Risk Enablement Framework

Co-production document

Funded by the Social Work Innovation Fund
We have different gifts and skills to offer

We want to be listened to and have our voice heard

We want to be more included in our communities

We want to make choices and decisions about how we live our life

We want to develop new skills

We want to learn from our experiences
Introduction

Taking and managing risks are a part of everyday life. This is something we all do, often without thinking. For example, we take risks driving to work every day. We take risks leaving the house without a coat or umbrella. We take risks in changing jobs, having children or moving house. We make decisions about risks based on experience, on knowledge we have gained from other sources, after careful deliberation, and sometimes impulsively. All of us take risks in order to learn, change and grow into the people we are today.

Risk enablement, or positive risk taking, is an approach which recognises that risk is not only an inevitable part of life but often a welcome and necessary one. However, those who use social care services frequently report that risk taking is discouraged, either because of perceived limitations or fear that they or others might be harmed. In this instance, risk is regarded solely in negative terms and there is little thought given to the positive experiences to be gained from taking risks.

“Risk is important – but people using services often perceive this in a disempowering way, as something that is imposed on them by the system”

(Glasby, 2011)

Individuals who use social care services frequently believe they have little control or say over decisions about taking risks. There is often little consideration given to the consequences of not allowing an individual supported to take a risk – risk is seen only in terms of the negative repercussions potentially faced by the organisation and professionals when something “goes wrong”. Many individuals consider they are being over-protected by risk-averse staff, organisations and structures which stifle their ability to choose how they live, resulting in a loss of their autonomy.

Glasby (2011) argues that risk needs to be shared between the person taking the risk and the system that is trying to support them – the voice of the individual must be heard and acted upon and the “system” needs to act in the individual’s best interests while balancing their own “duty of care”.

Policy Background

The implementation of Transforming Your Care (2011) heralded the beginning of changes in how health and social care services are being delivered in Northern Ireland.

Moving away from traditional models of practice, there is an increased focus on individuals who receive services remaining within, and being more connected to, the communities they live in. Individuals are encouraged to take control of the services
they wish to receive to meet their needs, and where these services are not available, individuals are able to develop and manage a personalised service.

Self Directed Support (SDS) is one of the ways that traditional social care services are transforming to put people in control of their own support. SDS moves social care services from a service-led system to one that promotes autonomy and independence by giving people more choice and control over their support arrangements. It is a unique partnership between families, individuals, services, third and independent sector organisations and government bodies.

However, there is a fear that personalisation leaves individuals open to increased levels of risk by fragmenting the current system, dismantling current safeguards and leaving people to sink or swim by themselves.

This framework aims to explore how to strike a balance between leaving people open to abuse and neglect and “wrapping them up in cotton wool” – to occupy the space in the middle where people are “safe on their own terms” and are fully in control of their own lives.

**Basic Principles**

**See the person first**

The focus of every organisation that provides support services for individuals should be on the wishes and needs of the individual.

“Just listen… Really listen.”

This was one of the recurring phrases repeated throughout research conducted by The Thistle Foundation (2007) and the consultation process conducted by Positive Futures with families, carers and people who use services.

“Adults seen as ‘at risk’ often feel excluded from decision making about their lives.” ‘Working Together in Adult Support and Protection’

(The Thistle Foundation, 2007)

“Seeing the person first” means valuing the person as a unique individual with their own gifts, skills and capabilities. The individuals we spoke to wanted professionals to understand what is important to them and how they want their life to be, rather than focusing solely on what is important for them. This includes being involved in, and having control over, the decision making process whenever possible.
When considering decisions involving risk, professionals should:

"Acknowledge success, and the individual’s strengths – the things they are capable of doing well"

Positive Futures’ Risk Enablement consultation workshop (2016)

Professionals have a role in empowering individuals to make choices and decisions, ensuring that their voice is always heard and their views are represented – this is especially so when the individual is unable to make decisions themselves. In this instance, we could use the individual’s “relationship circle” to identify and seek the views of family, friends and allies who are closest to them – the individual’s “circle of support”. Decisions should be based on what we could reasonably expect the person to choose for themselves, were they able to do so. It should be noted that we must be cautious not to make assumptions about capacity or the lack thereof. Decisions around capacity should be considered and reviewed on an individual basis and in partnership with the individual and their “circle of support”.

The fear of repercussions arising from making “the wrong decision” should not deter professionals from making a decision and should not lead them to being overly cautious. During Positive Futures’ consultation (2016), it was stated that:

“Bad outcomes occur – it’s a part of life.”

“Bad outcomes” are inevitable; we are never going to be able to keep everyone “safe” all of the time. However, from these “bad outcomes”, it is important to focus on the learning about what worked and what did not work, rather than apportioning blame.

It is important to recognise that “good enough” is the best we can aim for in order to support people to live the life they want. This can be supplemented with contingencies and safeguards if something begins to go wrong – a “Plan B” is important.

The right to self-determination

“People have the right to live their lives to the full, as long as that does not stop others from doing the same.”


Along with seeing the person first, we must also “hear” what they have to say. Here, we focus on what is currently working for the individual and what is not working so well. This will include hearing about risks the individuals deem acceptable to themselves, even if this worries family or professionals.
We learn about balancing what will keep the individual happy and safe. We work out what the individual wants and how we can support them to achieve this. This may involve supporting the individual to manage risk on their own terms and developing strategies to stay safe if they are at risk of harm.

“Honour the person’s dreams and decisions about taking risks.”
Positive Futures’ Risk Enablement consultation workshop (2016)

It is important to remember that no professional or organisational risk assessment process should prevent or inhibit the individual’s right to make their own decisions and to live their life in the way they choose. Again, this should be done in partnership with the individual and their “circle of support” where there is a question about an individual’s ability to make decisions for themselves.

As part of the decision making or risk assessment process, we should also consider the impact or consequences to the individual if we make a decision contrary to their wishes – what this will mean for the individual, and any alternative approaches that have been explored. This should be clearly noted in the individual's support plan or person centred portfolio.

Work in partnership to share the responsibility for risk

It should go without saying that partnership working is fundamental to building relationships with the people we support. This goes hand in hand with the first two basic principles discussed; without these, “partnership working” becomes tokenistic. The Department of Health guidance ‘Independence, Choice and Risk: A Guide to Best Practice in Supported Decision Making’ (2007) calls for everyone involved in the lives of people who use services to:

“Work together to help people achieve their potential without compromising their safety”.

On a more practical level, this involves working alongside the individual being supported, taking time to clarify details of potential risks and the individual’s understanding of these, and what this will enable them to achieve.

You should also be clear about your own role and what the individual and family can expect from you in the decision making process. This should also include an explanation of the risk assessment process that is being recorded and who will be consulted as part of the process. Sharing this information in a variety of formats with the individual and their “circle of support” is the most transparent way of doing this.
During the risk assessment process, it is important to be clear about the fact that an individual’s decisions about the risks they wish to take are their responsibility. This may also include supporting the individual to understand their responsibility to others around them, such as staff or family members, to ensure their actions do not result in other people being put at risk.

Reviewing the individual’s decision making profile or agreement will help you determine when the best time for the individual to make decisions is and if he/she needs assistance to understand the information being shared.

It should also be noted that everyone involved in the risk assessment process should be encouraged to share their fears and concerns and these should be recorded; however, one person’s worry is not grounds for restricting another person’s life choices.

Involving the individual’s “circle of support” will help to determine the “best interests” of the individual and the decision he/she would reasonably be anticipated to make where there is a question about capacity.

**Changing culture to change practice**

“If agencies and their employees take a narrow hazard approach to risk, they will contribute to the disempowerment of people…”


If we view risk solely as a negative entity, something we should seek to eliminate, and see only the potential negative repercussions to the reputation of the organisation and its employees, this will act as a barrier to social inclusion for the people being supported within the service.

A focus on risk as a negative “encourages practitioners to look for what is going wrong rather than what is going right” (Booth & Booth, 1998).

By looking only at the negatives, we are perpetuating a “blame culture” within the organisation. We ask who is responsible for what went wrong and seek to apportion blame. Staff working within a “blame culture” are more likely to be risk-averse in their practice; there will be a fear of embracing positive risk taking approaches in case something goes wrong and they are held responsible for this. Staff who feel they do not have the support of the management team will, as a result, stick rigidly to their prescribed roles and responsibilities, with little room for flexibility and creativity in how they support the individuals they work with. This only serves to stifle or delay the growth of the individuals being supported.
Instead, we should aim to create a learning culture, whereby staff have the autonomy to think creatively, act flexibly and try new ideas in order to meet the individual’s needs in the most person centred way possible. This requires fostering a culture of risk enablement with a top down and bottom up approach. A culture of risk enablement involves managers being open to hearing from those providing support directly to the individuals. Frontline staff have practical, hands on knowledge of the individual, knowledge of risks the individual deems acceptable and how the individual can be supported to make informed decisions about managing these risks.

Similarly, managers will be competent in leading by example; they will be actively engaged in promoting risk enablement and supporting staff with decisions. They will also be confident in challenging the thinking and decision making of professionals in all roles and at all levels to ensure the individual being supported has every opportunity to fulfil their potential which may include a degree of risk taking.

It is important to emphasise that training, or the implementation of new policies and procedures, may only change practice at a superficial level, however, this will not change the culture of the organisation. If risk enablement and promoting positive risk taking approaches are not supported within the management level of the organisation, the culture of the organisation will not change and practices will not change either. Staff will continue with risk-averse practices for fear of being blamed should something go wrong.

**Autonomy and Accountability**

A positive approach to risk is grounded in the principle that an individual has the right to make their own choices and decisions in order to live the life they want. Even when an individual is unable to make these decisions independently, they continue to have the right to express their view and for this view to be taken into consideration by those who will be making decisions on their behalf.

Building positive relationships between the individual supported, their circle of support, staff and the organisation from the outset will ensure decisions made either by the individual, or on their behalf, will take account of the views of all those who have an active interest in the wellbeing of the person supported. This serves to clearly define the process involved in decision making and shares accountability between all the parties involved. This can often be referred to as “defensible decision making”.

This process will also inform the roles and responsibilities of those providing individuals with support. Staff will be clear about areas where they can exercise autonomy and creativity concerning positive risk, and will be confident in knowing that they have the support of their organisation if things begin to go wrong.
During our consultation, families, carers, individuals who use services and frontline staff all expressed frustration at the time taken to make decisions regarding risk.

“Change is too slow…. red tape, governance, risk assessments and training all contribute to this.”

This can lead to spontaneous social opportunities for people supported being lost within the “system”. However, if staff feel supported in making autonomous decisions, based on their first-hand knowledge of working with the individual, there is the potential to eradicate this waiting time and decrease frustration.

**Practical Steps**

There are a number of practical steps that can be taken to ensure that risk enablement and positive risk taking approaches are balanced with the need to keep the people we support safe. These practices should be firmly embedded in the culture of the entire organisation.

**Policies, procedures and practice**

“…risk enablement should become an integral part of the transformation of adult social care into a system which puts the person in control. It cannot be a ‘bolt-on’ solution to existing systems which do not have the person at the centre.”


Risk enablement should run throughout policies, procedures and practice to ensure that each individual supported has the right to choose what risks to take in their life and how these are to be managed. This is required to uphold a truly person centred organisation.

Health and safety and corporate risk policies inform how to keep the people we support safe from financial abuse, abuse of medication and abuse by staff, however, they cannot account for the individuality, complexity and fluidity of human nature. There is no guidance on how to keep the person supported safe if they wish to engage in a new relationship – or if this is even within the remit of staff. This leads to confusion amongst those providing support and lends itself to risk-averse practice “just in case something goes wrong”.

Instead, we should be aiming for comprehensive guidance on person centred risk – striking a balance between keeping the individual safe and happy – enabling them to make informed decisions about the risks they deem acceptable to live an “ordinary” life and be included within the community. This also avoids conflict and confusion between organisational policy and practices.
Staff training

Staff training must clearly embed risk management and safeguarding within person centred planning in order to prevent mixed messages and uncertainty within services. Staff who have a clear understanding of their roles and responsibilities concerning risk and safeguarding are more likely to support individuals to approach the risks in their lives positively and empower them to make their own decisions. With training that clearly defines roles and responsibilities regarding risk, staff will be more confident in seeking and receiving management support from their organisation, which in turn will positively influence the support they provide to individuals and will increase job satisfaction.

The introduction of “real life scenarios” involving complex situations may be seen as a beneficial learning tool as this can help to stimulate discussion and challenge individual viewpoints. It may also help practitioners to recognise that there is often no definitive right or wrong answer.

Reflective practice

In order to embed culture change and promote autonomy and accountability, staff and managers each need to consider their own practice.

Reflective practice, that is time set aside from work, gives us the opportunity to examine how we work, the decisions we make, and why we make these. We should acknowledge the successes of our work and the things we would change should we encounter a similar situation in future.

Reflective practice also helps us to examine our own prejudices and how these may influence our decision making abilities concerning risk enablement. Do we make assumptions about people who use services that limits their ability to make decisions for themselves? Would we accept people taking away our own right to express our wishes? Do we make assumptions about an individual’s ability to assess risk based on their age and life experiences or previous experiences of risk taking going wrong? These are all useful questions to ask and address during staff supervision.

“Training alone isn’t enough to change the way we work – we need to make the most of naturally occurring opportunities to embed person-centred practices and change habits. Meetings are one of the best opportunities to do this effectively”. Helen Sanderson Associates (2014)

This links directly with management support for staff – during supervision, staff should have the opportunity to openly express concerns, fears and frustrations they
are experiencing. Within supervision, staff should be open to being challenged in their practice and also have the opportunity to challenge.

Either one to one supervision or group supervision can provide opportunities to reflect on challenges encountered in embracing positive risk taking approaches within an organisation.

**Engagement and co-production**

As well as individuals who are supported believing they have little control or say over the decisions made about how they choose to live their life, families and carers have also reported feeling disempowered in having a say about how their loved one is being supported.

It is important to remember that families and carers are a vital link to the individual’s “story”, especially in situations when a person supported requires assistance to make decisions. In turn, organisations can provide families and carers with a clearer understanding of risk enablement and the importance of integrating this within person centred support plans. This, in turn, perpetuates an organisational culture of engagement and co-production.

Moving beyond person centred practice on an individual basis, a person centred organisation will seek also to engage the views of the people it supports in strategic organisational decisions; this is especially so when developing new policies. Co-production of a positive risk taking policy and guidance with the people who will be directly affected by it – people who use services and their families, as well as the staff who provide support – should be standard practice within all person centred organisations.

**In Summary**

Risk enablement and adapting positive risk taking approaches within our practice is vital for person centred practice. The implementation of policies and procedures or new training alone is not enough to effect change within an organisation. Managers must embrace risk enablement and provide support to frontline staff. In turn, this will empower frontline staff to advocate on behalf of those they support in order to help them to live the life they want.

Previous research and our consultation exercise have told us that people using services and their families want to be involved in the decision making process concerning the risks they deem acceptable to live an “ordinary” life and that this must strike the right balance between keeping the individual safe and happy.
We must all challenge the wider systems we are a part of, and those that we work within, in order to move away from risk averse practice towards embracing positive risk taking approaches.

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