for use with users of secure and forensic services.

The completed HoNOS-secure score sheet provides a profile of 19 severity ratings, a total HoNOS score, and a separate security score. It is intended to be an integral part of a minimum data set and a basic component of the Care Programme Approach for users of secure / forensic services. In version 2b, the scales are unchanged but the instructions have been simplified.

#### **Is it a risk assessment?**

No, it is not an assessment tool and must not be substituted for one. Ratings are based on the results of a recent clinical assessment including risk assessment.

#### **What does it measure?**

Like the other speciality HoNOS, it measures clinical outcomes. HoNOS-secure tracks service user progress against the need for a secure setting (Scales A to G), and against a range of health and social domains (Scales 1 to 12).

#### **How does HoNOS-secure benefit the service user?**

It is about care planning and interventions. The ratings are based on the results of a clinical assessment, and so can be used as a broad check for the multi-disciplinary care plan and risk management plan. A security scale rated at 1 or above indicates that a risk management intervention is needed, and for scales 1 to 12 a rating of 2 or above indicates that a care or treatment intervention is needed. These interventions should already have been identified and included in the care plan / risk management plan as a result of the clinical assessment.

#### **What are the security scales?**

There are 7 security scales:

- A = risk of harm to adults or children
- B = risk of self-harm (deliberate or accidental)
- C = need for building security to prevent escape
- D = need for a safely staffed living environment
- E = need for escort on leave (beyond secure perimeter)
- F = risk to individual from others
- G = need for risk management procedures

### **What are the other scales?**

1	=	Overactive, aggressive, disruptive or agitated behaviour
2	=	Non-accidental self-injury
3	=	Problem drinking or drug-taking
4	=	Cognitive problems
5	=	Physical illness or disability problems
6	=	Problems with hallucinations and delusions
7	=	Problems with depressed mood
8	=	Other mental and behavioural problems
9	=	Problems with relationships
10	=	Problems with activities of daily living
11	=	Problems with living conditions
12	=	Problems with occupation and activities

### **How are outcomes measured?**

Outcomes are measured by comparing the severity of each problem recorded at the first rating (Time 1) with the ratings made on a second or subsequent occasion (Time 2).

### **How is severity measured?**

Each scale is rated on a 5 point scale, i.e. 0, 1, 2, 3, 4. The Glossary provides brief examples of each rating point for each of the 19 scales. A service user does not need to meet every example given for the rating point, although some might.

### **What is the Glossary?**

The Glossary contains instructions on how to rate the different scales and the scales themselves. It also provides examples of the rating points for each scale. You must rate the scales following the order in the Glossary.

### **What is the rating period?**

The rating period for the two sets of scales is different. The security scales are based on the *current* need for secure care, and so take into account past behaviour and incidents, attitudes held, current progress and potential problems in the near future. "Near future" is considered in terms of risk emerging in the coming weeks or months that requires risk management / secure care at the current time.

Scales 1 to 12 are rated just like the HoNOS for working age adults i.e. the most severe problems present during the two previous weeks are rated. This rating period may be extended to a locally agreed relevant time period, e.g. since last review or during the last month.

### **Who should make the rating?**

It is recommended that the Rater is a qualified mental health care practitioner who works with users of secure and forensic services and knows the service user well e.g. the Care Co-ordinator. However, any experienced mental health worker who has been trained in the use of HoNOS-secure and achieves similar scores to other qualified health practitioners can use it. If HoNOS-secure is completed as part of a CPA review / ward round, a consensus will be reached on HoNOS-secure ratings by the team, which will include qualified mental health practitioners. The person who records the team's ratings need not necessarily be a qualified practitioner, but where possible, the scales should be completed by the same individual or a similar team at each time point.

### **What if a consensus cannot be reached?**

Training and rating regularly increase inter-rater reliability. If a consensus cannot be reached, consider whether:

- the assessment that the rating is based on is sufficient,
- if one person has information that has not been shared fully with the other members of the team.
- if members of the team are interpreting the scales differently and there is a training issue.

### **Are the service user's views included in the ratings?**

The rating for each scale is made on the basis of clinical judgement, and not directly on service user perceptions.

### **How long does it take to complete the ratings?**

Once the Rater and team are confident and comfortable rating, it should take approximately 10 minutes to complete the 19 scales.

### **How is the score sheet filled in?**

Each scale is described in the Glossary. The security scales are completed first. Starting at scale A, work through A to G in alphabetical order. Choose a severity rating for each scale and enter it in the corresponding box on the score sheet. In adult secure / forensic settings go on to scales 1 to 12 and work through these in numerical order: in other settings complete another specialist HoNOS instrument instead e.g. HoNOS-LD, HoNOS-65+, HoNOS-CA, HoNOS-ABI etc.

### **How do I know where on the score sheet to rate a particular problem?**

Scales 1-12 are arranged in a special order so as to avoid rating the content of any item twice. They are always rated from 1 to 12. When one scale has been rated, the contents are not considered when rating scales further down the score sheet, except where you are instructed in the Glossary to consider behaviour rated in a previous scale. For example, behaviour taken into account in the security scales may be taken into account when rating items 1 and 2. This is because the security scales rate the current need for secure care, whereas scales 1 and 2 rate the severity of actual behaviour in the last period.

### **What if two problems are present on the same scale but of different severity?**

This may happen quite often, as some scales represent a wide range of problems. Always rate the most severe problem that has occurred during the chosen rating period.

### **What rating is given if a problem like serious violence or serious suicidal attempt has occurred only once during the period rated?**

Such events are always rated '4', even if they only occur once in the period.

### **What is the procedure when the same service user is rated more than once?**

A fresh score sheet is used every time.

### **What is the "improvement score"?**

The improvement score indicates the improvement (or lack of it) since the service user was last rated. Take the most recent score (Time 2) away from the previous score (Time 1). If the service user's condition has deteriorated, the improvement score may be a negative number or, if the service user's condition remains the same, the score may be 0.

### **What information should be used to make the ratings?**

Take into account all available information, including case records, reports from other informants and information from all members of the multidisciplinary team.

### **Why should I rate a second time if I know there will be no clinical change?**

To be able to measure the lack of change, a steady state or changes other than in clinical condition.

### **What if there is insufficient information available to make a rating?**

If it is impossible to make an informed estimate of the severity of an item, enter the rating point '9'. This should be avoided if possible, as ratings of '9' are not included in the final HoNOS-secure score.