Unit 14

Support positive risk taking for individuals
Unit purpose and aims

This unit introduces the concept of risk, person centred risk assessment, legislation and the theoretical knowledge needed to support people to make informed choices regarding risks.

The learner will:

1. Understand the importance of risk taking in everyday life
2. Understand the importance of a positive, person-centred approach to risk assessment
3. Understand the legal and policy framework underpinning an individual’s right to make decisions and take risks
4. Be able to support individuals to make decisions about risks
5. Be able to support individuals to take risks
6. Understand duty of care in relation to supporting positive risk taking
1.1 Ways in which risk is an integral part of everyday life

Daily living means we take many risks throughout our everyday lives, including crossing roads, driving, catching buses, going on holiday, using knives and going to work. An element of risk is involved in these daily activities, but we chose to take this risk as it is deemed necessary. Some people have more risky occupations, such as working at height, working with groups of people who are seen as dangerous, or working with chemicals or gas. People can also encounter risks when participating in recreational activities. Learning to swim introduces a risk of drowning and riding a horse introduces a risk of falling, while others choose to participate in motorsport. It is important to remember that seemingly sedentary activities such as walking up steps or to the local shop can also be risky.

Not all risks are physical. There are psychological risks in human relationships, as psychological harm can be caused intentionally (such as one person bullying another causing distress) or unintentionally (for example the grief experienced when a loved one dies).

People choose to take these risks as the outcome is desirable, the risk is worth taking for the reward, independence, convenience or other desired outcome. Risks are an important part of leading a fulfilling life and are a huge part of how we grow and develop.

1.2 Why individuals may have been discouraged or prevented from taking risks

For most of us, risk is simply a part of life. Every opportunity contains a potential risk. We can assess and identify the risks and choose to accept them. However, the vulnerable people we work with are often discouraged from taking risks. One reason for this could be because they are seen to have impairments that could pose a risk to themselves or others. Sometimes care workers can assume that the person does not understand the risks involved and therefore can prevent the risk being taken. Alternatively, the care worker is worried they will get into trouble if they allow someone to take a risk and the worst case scenario happens.
In health and social care settings care workers are required to try and balance apparently contradictory factors. Health and safety law, ‘duty of care’ and ‘avoidance of harm’ principles require them to keep individuals safe whereas human rights and equality legislation support the individual's right to take risks. There is a fine balance between the need to encourage an individual's active participation in public life and the accountability of care workers if individuals in their care come to harm.

Care workers face complications in evaluating rights and risks as it can be unclear whether some individuals may lack the mental capacity to weigh up the potential risks and benefits of their actions. Within care settings this can lead to situations where an individual wants to do something without really understanding the risks or the situation. For example a person with severe dementia wanting to leave their care home alone. Alternatively staff may be over protective and avoid being proactive in enabling individuals to take reasonable risks, or be judgemental about choices they perceive to be ‘bad’ or ‘wrong’. Relevant legislation (such as the Mental Capacity Act 2005) must be followed, and individuals offered help, such as advocacy to help them to express their wishes and access services and activities of their choice.
1.3 The links between risk-taking and responsibility, empowerment and social inclusion

Supporting someone to take risks can enable them to gain self-confidence and take responsibility for his or her life and choices. If risks are avoided, the person fears failure. The reverse of this is that taking a risk and having a positive outcome is confidence building and the person then feels in control of their life. This is empowering for the person.

The benefits of taking a risk can be seen as “nothing ventured, nothing gained”. In other words, we need to take the risk to grow and develop. Risk-taking encourages development of skills, knowledge and abilities and allows people to make choices and have their voices heard.

To some extent, risk-taking also allows people to live in an inclusive society. It allows them to have the same rights and freedom as everybody else, including the decision to take risks and the ability to make their own mistakes and learn from them. Social inclusion is a very important outcome of positive risk-taking.

2.1 The process of developing a positive person-centred approach to risk assessment

A person-centred approach to risk assessment means looking at the potential risks and benefits of an activity in a way which puts the needs and preferences of that person at the centre. It is an individualised approach rather than a service-centred approach. A day centre manager who assesses each person individually to establish whether they are able to self-medicate and wish to do so, is taking a person-centred approach.

*‘Positive risk-taking 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 potentials and stated priorities of the service user. It involves using available resources and support to achieve the desired outcomes, and to minimise 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.’* (Steve Morgan, 2004)
The process of developing a positive person-centred approach to risk assessment begins with a commitment to individualised care and support of service users, rather than blanket policies which apply to all.

Managing risk is not about eliminating it but is about weighing up the likelihood of serious harm against the benefits the risk might bring. How to support people to travel independently or take part in everyday activities means accepting there are risks that cannot be avoided but can be minimised and prepared for. The individual has the right to choose if they want to participate in the activity or not. A person-centred approach to risk assessment gives the person the tools to become informed of, and understand, the possible consequences of their decisions, minimise risks, then make their choice based on what is important to them and what is required to keep them safe.

2.2 How to apply the principles and methods of a person-centred approach to each of the different stages of the process of risk assessment

Risk Assessments
A traditional risk assessment is carried out before any potentially hazardous activity. However, these types of assessment tend to only focus on negative outcomes and not the benefits or positive outcomes of taking a risk. Traditional assessments focus on the risks and hazards and see the person as an object which needs to be assessed and managed by others, rather than seeing the person as in control of their own life, with rights, responsibilities and as an active participant in the community. Risk assessing an electrical device is very different to assessing the risks a person might take. If a narrow approach to risks is taken, vulnerable people in care will be disempowered. For this reason, it is important to adopt a person-centred risk assessment. A person-centred risk assessment allows the person to work with others to achieve their potential and be empowered, without compromising their safety.
The “holy grail” of risk assessment was proposed by Bates and Silberman (2007), who suggested seven criteria that person centred risk management should follow, these are:

- **Involvement of Service Users and Relatives in Risk Assessment** - this should include the person themselves and those caring for them, relative, friends and other people who will provide support, together, these people will gather information, discuss the element of risk, suggest how risk could be minimised

- **Positive and Informed Risk Taking** - creative solutions are sought, including looking at the person’s strengths.

- **Proportionality** - this looks at the consequences of not taking the risks and what that would mean to the person

- **Contextualising Behaviour** - builds a history of the person, explores what has led them to the situation they are in now and how they have responded in the past to determine what is the best way to support that person

- **Defensible Decision Making** - there is an explicit and justifiable rationale for the risk management decisions, there should be evidence of the discussions, decisions made and references to legislation such as the Human Rights Act

- **A Learning Culture** - views the risk assessment as an ongoing process and evaluates what is working and what is not

- **Tolerable Risks** - risks should be seen as being taken to improve a person’s quality of life, happiness or self-esteem, whilst making them as safe as possible, rather than making them safe but unhappy.

Positive approach to risk must include the basic principles of person-centred working:

- Keeping the person at the centre
- Treating the family and friends as partners
- Focusing on what is important to the person
- An intent to build connections with the community
- Being prepared to go beyond conventional service options
- Continuing to listen and learn with the person.
By contrast the traditional stages of risk assessment quoted in health and safety documents do not always appear individualised or person-centred.

1) Identify hazards
2) Decide who could be harmed
3) Evaluate the risks and decide if existing control measures are adequate
4) Record the findings
5) Review the risk assessment at regular intervals.

However they can be adapted to apply the principles and methods of a person-centred approach to each of these stages of risk assessment. For example a risk assessment for an individual who is rather forgetful due to early dementia, attends a day centre and wants to self-administer their medication, could be adapted as follows:

1) Identify hazards- consider the specific hazards in this situation, such as which medication the individual takes, as some drugs are more hazardous than others. There may be more risk if the individual is taking morphine tablets than if they are just applying eczema cream for example. Consider the potential benefits of the individual being in control of their own medication (such as increased self-esteem)

2) Decide who could be harmed: potentially the individual if they take the wrong dose for example, or other anotherserviceuserifthemedicationwasn'tsafelystoredandtheytookit

3) Evaluate the risks: weigh up the pros and cons taking into account the individual’s strengths, weaknesses, needs and preferences regarding self-administration of their medication. Seek the individual’s views and include their family in the assessment if appropriate. Consider existing control measures; for example is there somewhere where the individual could keep their medicines safely at the day centre, is there a system for staff prompting and checking to make sure that they take the right dose at the right time?

4) Record the findings

5) Review the risk assessment regularly as needs and preferences may change over time so the risk assessment needs to be kept updated.
How a service focused approach to risk assessment would differ from a person-centred approach

A service focused approach to risk assessment would put the needs of the service ahead of the needs of individual service users. Such services tend to have a ‘one size fits all’ policy which may be simpler for staff to administer but does not respect the needs and preferences of individuals.

A care setting with a policy of staff administering all service users’ medicines (rather than providing a choice to self-administer medication if able) would be using a service focused approach to risk assessment. The risk assessment is very basic: that it is ‘too risky’ to enable any individuals to self-medicate. Service focused risk assessments tend to be:

- Risk averse, sometimes due to excessive protectiveness or fears of legal action if a service user comes to harm. However this can deprive the service users of the opportunity to benefit from autonomy and personal growth
- Serving the organisation’s needs rather than the service user
- The result of outdated or poor practices which do not respect each service user’s individual choices, needs and rights.

Service focused risk assessment is likely to be criticised by Care Quality Commission (CQC) inspectors and organisations would be required to become more person-centred in their approach to risk assessment.

The consequences for individuals of a service focused approach to risk assessment

The consequences for individuals of a service focused approach to risk assessment can be significant. Consider, for example, if you went to live in a care home due to physical frailty. You are still fully mentally alert. The care home’s policy is for staff to administer all medicines as self-administration is deemed too risky and time consuming for staff to oversee. On arrival your medication is taken from you and nobody asks if this is acceptable to you. After that you never have access to your medication again and there is an unspoken assumption that you need others to administer medication which you have successfully managed for years yourself. Now you are dependent on staff to provide the right medication at the right time. However they are very busy so sometimes your
medication is late, or not given with food as some require. Sometimes you are given your tablets but your eye drops are forgotten.

The consequences for you could be:

- Physical discomfort or deterioration of your physical conditions
- Resentment about the implicit assumption that you are incapable
- Anxiety about whether or not medication will be given correctly each day
- Loss of independence, autonomy, self-respect and self-esteem
- Increased dependence and the risk of institutionalised behaviour
- Resentment of staff
- Depression.

Service based risk assessment may seem like the ‘safe option’ as service users do not have much opportunity to take risk. However this approach can have the unintended consequence of creating dependence on staff and loss of function and confidence for service users. This increase in dependence will ultimately increase the workload of care workers. Therefore enabling people to take some risks can reduce the care worker’s workload in the long run as individuals function better for longer, in addition to having the psychological benefits of being more active and empowered.
How legislation, national and local policies and guidance provide a framework for decision making which can support an individual to have control over their own lives

Legislation can guide people to make informed decisions to promote involvement and best interests of service users where ever positive risk taking is concerned. Work practices should always adhere to relevant legislation and national and local policies and guidance. It is therefore important to have an understanding of the key principles of relevant legislation, policies and guidance.

The Human Rights Act (1998)

The introduction of the act made it unlawful for any service not to respect human rights. If a person receiving care feels that his human rights are being breached, he or she can take the issue to a UK court rather than European one. It is unclear how human rights legislation will change following the United Kingdom’s exit from the European Union. The Human Rights Act (1998) was based largely on the European Convention on Human Rights.

These rights are:

1. The right to life
2. Freedom from torture and degrading treatment
3. Freedom from slavery and forced labour
4. The right to liberty
5. The right to a fair trial
6. The right not to be punished for something that wasn't a crime when you did it
7. The right to respect for private and family life
8. Freedom of thought, conscience and religion, and freedom to express your beliefs
9. Freedom of expression
10. Freedom of assembly and association
11. The right to marry and to start a family
12. The right not to be discriminated against in respect of these rights and freedoms
13. The right to peaceful enjoyment of your property
14. The right to an education
15. The right to participate in free elections
16. The right not to be subjected to the death penalty.

These are rights we have in everyday life. We are expected to respect them as the rights of others, irrespective of any disability or other grounds for discrimination. If any of these rights are breached, we have the right to an effective legal solution. In the first instance, matters should try to be resolved outside of court. The Citizens Advice Bureau can be contacted for assistance. If an effective solution is not reached, the Human Rights Act gives us the opportunity to go to a court in England or Wales. If this does not resolve the issue, matters can be taken to the European Court of Human Rights.

The Equality Act (2010)

The Equality Act was introduced in October 2010. It aims to eliminate all discrimination by providing protection to people with “protected characteristics”. These include age; disability; gender re-assignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; and sex and sexual orientation. The Equality Act replaced several previous Acts including the Disability Discrimination Act (1995), Race Relations Act (1976), The Sex Discrimination Act (1975), The Equal Pay Act (1970) and other smaller anti-discriminatory pieces of legislation.

Discrimination

Types of Discrimination

The Equality Act identifies and defines different types of discrimination, which are briefly outlined below:

Discrimination Arising from Disability

This is defined as “where a person is treated less favourably because of something arising from a disability”. An example would be a child who is refused admittance to a nursery because he or she is incontinent. When the incontinence derives from a disability, the nursery and its staff would be acting unlawfully, unless it could justify otherwise.
Direct Discrimination

Direct discrimination occurs when a person receives worse treatment than someone without a disability, purely because of the disability itself. An example would be a person with a disfigured arm being asked to cover it up in public.

Indirect Discrimination

Indirect discrimination occurs when a rule or requirement could inadvertently discriminate against an individual. The employer would be expected to make reasonable adjustments, or justify why the rule exists. An example would be changing shift patterns for all employees to early mornings. An employee who suffers depression might have trouble getting up and ready early. The employer would have to make reasonable adjustments, or justify why it isn't reasonable to do so.

Harassment

Harassment is defined as “unwanted behaviour related to disability that has purpose of violating dignity, or creating intimidating, hostile, degrading, humiliating or offensive environments”. An example of harassment would be mimicking the speech of someone with speech difficulties.

Victimisation

Victimisation would occur where someone is treated unfairly because he or she has raised a complaint under the Equality Act. This would also extend to someone helping a friend or colleague report a grievance.

The Equality Act aims to end the discrimination that many disabled people face. This Act gives disabled people rights in the areas of:

- Employment
- Education
- Access to goods, facilities and services
- Buying or renting land or property.
The Act allows the government to set minimum standards so that disabled people can use public services easily, including transport.

**Who is protected?**

The Act protects anyone who:

- Meets the Government’s definition of a disabled person
- Has met the definition in the past and is discriminated against because of this
- Is treated negatively because they are perceived to have a disability, even if this is not true
- Is linked to a disabled person; for example, a mother with a disabled child would be protected.

The Equality Act 2010 is very relevant to positive risk taking and forms a framework for decision making which can support individuals with disabilities to have control over their lives and take risks if they choose to do so.

**The Mental Capacity Act 2005**

The Mental Capacity Act 2005 for England and Wales came into force in April 2007. The Act generally only affects people aged 16 or over, and provides a statutory framework to empower and protect people who may lack the capacity to make some decisions for themselves, such as people with dementia, learning disabilities, mental health problems, stroke or head injuries. The Act makes it clear who can make decisions in which situations and how they should go about this. It also enables people to plan ahead for a time when they may lack capacity. The Act will cover major decisions about someone’s property and affairs, healthcare treatment and where the person lives, as well as everyday decisions about personal care (such as what someone eats), where the person lacks capacity to make the decisions themselves.
The Act is divided into 3 parts. The whole Act is underpinned by a set of five key principles which are set out in Section 1:

- **A presumption of capacity** - Every adult has the right to make his or her own decisions, and must be assumed to have the capacity to do so unless it is proved otherwise

- **Individuals being supported to make their own decisions** - A person must be given all practicable help before anyone treats him/her as not being able to make his/her own decisions

- **Unwise decisions** - Just because an individual makes what might be seen as an unwise decision, he/she should not be treated as lacking capacity to make that decision

- **Best interests** - An act done or a decision made under the Act for, or on behalf of, a person who lacks capacity must be done in his or her best interests

- **Least restrictive option** - Anything done for, or on behalf of, a person who lacks capacity should be the least restrictive of his or her basic rights and freedoms.

The Act deals with the assessment of a person’s capacity and acts by carers of those who lack capacity:

**Assessing lack of capacity** - The Act sets out a single clear test for assessing whether a person lacks capacity to make a particular decision at a particular time. It is a “decision-specific” and time-specific test. No one can be labelled “incapable” simply as a result of a particular medical condition or diagnosis. Section 2 of the Act makes it clear that a lack of capacity cannot be established merely by reference to a person’s age, appearance, or any condition or aspect of a person’s behaviour which might lead others to make unjustified assumptions about capacity.

**Best interests** - A decision made for, or on behalf of, a person who lacks capacity must be in that person’s best interests. The Act provides a non-exhaustive checklist of factors that decision-makers must work through in deciding what is in a person’s best interests.
**Acts in connection with care or treatment** - Section 5 offers statutory protection from liability where a person is performing an act in connection with the care or treatment of someone who lacks capacity. This could cover actions which might otherwise attract criminal prosecution or civil liability, such as when a care worker has to interfere with the person’s body or property in the course of providing care or treatment.

**Restraint** - Section 6 of the Act sets out limitations on section 5. It defines restraint as the use or threat of force where a person who lacks capacity resists, and any restriction of liberty or movement whether or not the person resists. Restraint is only permitted if the person using it reasonably believes it is necessary to prevent harm to the person who lacks capacity, and if the restraint used is a proportionate response to the likelihood and seriousness of the harm. This section does not extend to deprivation of liberty within the meaning of Article 5(1) of the European Convention on Human Rights. The Government have announced that there will be additional safeguards for people who lack capacity and are deprived of their liberty but do not receive mental health legislation safeguards. The Government have also announced that they intend to introduce these safeguards by amending the Mental Capacity Act.

The Act deals with two situations where a designated decision-maker can act on behalf of someone who lacks capacity:

**Lasting Powers of Attorney (LPAs)** - The Act allows a person to appoint an attorney to act on their behalf if he or she should lose capacity in the future. Before it can be used, an LPA must be registered with the Office of the Public Guardian.

**Court-appointed deputies** - The Act provides for a system of court-appointed deputies to replace the current system of receivership in the existing Court of Protection. Deputies will be appointed to make decisions on welfare, healthcare and financial matters, as authorised by the new Court of Protection, but will not be able to refuse consent to life-sustaining treatment.

The Act replaces Part 7 of the Mental Health Act 1983 and the whole of the Enduring Powers of Attorney Act 1985. A new Court of Protection with more comprehensive powers will replace the current Court of Protection, which is an office of the Supreme Court.
**Court of Protection** - The new Court will have jurisdiction relating to the whole Act. It will have its own procedures and nominated judges. It will be able to make declarations, decisions and orders affecting people who lack capacity, and make decisions for, or appoint deputies to make decisions on behalf of, people lacking capacity. It will deal with decisions concerning both property and affairs, as well as health and welfare decisions. It will be particularly important in resolving complex or disputed cases involving, for example, decisions about whether someone lacks capacity or about what is in their best interests. The Court will be based in venues in a small number of locations across England and Wales, and will be supported by a central administration in London.

In terms of supporting people with positive risk taking, the Mental Capacity Act (2005) states that people have the right to make their own choices, their capacity must be assumed, unless it is proved otherwise.

The organisation will have policies and procedures in place to safeguard individuals and you should familiarise yourself with these.

**The 2014 Care Act**

This Act introduced the underpinning principle of wellbeing, placing an emphasis in law on the physical, emotional and mental wellbeing of the individual and their carers.

The Act aims to achieve:

- The prevention and delay of the need for care and support
- Clearer and fairer care and support
- More control of the care for the individual concerned
- Enhanced physical, emotional and mental wellbeing for the individual and their carer(s).

This emphasis on wellbeing should ensure that people gain more control over their lives and remain independent for longer. This will inevitably involve more positive risk taking and every care worker has a part to play in helping people make informed choices about risk whilst ensuring that the person’s wellbeing is promoted and protected.

A national partnership of over 50 organisations, supported by the Government and hosted by the Social Care Institute for Excellence (SCIE), works together to set a
standard for the social care and public sector on how best to engage with people about their care and support needs. They are committed to transforming health and social care through personalisation and community based support. This partnership is called Think Local Act Personal. (TLAP)

3.2 How a human rights based approach supports an individual to make decisions and take risks

A human rights approach emphasises the right of individuals to make their own choices even if they involve risk and others may not agree with their choices. Advocates of this approach would argue that the right of each person to be self-determining over-rides concerns about avoiding harm to some extent. This can be disconcerting for health and social care professionals who may be required to explain their approach to the Care Quality Commission, the coroner’s court or other official bodies if an individual dies or comes to significant harm due to the choices made. The human rights approach is very different from the ‘do no harm’ tradition which many professionals have been trained to observe (especially doctors and nurses). Since the introduction of the Fundamental Standards, in particular the Duty of Candour (requiring health and social care staff to be open and honest when a person comes to harm during treatment or care) there has been heightened awareness of the consequences of risk.

In practice, many health and social care settings strive to achieve a balance between respecting human rights to make choices which may involve risk, and putting safeguards in place to try to avoid serious harm.

Approaches such as person-centred care (another Fundamental Standard) help to support a more human rights approach as the care is individualised. Service users' wishes and goals are respected including supporting them to take part in activities which may involve some risk.
4.1 Support an individual to recognise potential risk in different areas of their life

Every right has accompanying responsibilities. The Department of Health (2009) stated that disabled people consider it their own responsibility to keep themselves safe. As choice, control and creative positive risk taking is encouraged, the service user also has a part to play in being responsible for the welfare of themselves and the people who support them. The individual has the right to be supported in identifying their own risks and taking reasonable steps to minimise these. However, the individual does not have the right to risk the health, safety and wellbeing of others (others could be the individual, colleagues, families, carers, other professionals, members of the public, advocates) and must take responsibility for any consequences arising from their risk-taking.
4.2 Support the individual to balance choices with their own and others’ health, safety and wellbeing

Care workers and other professionals working with an individual are required to use their expertise, skills, judgement and the law to balance duty of care with individual choice, decision making and risk assessment. A support plan should be in place. This will be agreed by the individual, their family, carers and the organisation. A support plan will include a risk management section and should identify the least restrictive outcome.

Some individuals may find it difficult to recognise and understand the impact of their choices and behaviour on others. An adult with learning difficulties may not understand that eating sugary snacks is their choice but offering them to another resident in a group home might cause a problem if the other resident is diabetic. Likewise, if an individual in a care home wants to be in charge of their own medicines they need to understand that their medicines must be locked away securely so other people (such as visiting children or other residents) don’t take them by mistake.

Some choices may impact a great deal on other people so there will be times when individuals need support to balance their choices with their own and others’ health, safety and wellbeing.

It is very important not to make decisions for the person or to pressure them into making a decision. The individual should be encouraged to carefully think about the risk they wish to take and the possible consequences of their actions. To do this they need to carefully explore both the positive and negative consequences.

The care worker can do this by using risk assessment to encourage the individual to discuss the action they wish to take and the possible outcomes of this action.

To make informed choices individuals need information and your role will be to help the individual to find this information or provide the information for them. The individual can then make an informed decision based on the information they have explored. The Care Act 2014, as we have already discovered, refers to wellbeing, giving a definition and referring to promoting wellbeing. To achieve wellbeing a person needs to achieve outcomes that matter to them in their life.
Central to the act is the principle of wellbeing and having control over day to day life. Your role therefore is to enable the individual to make informed choices, whilst you provide them with the information on which to base their decision, you should provide options and an awareness of the consequences of the options.

4.3 How own values, belief systems and experiences may affect working practice when supporting an individual to take risks

A care worker’s own values and belief systems will impact on where he or she rests on the ‘human rights’ versus ‘do no harm’ spectrum. Equally, personal experience will impact a care worker’s views. A person who has experienced a stifling, over protective upbringing may have longed for more freedom when growing up and support human rights above safety. Another individual who has had the difficult experience of accounting in a coroner’s court for their own and their team’s actions in the events leading to a service user’s death may be more cautious.

As professionals, it is important to be aware of the factors influencing our attitudes to risk and try to remain as objective as possible when weighing up risks and benefits at work.

4.4 Why it is important to record all discussions and decisions made relating to supporting the individual to take risks

Negligence is carelessness amounting to the culpable breach of a duty, i.e. failure to do something that a reasonable person (i.e. an average citizen in that same situation) would do, or doing something that a reasonable person would not do. In cases of professional negligence, involving someone with a special skill, that person is expected to show the skill of an average member of his or her profession. It is important to report all incidents, discussions and risks with regards to positive risk taking in order to protect everyone concerned. Recording in this way shows evidence of respecting the individual’s right to choose and supporting improving their quality of life, whilst also demonstrating that everyone acted professionally, there was no neglect and risks were identified and minimised.
5.1 Complete a risk assessment with an individual following agreed ways of working

Agreed ways of working means following the organisation’s policies, procedures and verbally agreed methods. These should be in line with legislation and follow the principles and methods discussed in learning outcome 2.2 of this unit.

When carrying out a risk assessment and managing identified risks, consider the following:

- Empower people by listening to them, ensure they have all the information they need, respond to them in a way which is meaningful for them, sharing power with them and being clear about what this means for them and what the limits of this are
- Work closely with the person and their carers, adopting a person-centred approach
- Understand the person’s strengths and motivation
- Understanding the person’s viewpoint about what they will gain from what they wish to do, what they want to achieve and what they may lose if they cannot do it
- Considering the potential benefits of taking risks where this may lead to positive outcomes for the person
- Help people who use services to learn from their experiences
- Know what has worked or not worked in the past
- Understand where problems arise, understanding why
- Reach an understanding about the responsibilities of everyone concerned
- Help people to access opportunities and take worthwhile chances
- Helping people to understand the consequences of different actions
- Reach decisions based on good information about the choices available
- Ensure that support and advocacy is available to people, especially when things begin to go wrong for them
- Support short term risks, working closely with everyone concerned, in order to achieve a long-term gain
- Through good support planning and reviews, ensure that services are provided in a way which promotes independence
- Have an understanding of the different perspectives and views of people with disability and their carers, practitioners, advocates, service providers and other professionals
- Ensure that agreed guidance, procedures and risk assessment tools are used, and that appropriate support and supervision is provided by managers.
- Report any conflicts or dilemmas which may affect the health and safety of the individual or others if these cannot be resolved.
5.2 Communicate the content of the risk assessment to others

Once a risk assessment is agreed, this must be put in writing and kept on record in line with workplace procedures. This may be in a care or support plan, a ‘risk assessment file’ or similar documentation. On a day to day basis, the individual’s care plan and documentation will need to be updated to record the steps taken by staff to carry out the requirements of the risk assessment. If the risk assessment concludes that a member of staff should accompany an individual to a weekly activity for example, then on those days the daily records should indicate that planned support was given for that activity.

The risk assessment will also need to be communicated verbally. This may be at handovers between shifts, at multidisciplinary meetings or to new care or support staff. This ensures all concerned are aware of the individual’s wishes, what support they need to give to enable the person’s choices to be respected and the agreed measures to minimise risk.

5.3 Support the individual to take the risk for which the assessment has been completed

It is vital that once the risk has been identified and the individual is supported to understand the risk assessment and the plan of support, that they are supported to test the risk they wish to take.

This support could include providing aids and equipment, information or supervision whilst testing the risk. The individual should understand they are testing the risk and that this process may be successful or there may be difficulties and problems, and these should not be considered as failure as the support plan will be reviewed and necessary changes made.

Support plans are reviewed in order to ensure the individual continues to receive adequate support and is working towards achieving their wishes, preferences, aims and other desired outcomes.

Support plans examine what is working, what is not working and what could be done differently. This does not mean things can be done better, just differently.
During a support plan review it is likely that some identified risks are no longer risks, or are indeed greater risks than initially thought. This is why it is important to review plans in order to ensure safety for everyone involved.

5.4 Review and revise the risk assessment with the individual

Individual’s wishes and needs change over time, as do the services available to support them. The risk assessment will therefore need periodic review and revision if necessary. An individual may decide they would prefer to swap to a different activity or need more support to access a current activity. Changes in service structure or the staff available may also mean that the risk assessment needs updating.

It is vital to document the outcome of the risk assessment review in an individual’s support plan so that others are aware of the findings.

5.5 Evaluate with the individual how taking the identified risk has contributed to their wellbeing

Risk assessments may seem rather negative as they tend to focus on potential hazards. It is important to evaluate the positives of taking risks, such as how the individual has benefited.

Benefits typically include improved wellbeing through making social contacts, feeling included and an active member of society and increased confidence and self-esteem. Individuals may have gained new friends or skills from taking part in activities which involve some risk.

The individual can be prompted to describe the benefits of the risk and this should be documented. This is important evidence for the risk assessment review. Identifying the benefits as well as the potential hazards enables a balanced view to be taken regarding risk. In the event of any harm coming to the individual, due to the risks taken, documented benefits help to keep a sense of proportion.
6.1 How the principle of duty of care can be maintained while supporting individuals to take risks

Duty of care

Duty of care requires care workers to avoid activities which they can reasonably foresee would be likely to injure or put other individuals in danger. This means that those working with the individual must take reasonable consideration for the safety of others and take reasonable steps to minimise risks in order to ensure the safety of everyone.

Sometimes, this duty of care will be advisory, advising the person of perceived risks. On other occasions, clear risks will be identified and there will be an increased likelihood that someone could be harmed. In these circumstances, safeguarding procedures must be followed. In summary, duty of care means care workers must consider the consequences of their acts and ensure these actions do not give rise to a risk of injury or danger to another person. However, it does not mean that safety is guaranteed, but that other people are acting reasonably to ensure everyone is safe.

6.2 Describe what action to take if an individual decides to take an unplanned risk that places him/herself or others in immediate or imminent danger

Supporting people to have more control over their lives and making their own choices inevitably means that sometimes things will go wrong. Risks can result in a negative outcome or the person will make a choice that could put themselves or others in a risky
situation. It might not always be possible to minimise risks to a level that everyone agrees is acceptable. In these situations people will scrutinise what has happened and will consider the following aspects of the risk taking process.

Did the care worker:

1. Act reasonably?
2. Act in an informed way, reflecting their expertise?
3. Act responsibly in relation to their duty of care and were not negligent?
4. Assess and take steps to manage and minimise the foreseeable risks?
5. Involve the person in the process and support them to make informed decisions?
6. Involve and liaise with other people whom it would be reasonable to involve in the process?
7. Follow organisational policy, procedures and guidance?

The process of assessing the risk must be clearly documented and should be reasonable and proportionate. Decisions which could result in a seriously negative outcome should be given more thought than minor decisions where a negative outcome is not too serious. There is no guarantee that those involved in the risk assessing process would be free from consequences if something went wrong. However, there is unlikely to be consequences if care workers acted reasonably, worked closely with the person, their family and other care workers and the decision making process is clearly documented. Allowing individuals to make their own choices is empowering, but, if this choice is likely to result in an unsafe outcome, you must report this under your duty of care obligations. You must also clearly tell the individual that you cannot be involved in supporting them to take risks which are very likely to cause harm to themselves and/or others.

Conclusion

The information you have read within this unit should increase your knowledge and understanding, which will benefit you, the individuals you care for, key people and others. Now complete the assessment questions for this unit in the workbook section.