MANAGING RISK POSITIVELY POLICY

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Introduction

The saying "nothing ventured, nothing gained" makes the point that unless someone takes a risk and tries new activities, they will never know of the positive benefits that might result. In our society, people are encouraged to travel widely, take part in regular leisure and sporting activities, go to college, develop careers and have families. These are all activities that don't just happen, but mean people have to take risks to achieve their aspirations.

For many people taking risks is an accepted part of life. However people with a disability and older people are often discouraged from taking risks, either because of their perceived limitations or fear that they or others might be harmed.

Changes in society's attitude towards disability, social care and health policy now mean that people with a disability and older people are being actively encouraged to increase their independence in their daily activities and decisions about the services they receive. The focus is now more on enhancing people's abilities rather than concentrating on their disabilities.

This policy is concerned with setting out the approach that JRH Support expect its staff to adopt towards the issue of risk when they work with service users.

When implementing this policy in day to day practice, we recognise that any risk-taking approach must be balanced with their responsibilities in relation to safeguarding adults and children, care standards and health and safety legislation.

The fundamental principle of this policy is that support is provided to individuals to enable them to receive personalised care / support that meets their needs regardless of their disability, age, gender, ethnicity, religion or sexuality. This also applies to people with a particular medical or psychiatric diagnosis. This support must exist within a framework of risk assessment and management that is collaborative, transparent and enabling.

What is Risk?

Risk is the possibility that an event will occur with harmful outcomes for a particular person or others with whom they come into contact.

A risk event can have harmful outcomes because of:

- Risks associated with impairment or disability such as falls
- Health conditions or mental health problems
- Accidents, for example, whilst out in the community or at a support service
- Risks associated with everyday activities that might be increased by a person's impairment or disability
- The use of medication
- The misuse of drugs or alcohol

- Behaviours resulting in injury, neglect, abuse, and exploitation by self or others
- Self-harm, neglect or thoughts of suicide.
- Challenging or difficult behaviour
- Poor planning or service management

The type of outcome depends on the nature of the person, their relationships with others and the circumstances in which they find themselves.

Risk is often thought of in terms of danger, loss, threat, damage or injury. But as well as potentially negative characteristics, risk-taking can have positive benefits for individuals and their communities.

Risk can be minimised by the support of others, who can be staff, family, friends, etc. However, in promoting independence, individual responsibility for taking risks must be a balance between safeguarding someone from harm and enabling them to lead a more independent life where they effectively manage risks themselves.

A balance therefore has to be achieved between the desire of people to do everyday activities with the duty of care owed by services and employers to staff and to users of services, and the legal duties of independent providers such as ourselves. As well as considering the dangers associated with risk, the potential benefits of risk-taking have to be identified ('nothing ventured, nothing gained'). This should involve everyone affected – adults who use our services, their families and staff.

What is Managing Risk Positively?

Managing risk positively' is: weighing up the potential benefits and harms of exercising one choice of action over another, identifying the potential risks involved, and developing plans and actions that reflect the positive potential and stated priorities of the service user. It involves using available resources and support to achieve the desired outcomes, and minimising the potential harmful outcomes. It is not negligent ignorance of the potential risks, it is usually a very carefully thought out strategy for managing a specific situation or set of circumstances.

This means:

- Empowering people
- Working in partnership with people who use our services or who direct their own support, family carers and advocates
- Developing an understanding of the responsibilities of each party
- Helping people to access opportunities and take worthwhile chances
- Developing trusting working relationships
- Helping people who use our services to learn from their experiences
- Understanding the consequences of different actions
- Making decisions based on all the choices available and accurate information
- Being positive about potential risks
- Understanding a person's strengths
- Knowing what has worked and not worked in the past
- Where problems have arisen, understanding why

- Ensuring support and advocacy is available to all users of our services, particularly if things begin to go wrong for someone
- Sometimes tolerating supported short-term risks in consultation with the service user, for long-term gains
- Through regular reviews, gradually withdrawing inappropriate services that create dependency
- Having an understanding of the different perspectives of people with a disability and older people, family carers, staff and advocates and services
- Developing person centred transition planning so that young people share the management of risks with their families, schools and staff/other professionals as they grow to adulthood
- Managers and staff will, where appropriate, assess service user's mental capacity and determine whether they are making a decision of their own free will

Principles of Working with Risk

A number of important issues need to be considered when carrying out risk assessments and risk management processes:

- The identification, assessment and management of risk should always promote the independence and social inclusion of service users
- Risks change as circumstances change and should be reviewed on a regular basis
- Risk can be minimised, but is unlikely to be eliminated
- Information used and recorded will be as comprehensive and accurate as possible
- Identification of risk carries a duty to do something about it, i.e. risk management
- Involvement of the people who use services, their families, advocates and staff from relevant organisations helps to improve the quality of risk assessments, risk management and decision making
- Defensible decisions are those based on clear reasoning with due regard to appropriate legislation, policies and procedures. They demonstrate clear and precise record keeping and, where possible, signed consent
- Risk taking should involve everybody working to achieve positive outcomes
- Confidentiality is a right, but not an absolute right, and may be breached in exceptional circumstances when people are deemed to be at serious risk of harm or it is in the public interest, and only where the benefits of doing so, supported by meaningful safeguards, clearly outweigh the risks of negative effects

Identification, Assessment and Management of Risk and the Review of Incidents

A structured approach to the identification, assessment and management of risk and the review of incidents is essential as the total elimination of risk is unrealistic. It is

vital that staff use the guidance, procedures and risk assessment tools provided, and seek clarification from their line manager if they are confused or unsure about what is expected of them.

Information sharing

Information gathering and sharing is important. It is not just an essential part of risk management, but also key to identifying a risk in the first place. However, the use and sharing of information must respect the principles outlined in the Data Protection Act 1998. When collecting new data or information, it is important to tell the person or family affected the purpose of the data collection, why information gathering is necessary, and with whom it will be shared.

Numerous methods can be used to gather information:

- Access to past records
- Self-reports during assessment or reviews
- Reports from significant others e.g. carers, relatives or friends, other team members, advocates, statutory services etc.
- Rating scales or other actuarial methods
- Clinical judgement based on evidence based practices
- Predictive indicators derived from proven and evidence based research

Because decisions may need to be defended, during the identification, assessment and management of risk, staff must ensure that information shared or gathered is properly recorded to be able to evidence:

- Formulation of a logical, informed opinion as to the severity of risk
- Organisation of discussion with relevant people
- Inclusion of the service user and their family, where appropriate, in decision-making
- Identification of conflicting opinions and interests
- Clarification of lines of accountability
- Justification of actions

Risk identification

Identification of a risk should involve a balanced approach, which looks at what is and what is not an acceptable risk. It should be a view based on the aspirations of the service user that aims to support them to get the best out of life.

Not every situation or activity will entail a risk that needs to be assessed or managed. The risk may be minimal and no greater for the individual than it would be for any other person.

Risk assessment

Risk assessment involves the activity of collecting information through observation, communication and investigation. It is an ongoing process that involves considerable persistence and skill to assemble and manage relevant information in ways that become meaningful for the users of the service (and significant other people) as well as the staff involved in delivering services and support.

To be effective it needs service users, their families and carers, advocates and staff to interact and talk to each other about making a judgement on any potential harm, and measures to reduce this. This should inform decisions that must be taken and their appropriateness in the light of experience.

When a risk assessment is needed, a decision then has to be taken about whether or not positive risk management is necessary to achieve certain outcomes for the person concerned. It will not always be appropriate to take positive risks, but this has to be determined in partnership with the person affected and their family where appropriate. It is a professional judgement that should not be influenced by an overly cautious approach to risk. At the same time, managing risk positively does not mean ignoring the potential risks, as doing this may lead to negative outcome.

During risk assessment the following should be considered:

- Service users should not simply be seen as the source of risk – their view of risk and that of their families and carers have a prominent place in the identification, assessment and management of risk.
- When gathering information from service users or family carers, all staff need to emphasise the importance of information that is both accurate and identifies any concerns or issues that may increase the probability of a damaging event occurring.
- There should be a focus on a person's 'strengths' to give a positive base from which to develop plans that will be support positive management of risk. Consideration should be given to the strengths and abilities of the person, their wider social and family networks, and the diverse support and advocacy services available to them.
- A person centred approach should be used to identify, assess and manage risk.
- Managing risk positively may sometimes need to distinguish between the short-term and long-term position. Short term heightened risk, for example after hospital discharge, may need to be tolerated for longer term positive gains.
- Taking risks can give people confidence and better enables them to manage their involvement in community activities.
- An assessment and subsequent risk management plan needs to be clear if it is to protect the individual or others.

- If anyone involved in the support plan or the provision of support does not agree with the assessment, they should be asked to document their concerns and reasons.
- The influence of historical information in any assessment should be concerned with understanding what happened if risk taking resulted in harm. The stigma of the events themselves should not affect the decision making.
- Transition planning for children who become adults needs to start in good time for them to manage well the choices that open up for them when they become adults.

Risk Management

Risk management is the activity of exercising a duty of care where risks and potential benefits are identified. It entails a broad range of responses that are often linked closely to the wider to the wider process of support planning. The activities may involve preventative, responsive and supportive measures to reduce the potential negative consequences of risk, and to promote the potential benefits of taking appropriate risks. This will also include the clear identification of who is responsible for monitoring these risks and communicating effectively variations that may impact on the individual. These will occasionally involve more restrictive measures and crisis responses where the identified risks have an increased potential for harmful outcomes.

When carrying out risk management, the following must be considered:

- Decision making in relation to risk must be clearly evidenced on relevant documentation.
- Managers have a key role in the successful application of managing risk positively. They have a responsibility to ensure that their approach to supervision is conducive to supporting practitioners in risk related decisions and the ongoing management of risk.
- High quality practice, supervision and support are essential to provide an opportunity to discuss concerns and refine ideas, as well as review the progress of the implementation of risk assessments.
- Managers need to recognise that there is joint accountability/ownership for risk decisions. Support workers and service users need to know that support is available if things begin to go wrong.
- Risk taking is further enhanced by limiting the duration of the decision i.e. working to shorter timescales and with smaller goals broken down.
- Risk management should become part of the ongoing work with a service user, and this should be reflected in support plan outcomes.
- It is the collective responsibility of all participants, including service users, to share information, make decisions and plan intervention.
- Issues of confidentiality need to be considered proportionately by all staff to ensure service user and public safety. Information sharing needs to be part of the decision making process with regard to appropriate disclosure.

- This approach supports the recognition of an individual's right to make informed decisions about the support they receive. It recognises the concept of empowerment when working with vulnerable people.
- The rights of all users of our services are acknowledged. In certain circumstances these can be overruled, particularly when evidence suggests that the individual is lacking in mental capacity in relation to a specific decision.
- Where this happens, practitioners should refer to guidance to best practice in dealing with decision-making and incapacity and on the principles of best interests of the person who lacks capacity.
- The assessment and management of risk should be, as far as possible, a multi-disciplinary decision.
- Where people are behaving in a way that may compromise their welfare, risk management may include the setting of explicit boundaries to contain situations that are developing into potentially dangerous circumstances for all involved. If a person makes a decision to continue behaviour that is hazardous, the processes described in Appendix 2 (Defensible Decisions) should be followed. If any member of staff is put at risk by this decision, any support service we provide will be reviewed to ensure that its delivery guarantees the safety of any worker involved.

Review of Incidents

In the context of this documentation, an incident is when an event occurs that results in physical, emotional or psychological harm to an adult who is receiving services, or another person as a consequence of the actions or behaviour of that individual, member of staff or member of the public.

When positive risk management has a negative consequence, it is necessary to identify what has gone wrong and how the assessment and management of the risk contributed to this. It is recognised that the point at which a risk becomes an incident may be traumatic for staff, as well as everyone else involved. It is important for all managers to support staff after an incident that could have a negative impact on morale within a service and, when appropriate, to offer staff any counselling support available.

Appendix 1 – Underlying principles

Person-Centred Planning

This is an approach based on the principles of rights, independence, choice and inclusion used tom help people work out what they want to do with their lives, and then determine how services and support in the wider community can holistically provide for the needs of the individual so that they are supported to achieve their aspirations, and the services they need to fulfil these can and will change.

The key features of person-centred planning are:

- The person is at the centre and is in control
- Family members and friends are partners, where appropriate
- Planning reflects a person's capacities and what is important to them, and identifies the support they need to be full citizens
- Planning builds a shared commitment to action that upholds a person's rights
- Planning is underpinned by ongoing listening, learning and further action which helps the person to achieve what they want out of life

Medical Model of Disability

An approach to disability that says people with disability (because of their impaired body, mind or learning ability) are unable to do everyday activities that people without a disability can take for granted. The consequence of this approach is that the emphasis placed on the individual's ability to adapt, with the support of appropriate treatment and services, to the world around them. Wider society may also limit its expectations for people with a disability.

Social Model of Disability

An approach to disability explains the disadvantage and inequalities experienced by people with disability are not caused by their impaired body, mind or learning ability but by the society in which they live. The way in which buildings and transport are designed, education, hospitals, councils and government are run, or how people think about disability, can create barriers and lead to discrimination, exclusion and prejudice.

The consequence of this approach is the emphasis on the need to listen to people, remove physical barriers to buildings and wider society, change attitudes and expectations, and use the law to stop disability discrimination.

Appendix 2 – Defensible Decisions

The decision making involved in the assessment of risk and its management is generally effective in avoiding harmful situations from arising. However if harm occurs to a service user, any staff involved in the assessment or management of risk will need to defend the decisions they made and their reasoning. This policy is about moving away from <u>defensive</u> decisions, which historically have focused on avoiding risk, and towards <u>defensible</u> decisions.

A defensible decision is one where:

- All reasonable steps have been taken to avoid harm
- A person's mental capacity has been taken into consideration and guided by the Mental Capacity Act Code of Practice
- Reliable assessment methods have been used and information has been collected and thoroughly evaluated
- Decisions are recorded succinctly and in line with the agencies' recording policy, and decisions and related actions are communicated to all relevant parties with outcomes reported back to the lead agency
- Support staff and managers adopt an approach that is proactive, investigative and holistic, taking into account all aspects of the individual and the wider family and any risks
- All appropriate services are arranged to mitigate identified risk and meet the assessed needs of the individual concerned as far as that person, with capacity to do so, is prepared to accept such services
- Any occurrence of a risk event subsequently will require a review of the plan in relation to that risk
- Policies and procedures have been followed and due adherence to statute and government and professional guidance is maintained

Appendix 3 – Professional Competency

For a practitioner, empowering a person to decide the level of risk they are prepared to take with their health and safety involves working with the tension between promoting safety and positive risk management.

In order to practice in this way the practitioner concerned should be able, where appropriate, to:

- Recognise indicators that meet the criteria for safeguarding referrals
- Maintain constructive working relationships with service users and carers, particularly those who may not wish to engage with services
- Promote an understanding of the factors associated with risk of harm to any party through violence, self-neglect, self-harm, suicide or hate crime
- Demonstrate the ability to inform service users and family carers about the role, function and limitations of support services in promoting safety and managing risk of harm
- Contribute to accurate and effective risk assessments; identify specific risk factors of relevance to the individual, their family, their carers and the wider community.
- Contribute to the development of risk management strategies and plans that clearly identify the agreed actions to be taken and the goals to be achieved
- Contribute to the safe and effective management and reduction of any identified risks
- Develop knowledge and understanding of national and local policies and procedures for minimising risk and managing harm to self and others
- Understand the importance of multi-agency and multidisciplinary working in promoting safety and positive risk management
- Have an awareness of the available spectrum of individual and service responses to help manage crises and minimise risks as they happen. In addition, to contribute to intervention with the expressed goal of managing person's risk behaviours in the long term

Appendix 4 – Illustrative Case Studies

The following are illustrative cases (based on real life case stories) taken from the DoH publication "Independence, choice and risk: a guide to best practice in supported decision making"

A person chooses to undertake risky activities

Mr L is physically disabled. He lives in sheltered housing and has support from support workers both to help him manage his home and to help him get up in the morning, bathe, prepare meals and go to bed. He goes out twice a week with a care support worker and enjoys playing bowls, but he would like to do something more active. Mr L has always wanted to ski and has heard about 'sitski', enabling disabled people to ski; he wants to try it.

There is a risk of injury if Mr L is supported to access sitski. If this risk is explained to Mr L and he understands and accepts the degree of risk and if he remains enthusiastic and makes it clear that he still wishes to go with his support worker perhaps to try out a dry ski run, he should be supported to do so. Provided he makes an informed decision and his assessed needs are met in terms of support, he is consenting to the risk and no liability will arise if he injures himself in a skiing accident. His disability does not place him in a different position from a person without a disability who chooses to engage in extreme sports and suffers an injury as a result. If there is no negligence on the part of professionals, then the duty of care has not been breached.

Putting people into risky situations

Ms P has a learning disability. After leaving residential college, she returned to her parental home. Ms P wanted to live independently and her parents supported her wishes, subject to appropriate support being available to minimise her risk of exploitation and harm. Ms P now lives in a bed-sit. She is assessed as needing support on a daily basis to ensure that she does not become isolated and to help her develop strategies to reduce risk of exploitation and harm. Ms P's support plan includes a review in four weeks, as her parents are nervous about her exposure to risk and would like the situation monitored sooner rather than later. The review does not take place, despite requests from the family who express their concern that Ms P has become withdrawn and isolated and that the support has, in reality, been only intermittent. Ms P's mother subsequently discovers that her daughter has been befriended by a neighbour who, it transpires, has been sexually abusing her.

In this situation, the support provider risks litigation because they did not respond to the concerns expressed by Ms P's mother or carry out the timely review they had agreed to do. The provider was alerted to the risk and did not act.

Using assistive technology to minimise risk

Mr E, 81, has dementia. He is living at home supported by his wife. At night, Mrs E sleeps separately, as her husband frequently gets in and out of bed to look out of the window and check if it is day or night. He is prone to falling and therefore causes her great concern. Both Mr E and his wife want him to continue to live at home, with her supporting him. Neither wants strangers in the house to help. However, if the situation continues, Mrs E's health will deteriorate and she may not be able to continue to care for Mr E. This means he may need to move into residential care.

An assessment carried out by a psychologist established that Mr E's level of dementia and cognitive disability meant that he could still read, appreciate the pattern of letters and make sense of the words. The psychologist referred Mr E to an occupational therapist who completed a full assessment of his environment and his independent living needs, and was able to arrange for assistive technology to support him to remain independent. Mr E was provided with an electronic calendar which displays whether it is morning, afternoon, evening or night time. Now when Mr E wakes it is often enough for him to look at the clock and when it shows it is night he knows he should not get up and disturb his wife.

Mr E was also provided with a pressure mat with a portable linked doorbell facility. The pressure mat is placed by his bed and the doorbell peripheral is placed with MrsE in her bedroom- when Mr E steps on it the doorbell sounds.

ACTIVITY RISK ASSESSMENT

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Person's name:	Date:	RA No.

1. What is it they want to do?				
2. Who is at risk?	The service user	Staff	Public	Other service users
3. What are the benefits to them in doing this?				
4. What might go wrong?				
5. What might happen if they don't do this?				
6. Can we do something to reduce the risk?				

With control measures, how likely is it to go wrong? (scale of 1- 3 below)			
3 = Probable	2 = Occasional		1 = Remote

If it goes wrong, how serious will it realistically be? (scale of 1- 5 below)				
5 = Catastrophic	4 = Critical	3 = Serious	2 = Marginal	1 = Negligible

Risk score - likelihood X severity =	

Risk score:	10+ Very High Risk	5-9 High Risk	1-4 Low Risk

SCORING IS NOT THERE TO STOP PEOPLE FROM DOING THINGS

As long as you can show that you have thought of all the possible things that could go wrong, and have an agreed action plan, you have behaved responsibly.

People contributing to the assessment	Signatures	Person responsible for decision

	Who will action this?	When will it be done by?
Action 1		
Action 2		
Action 3		

Additional information

RISK ASSESSMENT

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Risk Assessment No.	

Person's Name:	**Date Prepared:**

Person/s completing assessment:

Brief description of the risk/hazard:

Where has the information about this risk come from:

<u>With</u> control measures, how likely is it to go wrong? (scale of 1- 3 below)	

3 = Probable	2 = Occasional	1 = Remote

If it goes wrong, how serious will it realistically be? (scale of 1- 5 below)	

5 = Catastrophic	4 = Critical	3 = Serious	2 = Marginal	1 = Negligible

Risk score - likelihood X severity =	

Risk score:	10+ Very High Risk	5-9 High Risk	1-4 Low Risk

Who may be affected?

The service user	Staff	Public	Other service users

Ways to reduce the risk: