Risking a real life – Making good decisions together around issues of risk and opportunity

Louise Close and Alastair Minty
March 2018

Our Authors

Alastair Minty

Alastair has always been passionate about progress and looks for ways to explore new opportunities with people to have greater control and more options to live fulfilling lives. Having taken part in the In-Control leadership course and being involved with the Northern Network he recognises the importance of the work In Control has done in moving forward expectations as well as creating common understanding between providers and Health and Social Care Partnerships to work together on delivering real change.

Alastair has a particular interest in risk enablement, change management and delivers training and facilitates development days both as an In-Control Associate, with another organisation, and independently.

Louise Close

Louise is a freelance consultant and trainer working in the adult social care field, specialising in the new personalisation agenda as part of the transformation of social care to a system in which people have true choice and control in their lives.

Louise is a trained and experienced manager, both operational and strategic, with a keen interest in issues around positive risk management and adult safeguarding. She was instrumental in developing and implementing Cumbria Adult Social Care's county wide *Positive Risk-Taking Policy* and also worked closely with the Social Care Institute for Excellence (SCIE) writing their report on personalisation and risk "*Enabling Risk, Ensuring Safety*."

Louise has worked extensively in Scotland with In Control Scotland, as an associate trainer for another organisation and independently.

Risking a Real Life

Making good decisions together around issues of risk and opportunity

by Alastair Minty & Louise Close
on behalf of In Control Scotland

Contents:

Executive summary

This paper sets out the case for looking at the language and approaches around risk enablement in the context of opportunity, (the opportunity to grow, live and develop), together with the implications for people where those opportunities are denied. It mixes guidance and resources with examples of practice which has both helped and hindered people with disabilities living real lives, so we can learn from it.

After looking at related guidance and legislation, it aims to encourage debate and consideration of what we do now and allows us to reflect on the extent we are staying true to the spirit of the Self-Directed Support legislation. It also suggests practical ways to confidently avoid compartmentalising risk and opportunity as an abstract process and keep a balanced view of its place in all our lives, as part of our human development.

It focuses on outcomes as much as process –

As a result of our attempts to support people to take opportunities, live their lives their way, and dream bigger, are people –

- Supported to explore and exercise their Human Rights?
- Trusted and supported all the way through the process?
- Able to actually experience life changing opportunities?
- More or less likely to trust us in the future?

Introduction

Self-Directed Support has at its heart, the aim of empowering and enabling people. It has been recognised that organisations have often historically tended towards managing safety as a priority over managing peoples access to experiences that will allow them to develop.

This has also been reflected in the types of environments that people have lived in and the myths that have prevailed around what keeps people safe, i.e. community is a dangerous place and people are safer away from it.

We are moving on from this, but a lot of the fear can linger, we need confidence and this paper encourages asking the questions and working it out together.

As you go through this paper you will see the ⚠ symbol, this is our stop and check marker, really discuss perceptions of these issues with all stakeholders, as these issues will have a significant impact on outcomes, trust and engagement.

Context

Self-Directed Support has come with a variety of pieces of guidance to support the implementation of the Legislation. As part of the ethos has been not to be prescriptive, this has often been directed around the values and outcomes rather than how it is to be achieved.

On the one hand that allows for greater flexibility and creativity, and on the other it allows for inconsistencies in the implementation, based on interpretation.

If we look first at what the guidance says -

"People are able to live their lives and achieve the outcomes that matter to them" (p13 Self-Directed Support Implementation Plan Strategy 2016 -2018, Scottish Government)

Strategic Outcomes Self-Directed Support Implementation Plan Strategy 2016 - 2018, Scottish Government

http://in-controlscotland.org/wp-content/uploads/2016/12/Strategy-implementation-plan-2016-2018.pdf

1. *Supported people have more choice and control Citizens are engaged, informed, included and empowered to make choices about their support. They are treated with dignity and respect and their contribution is valued.*

2. *Workers are confident and valued People who work in health and social care have increased skills, knowledge and confidence to deliver Self-directed Support and understand its implications for their practice, culture and ways of working.*

3. *Commissioning is more flexible and responsive Social care services and support are planned, commissioned and procured in a way that involves people and offers them real choice and flexibility in how they meet their personal outcomes.*

4. *Systems are more widely understood, flexible and less complex Local authorities, health and social care partnerships and social care providers have proportionated, person centred systems and participatory processes that enable people who receive care and support live their lives and achieve the outcomes that matter to them.*

⚠ Therefore, we need to think about the practicalities of these objectives in relation to our practice, and ask the questions –

- What are we doing that enables the achievement of these objectives?
- What are we doing that gets in the way?
- Are we making it easy for people to raise opportunities for risk enablement and have this thoughtfully explored?

⚠ If it is easy to say no to any request without having to record what the issue is, what impact it could have, what are the risks of not doing anything, and what you can do to reduce the risk of things going wrong, then you have a system that is skewed towards inertia.

I.e. if you want to try something and that requires you to look at all the angles and produce a plan, if at the point that is put forward a “no” response does not have to be justified with the same level of thought and rigour, opportunities will be missed, people will lose trust, and their human rights will not have been properly upheld.

“Greater focus needs to be placed on developing models of care and support that give autonomy, control, choice and decision making to frontline workers and those whom they support rather than commissioners and contract managers” (p 25 Self Directed Support: Your Choice, Your Right 2017, The Centre For Welfare Reform)

Risk enablement is singled out as a particular challenge –

“Challenges - Risk enabling practice – How we better support people to achieve their agreed outcomes creatively whilst balancing the need for protection.” (P6 Self-Directed Support Implementation Plan Strategy 2016 -2018, Scottish Government)

In producing this paper, we have been mindful of three key underlying principles:

- That individual adults who use social care and support services have the right to make their own decisions and to take risks which they deem to be acceptable.
- That no professional or organisational risk assessment process should prevent or inhibit the individual’s right to make their own decisions and lead their life in the way they choose.
- That these first two principles stand even where there is a lack of capacity, meaning that professionals involved should always strive to understand what makes sense from the individual’s point of view and steer a course as close to that as possible.

These principles seem completely reasonable to most people who use services, their carers and the professionals who work with them, so why do we find ourselves tied up in so many policies and procedures, which sometimes are clumsy and restrictive?

Many organisations offer their staff training on person centred planning and on risk management, but we need to check that we actively join these two fundamental aspects of practice together, to avoid leaving staff and professionals with mixed messages and an uncertainty about which approach takes precedence in complex situations. Integrating risk enablement into training around planning and ensuring that a positive risk-taking policy is at the heart of risk management training, and is essential if the culture is to change to embrace personalisation.

⚠ Can you think of a time when a decision addressed one concern but made it more difficult or confusing to take forward someone's opportunity to experience new opportunities? Decisions need to be checked against criteria rooted in Human Rights in order to avoid unintended consequences caused by silo thinking. (If we try to answer one issue without considering the wider impact, we can create confusion and destroy confidence.)

The following is an excerpt from the discussion paper Self-Directed Support: Your Choice Your Right, Centre For Welfare Reform (2017)

http://in-controlscotland.org/sds-your-choice-your-right/

PANEL stands for: Participation - People should be involved in decisions that affect their rights.

Accountability - There should be monitoring of how people's rights are being affected, as well as remedies when things go wrong.

Non-Discrimination - Nobody should be treated unfairly because of their age, gender, ethnicity, disability, religion or belief, sexual orientation or gender identity. People who face the biggest barriers to realising their rights should be prioritised when it comes to taking action.

Empowerment - Everyone should understand their rights, and be fully supported to take part in developing policy and practices which affect their lives.

Legality - Approaches should be grounded in the legal rights that are set out in domestic and international law. (From the Scottish Human Rights Commission)

As well as engaging with someone in a person-centred way when planning how to support them, (including support to make informed decisions about and to live their life their way), organisations should consider involving people with wider strategic development issues relating to risk. The best positive risk-taking policies are those which are co-produced with people who will be directly affected by them

- people who use services and their families, as well as the staff who will be working to provide their care and support.

Audit Scotland's Self-Directed Support Progress Report published in August 2017 makes the following points –

"Social work staff are positive about the principles of personalisation and SDS but a significant minority lack understanding or confidence about focusing on people's outcomes, or do not feel they have the power to make decisions with people about their support. Front-line staff who feel equipped, trusted and supported are better able to help people choose the best support for them. What makes this possible for staff is effective training, support from team leaders or SDS champions, and permission and encouragement from senior managers to use their professional judgement to be bold and innovative.

- establish clear guidance for staff on discussing the balance between innovation, choice and risks with service users and carers and implementing local policies in practice
- support staff in applying professional judgement when developing innovative solutions to meet individual needs flexibly"

The Joint Improvement Team Talking Points Outcomes Framework http://www.jitscotland.org.uk/wp-content/uploads/2014/01/Talking-Points-Practical-Guide-21-June-2012.pdf
lists the following six areas which are the key areas in which people who access services should be achieving outcomes:

1. Feeling safe.
2. Having things to do.
3. Seeing people.
4. Staying as well as you can.
5. Living where you want / as you want.
6. Dealing with stigma / discrimination.

⚠ It is significant that the first outcome states *feeling safe*, rather than *being safe*. In any given situation, different people will have different senses of safety. Feeling safe is an entirely subjective experience, and so helping different people to achieve this outcome must by definition require a person-centred approach. This will ensure that individuals are not simply slotted into a predefined level of safety deemed acceptable by someone else.

Supported Decision Making

The Department of Health guidance **"Independence, Choice and Risk, a Guide to Best Practice in Supported Decision Making" (DH 2007)** states that *"people have the right to live their lives to the full, as long as that does not stop others from doing the same."* This means that even if the choices people are making cause concern to those around them because they appear to be putting the person at risk, that is not a good enough reason to intervene to try and minimise or manage the risk, unless the person wishes to have this support. If the choices the person makes are going to put others at risk, however, then this is a different matter and may well require intervention from professionals, for example if a climbing instructor has become too frail for the role, or someone with a caring role is responsible for a child when regularly drinking heavily.

Supported decision making is all about good conversations which enable the person to think through what they are choosing to do and how this might be putting them at risk. It involves a number of key steps:

- First, time should be taken to listen to the person, explain why they are making the choices they are (taking account of the person's communication skills, state of mind and insight into what they are doing); what matters to the person about how they are living their life and what is currently going well for them. Time needs to be given to think about what is not going so well, whether there are things that are important to and for the person that are perhaps missing in their life and whether they feel at risk in the given situation. The person should then be supported to hear what it is that is concerning others, with that information being presented in an objective and non-judgemental way.

- If there is information which professionals want to share with the person to help them see all the potential consequences of the choices they are making and to support them to explore possible alternatives, this information must be presented in a way that I understand and with consideration for what is most likely to engage me. For example, telling a young person in their early twenties that their overeating could result in heart disease when they are in their sixties is not likely to provide motivation for them to change their decision – they may not relate to the idea of their sixty-year old self. Helping them to see, however, that being obese may result in them having to spend more money on taxis because they are too unfit to walk uphill to their house from the bus stop, or that they may not be able to keep up with their friends at the weekends when they go clubbing is presenting information which is likely to feel relevant to them and they are therefore more likely to be take it into consideration.

- At all times, people should be supported to understand that the final decision rests with them, unless it would put someone else at risk, and that professionals are acting to support the person to balance their right to live life their way with staying reasonably safe, not to overly impose their own views or to take away the person's freedom.

- All discussions should be documented, and decisions recorded, along with the reasons for those decisions.

Where there is a lack of capacity, the process of supporting someone to be involved in and to have influence over choices which are made on their behalf is not dissimilar to that described above. **The Adults with Incapacity Act** provides clear parameters for determining capacity and clear guidance on how to manage decision making on behalf of someone who is shown to lack capacity in a given situation.

Adults with Incapacity Act -

http://www.gov.scot/Publications/2008/03/25120154/0

Key principles -

If I am likely to put myself at risk of harm from others, professionals similarly have a responsibility to ensure I am aware that I have the right to live a life free from abuse, exploitation or neglect, but again, they cannot force me to change my decisions.

For example, many people choose to live in abusive relationships, and whilst we would expect the Police and other relevant authorities to act to keep the person safe from clear and current danger, we do not expect them to be able to remove someone who has capacity from their home situation, however detrimental it may be to their wellbeing, by force, despite the fact that everyone around them may be able to see how damaging the situation is.

The Act states clearly that it is not lawful to assume a lack of capacity simply because I *"behave in an unusual or unwise manner,"* but makes it clear that capacity is decision and time specific. Should it be proved that I do not have capacity to make a particular decision at a particular time, I must still be supported to have my say about the situation, and it is important to note that *"it is compulsory to take account of the present and past wishes and feelings of the adult if these can be ascertained by any means possible."* Professionals will also want to be able to demonstrate that they have worked hard to enable me to influence the decision being made, taken account of the views of those who are closest to me, and made decisions on my behalf which only restrict my choices and freedoms if absolutely necessary.

The **Adult Support and Protection Act** 2007

The Adult Support and Protection Act –

1. Any action or decision taken must benefit the person and only be taken when that benefit cannot reasonably be achieved without it.
2. Any action or decision taken should be the minimum necessary to achieve the purpose.
3. The present and past wishes and feelings of the person, and the views of others with an interest in the person's welfare must be taken into account.
4. The person should be encouraged to use existing skills and to develop new skills.

http://www.legislation.gov.uk/asp/2007/10/contents

This emphasises the importance of striking a balance between an individual's right to freedom of choice and the risk of harm to that individual. It clearly states that efforts must be made to facilitate communication using whatever method is appropriate to the needs of the individual, and that any action or intervention in their best interests must be both reasonable and proportionate.

It is also worth noting that capacity depends upon understanding not vulnerability: *"vulnerability to exploitation does not of itself lead to the conclusion that there is lack of capacity. The issue is whether the person concerned has the mental capacity to make a rational decision"* (Lindsay v Wood [2006] EWHC 2895 (QB) Stanley Burnton J.) The Act states that "*there is a need to ensure that the adult is not treated, without justification, any less favourably than the way in which a person who is not an "adult at risk" would be treated in a comparable situation".* This means that the person has the right to make decisions about their own life which others may consider "unwise", and that right is not negated by them becoming someone who uses services. The professional's role is to help the individual to think through all the potential consequences of their choices and support them to work out how to manage situations which their disability or vulnerability has made riskier for them. The role is not to make those choices for the person or to suggest that the fact of making a choice which they may consider "unwise" is grounds on its own to call their capacity into question.

The Importance of Language

Now that we have explored the context it is time for us to explore the language being used and its effect on behaviour.

The term risk enablement is probably not the most helpful due to its connotations. In most areas of life, the target is to eliminate or reduce risks where possible, so enabling people to take risks can feel counter intuitive unless you really understand the values.

Risk = Danger / Excitement / Fear / Something to be Managed or Reduced
VS
Opportunity Enablement or **Life Enablement** = Positive Experiences / Personal Growth / Fulfilment

These are more balanced descriptions of what we are trying to achieve. The aim is not to take risks for risks sake, but for the opportunity to try things that will enhance the quality of the person's life, and along the way, this will involve balancing risk and safety, taking risks is not an end in itself.

If we measure our efforts to achieve the **7 Keys to Citizenship** (developed by Simon Duffy and Wendy Perez) it puts the aim into much clearer perspective -

Love - Having friends and family, loving and being loved

Life - Living fully and making a difference

Home - Having a family where we belong

Freedom - Taking charge of our life

⚠ Consider the language in the forms that you use - does it create a clear positive message, that identifies firstly with the person' or one that can cause people to shrink back or do nothing out of anxiety in case they get it wrong?

⚠ Think about the links between different areas in your organisation/ community. Are they all on the same page? Do the messages all fit together or are they disconnected?

If each area is a separate entity and looks at their part of the role only through their own lens, this will create uncertainty about how far to go in pursuing this agenda. Consider ways you can actively problem solve and share understanding of the links particularly in a visual way.

These are some of the areas to look at, discuss how they link together and how consistently each area supports confident, positive enabling practice -

What Is Expected?

Risk management in health and social care: striking a balance between freedom and safety.

Risk is a part of everyday life for all of us and without taking risks we would not learn, grow, develop and become independent. We all assess and manage risks differently; some of us love the adrenaline rush of parachuting or bungee jumping while to others, driving on the motorway or in the rush hour in an unfamiliar city feels too risky to even try. There is no right or wrong way to make decisions about these things, we simply are who we are and whether a risk taker or not, we all develop our own "risk strategy", learning from our experiences and sometimes from those of others over the course of our lifetime. There are no manuals, no risk assessment processes, no risk management guidelines.

That can change for anyone who becomes involved in "service land", whether through illness, accident or the aging process. At a time when crucial decisions need to be taken about life changing events, or choices need to be made about options for care and support, the person can feel disempowered if they are suddenly in the world of professional Risk Assessment and finding a way to make sure their own voice is heard can be difficult at best, downright impossible at worst.

When someone is admitted to hospital or offered a social care service and suddenly their risks are no longer their own, the personal risk strategy they have honed and developed over a lifetime is called into question, and decisions about what we can and cannot do are being discussed and agreed by a whole host of professionals. Professionals who are well meaning and motivated at least in part by wanting to help people live their lives their way that makes sense to the person, but who are also under pressure to ensure that they do so in healthy and safe ways: healthy and safe as defined by them.

Whether by their managers, their organisation or society at large, professionals are expected to "make sure" that people who use their services are *safe at all times,* often at huge cost, and are inevitably managing the organisation's concerns about financial risk or potential liability as well as the expectations of their professional body, not to mention the general public, the media and the friends and families of people using the service.

A system that gives other people the ability to decide what risks the person can or cannot take when those people are charged not just with ensuring the person's safety but also with protecting their organisation or the profession to which they belong, must be tempered by mechanisms which ensure that the person's voice is heard loudly and clearly. What the person is saying needs taken firmly into account, whether or not they appear to be rational or what they are saying seems to be "sensible". Otherwise the balance of power is seriously skewed in favour of those whose interests are best served by a cautious, risk averse approach, and the person's ability to be the author of their own destiny is significantly curtailed.

So, what makes someone accessing services different? Why, if risk assessment and management are such fool proof systems do the general public not all have their very own red risk file to refer to each morning before getting out of bed and for each time a new situation is encountered? The answer seems to lie in the word accountability: professionals quite rightly consider themselves responsible if their actions or decisions result in someone being harmed, but somehow this has been conflated with accountability for the decisions which the person makes.

Clearly a professional cannot be expected to perform a task which would be dangerous, unlawful or in breach of Health and Safety at Work legislation just because someone chooses to ask them to do so, but someone's request is not, in and of itself, their sole responsibility. The person has the right to choose how to live their life; professionals have a responsibility to ensure that *their actions* do not directly harm the person, or anyone else, but not to choose for them the safest course.

It is expected that whatever you produce needs to demonstrate the values and compliance with relevant legislation and be defensible. You need a clear method of defining the steps you take, what you considered, and how this decision was taken.

As indicated before as there is no one set way that this issue is being interpreted, variations are occurring in different Organisations and Local Authorities. An example of one of these differences is that some Local Authorities are insisting that for people with Learning Disabilities accessing option 1 for Self-Directed Support, Financial Guardianship must be in place if there are issues around capacity, even where this wasn't deemed necessary before.

⚠ Is it helpful for this to be decided locally or should this be a national decision? Does this make you more or less confident in your practice? What else might help?

Where to start?

We need to always start with the person. Structure the conversation around who they are as an individual. What are the indicators that would help us understand their personal approach to trying new things?

- What you enjoy, and how much risk you are willing to take is personal to you, is the person able to tell you what they enjoy and want to do more of?

- If not, can you study their reactions to different experiences and record what you feel they consistently tell you about why you think they are getting something from the experience, and how that relates to their quality of life.

- Explain what you are hoping to achieve – a better understanding of who the person is, identifying opportunities to do more of the things someone likes / explore more options for things they might enjoy / would help them develop, and work out ways to do it responsibly, and in a planned manner.

- Use examples so people can explore scenarios and possible responses without feeling exposed. Encourage creative thinking and feedback on looking at the issues in a situation differently.

- Get feedback from those closest to the person but be aware that what others want for us is not always what we want for ourselves. Link in questions about the difference between what you would want for someone and what they would want for their own life to your process, this encourages a conscious effort to identify differences.

- Start small, build confidence with people who have limited experience of new things. (This may be the person, or a family member).

- Remember that you may have to try a few things to get something that works / is life enhancing. The other things you try along the way are all experiences, not failures, make sure that is reflected in your guidance, or people may always be tempted to aim low.

- Build in opportunities to make mistakes and make the consequences manageable. Respond proportionately – if you are calm and good humoured about something not going as well as planned, and celebrate the learning from the experience, the person will be more willing to try it again, (also they are more likely to tell you in the first place).

- ⚠ Ensure that as well as including the outcome you are trying to achieve, and the potential risks associated with going forward with carrying it out, there is also a section that clearly captures a record of the possible impacts of not actively pursuing an opportunity. These can include including loss of trust and the possibility of the person behaving in a way that puts them in conflict with services due to frustration.

  (There is a real risk you will get to this point and get stuck because there are real risks in proceeding and real risks in doing nothing). Often because we are actively doing something it feels we are more exposed than if we ignore something that is already happening. We will cover this in one of the examples.

  Life is not straightforward, keep working through the details with others and a better option will emerge, the most important thing is not to put it down and walk away because it is not clear cut how best to proceed.

  Many people are more at risk of loneliness, isolation, lack of choice and opportunities, than from active steps thoughtfully taken towards greater options.

- Ensure that control measures are genuinely impacting on the likelihood or severity - if you are doing something that can't make good on that claim, consider revising its status as a control measure.

- Review it again with the control measures in place, talk your thinking and alternative options through with all involved and welcome feedback. A solution that is co-produced and co-owned and recorded is one that there is more confidence in, and which has a clear decision-making history. Each time you do this well, trust will grow within the team.

- Encourage exploring opposing viewpoints - value diversity of opinion and discussion or you will gravitate to a perceived safety / risk balance point without fully checking. If you find people are using throwaway statements when faced with a difficult decision that should be a warning sign that you are getting complacent.

⚠ How does your process stand up to these questions? Is there anything you can reflect on?

⚠ Example - A woman who has learning disabilities and early onset dementia moves out of her home with her partner following the breakdown of the relationship.
She moves into a staffed group home with a sleepover member of staff, and in the morning when the member of staff gets up, she discovers the woman ironing alone in the living room.

When the staff member explains that that no one irons alone in the house due to it being a risky activity, the woman gets annoyed and says she has been doing it for years, and she knows what she is doing.

Think about the language and the message that would be delivered in services you are involved with.

- How would people be likely to respond?
- Are staff clear what would be expected of them?
- What is the best way to manage trust, rights and safety here?

It is expected that whatever is produced needs to demonstrate the values and compliance with relevant legislation and be defensible. A clear method of defining the steps taken, what was considered, and how this decision was taken.

What are the Myths?

That it is all about the process - It needs to be all about the person. We need processes to record our decision making but these are tools rather than fixed constraints. Process need to ask the questions and be clear about what steps to take, but if they are yes / no tick box exercises, your process will inhibit people maximising their opportunities. If this is where you are at, ask why and investigate how to change them.

Keeping people away from perceived risks doesn't work. Institutionalisation was born of the notion that people had to be kept safe from the public. What actually happened was people had no voice and little choice, and so were much more vulnerable. Simon Duffy is currently producing a paper on the link between institutional living and abuse rates (April 2107).

Processes don't in themselves keep people safe, what is done with the results of the processes do.

Having people that you trust makes a difference. Knowing you have the power to change things you are unhappy with also makes a difference. If you find yourself saying our policy doesn't allow that, rather than that being able to identify a better way to proceed that explains why, then you have a problem.

If someone is listened to and enabled to make changes to their support, that will reinforce the fact that change is possible.

⚠ Reflect on your experience, whether as a recipient of Self Directed Support, a provider agency or a commissioner, can you identify stand out moments where you realised something had happened to support confidence in this empowerment, or something had got in the way?

Have you tried to fit anything that happens through Self Directed Support into the same set of processes that you use for traditional services, or did you do something else?

⚠ Remember it needs to be proportionate, if we destroy opportunities for small scale innovation due to layers of bureaucracy, we teach people that we value a simple decision-making record that can’t be challenged more than meeting someone’s outcomes. Did you make an effort to share the learning from the experience, even if it was painful?

What Are the Pitfalls? (And How to Avoid Them)

> ***"Most people do not listen with the intent to understand. Most people listen with the intent to reply"*** *Stephen Covey*

See this and our other "Great Self Directed Support Quotes of Our Time" at http://in-controlscotland.org/wp-content/uploads/2015/05/SDS-Quotes-Postcards-Website.pdf

⚠ If we rebrand existing processes and don't change the power dynamic, we lose trust, so we need to really listen. People have heard promises before.

There needs to be a clear linear link between where we have been to where we are now and where we are going that spells out how what we are putting in place will stay embedded in the principles of empowerment and self-determination. If it feels like this we are doing one thing and then doing something else and they are not anchored in these values, we can resort to the detail of a process on its own. This is likely to create anxiety – what if the rules change again and someone looks again at the decision from a different viewpoint this will reduce the likelihood of joined up thinking.

Honesty is infectious, if we don't tackle the "what if?" questions, trust will be weakened. Welcome debate on difficult scenarios, if people are confident they are more likely to be proactive. When people are uncertain whether their organisation will support an action, they will often either play it safe or ignore the processes – **both of these outcomes are dangerous.**

⚠ Don’t make decisions on your own. Check out your understanding with others. Even if something seems clear cut, explore it from someone else’s angle. The process of explaining it to someone else can be helpful. If you can’t make your case to others – ask yourself why?

If someone with a learning disability, staff or families feel that they can’t talk about an opportunity they have explored, or something that didn’t go according to plan they won’t tell you when it happens next time. Having a thorough process is good, but it must also be intuitive, thoughtful and value driven.

Examples to Explore

These are some Scottish examples to illustrate some of the key issues –

1. **The "Second Hand Mobility Scooter Dilemma"**

   One local authority was working through their processes for making decisions and recording them in relation to Self-Directed Support budget recording and decision-making processes. During one of the planning meetings, the following real-life scenario was put forward –

   A woman who needs a mobility scooter knows one of her neighbours has a 3-year-old mobility scooter that their partner had used and was being sold for a third of the new price. The challenge was - how does your system handle requests like this?

   The discussion that followed covered the following – who would be the owner of the scooter (the Council or the individual), who was responsible for checking that it was in good condition, maintenance etc. The first response was to produce a document that covered this in great detail - there would be an assessment first about how suitable the scooter was, the Council would own the scooter, and maintain it using in house services, there would be sliding scale for its value over the next few years.

   This approach was intended to be defensible and responsible, but a senior Finance Manager recognised that it was not proportionate or sustainable. He recognised this brought everything back into the Council's responsibility and this was costly and unsustainable. If we are making decisions like this all the time we won't be able to do it like this.
   Instead a risk assessment about its suitability followed by an inspection / service from someone qualified and a plan for what will happen if it breaks down as it is not under warranty.

   This was a more proportionate solution that recognised the ethos of choice and control. Result – staff were more confident about the values and better able to challenge future decisions if they didn't fit with this ethos. They had established a precedent that was understood and could be measured against.

⚠ Self-Directed Support does not have to fit into all your existing organisational processes and rules, what it does need to be is proportionate, legal and responsible. Is it legal, does it meet the person's outcomes and is it affordable?
Ask yourself if someone without a disability was making this what would they consider to be reasonable, add in additional information relevant to their situation. Don't start from the positions of how you operated before and making the minimum changes to insert references to Self-Directed Support, as you will end up in a very different place.

2. **Creating the space for community to get involved**

Two men with Learning Disabilities, one in his forties, the other in his fifties had been saving up for over a year for a holiday abroad together. Due to changes in the availability of funding, their original plan of having 2 staff going with them, (which was the standard company policy at the time) was not going to be viable. The options were to shorten the holiday to a weekend away somewhere else or cancel and save up for another year. It was also suggested risk assessing that a single member of staff could go.

As part of the risk assessment it was identified that neither of the men were in poor health or had a physical disability that required manual handling. The member of staff was fit and healthy and it was identified that there were no high-risk activities being carried out, there were a few day excursions planned by the tour operator. The rest of the time as it was an inclusive complex, activities would be around events in the pool and sports areas during the day and in the local bars in the evening. Following a discussion around the fact that if one of the 3 people got sick it could mean coming home early, it was agreed that this seemed the one member of staff (who knew them both well) going was the best option. (Other options could have been considered such as using volunteers but were not).

Unexpected factors – The first unexpected discovery was pointed out by one of the men as soon as they got into the apartment and looked out over the balcony. None of the three-people going had been to Tenerife before and despite looking up brochures about the resort and the facilities, it had not come up that a lot of women sunbathed topless…

There followed a bit of a chat about making sure you kept eye contact with a woman when she is talking to you (even if she has no top on). This is not a skill you have to practice a lot in Scotland, one of the guys did struggle a bit, but got better as the week went on. This man had previous issues about objectifying women and had it been identified that there was topless sunbathing when planning the holiday, it is likely another destination would have been identified.

This is not to say that incomplete risk assessments are ok, just honest sharing of the learning that this man coped so much better than people would have given him credit for.

⚠ Sometimes the things that we think we need to worry about the most, end up not being an issue at all, and other things that we didn't know would be an issue become a significant concern. The ability to dynamically risk assess situations as they occur is really important, so you can raise or lower the scale of your response as appropriate.

On the first night one of the men took part in the Karaoke, but was struggling with the words so the staff member went up and joined in. The other man was chatting to people at the bar and as the night went on a group of holidaymakers from Ireland came across and said hello. They could see there was space for them to get involved and they said, "you will be coming out with us tomorrow night". This wasn't planned, and I am sure that if there had been 2 staff there, it would have been more likely the response would have been to say hello and move on.

That real involvement went on for the rest of the week with that group and created memories the two men talked about for ages. Real experiences and real memories.

⚠ We sometimes hold on so tight, we stop people experiencing real life. Allow space for people to get involved.

3. **"What if I said - what they don't know won't hurt them"**

The mum who said this about sex education for her daughter was visibly scared of the risks to her moving out of long-stay hospital. She had fears about male staff, intruders getting in through the windows amongst other things, and that if her daughter was given sex education, it would make her sexually active.

The mum's fears had caused her to withdraw her daughter from previous moves to the community, now she was asking for a response to her idea that her daughter should not be given sex education. The response she was given was that her fears for her daughter were understood, and several things had been put in place to make her mum feel happier. On the point of sex education – it was suggested that unless someone understands what sex is and what their rights are, and who to go to for advice, they are more vulnerable to abuse.

The mum thanked the Manager for his honesty and the move went ahead. It was more important that she trusted the integrity of what she was being told rather than being fobbed off with an easy answer, even if it wasn't what she wanted to hear.

4. How do we respond to perceived danger?

During a planning meeting for a man in his twenties with a learning disability and who had support around his mental health. He was to be moving out of long-stay hospital, and the issue of security was brought up. The Consultant Psychiatrist looked at the specifications for the building and asked if window restrictors and bars were to be placed on the windows of his first-floor flat. (When in hospital he had jumped out of a ground floor window and ran away).

The team indicated this wasn't the plan – the circumstances of this happening was that he was in a locked ward, here he would not be locked in and he would be aware of this. He would have a staff member to support him to do the activities he wanted. It was identified that by recreating physical barriers it would be more likely he would continue to respond to situations in ways that he had previously done.

The support provider was asked to record the fact that the Consultant felt it was a risk, and they would feel happier if they proceeded with what they had suggested. Other colleagues acknowledged the logic the provider put forward, but not openly in the planning meetings. This is not ideal, and with some careful recording of the logic behind the decision, and a compromise on another issue, the move proceeded.

He has been in his flat for many years, and while he still struggles with how to express himself sometimes, he has never tried to jump out of his window.

Just because something has been an issue in one environment it does not automatically follow it will be the same issues when other factors are altered.

Sometimes how we respond reinforces issues of power imbalance and that puts everyone at greater risk, if there is nothing to be gained in co-operating, why not fight the system and see staff as your enemy, standing between you and what you want. If it is perceived there is a sizeable risk in proceeding with a course of action, even if you can't get complete agreement from all involved, if you record your thinking and the consequences of both courses of action, it is still possible to proceed responsibly.

Break down what you really know and understand and what you presume or interpret as motives for behaviour - Dave Hingsburger is particularly skilled at illustrating the art of picking apart a situation until you find what really matters. His books "Do Be Do" Diverse City Press 1998 and "Just Say Know" Diverse City Press 1995 are very readable examples of his work which illustrate the (often tragic) consequences when services get their understanding of someone's behaviour and how to respond to risk wrong.

Conclusion

The personalisation agenda, transforming social care to a system of person centred, outcomes focussed approaches and Self-Directed Support, are all completely compatible with the duty of professionals to help people to be healthy and safe. *The key is that people must be supported to be healthy and safe in ways that make sense to them, and not at the cost of living their lives their way.*

Moving to a system of truly personalised social care can only succeed if it is built on foundations of positive approaches to risk management, person centred support planning and a fundamental appreciation of an individual's basic human right to live their life their way. If delivered well, Self-Directed Support leads to individuals being empowered to be more visible in and more valued by the communities in which they live, and people who are visible and valued are inherently less vulnerable to abuse, and better equipped to deal with it if it should occur.

This paper provides a framework of values and practical steps that help create a healthier culture and attitude to approaching risk and opportunity. If it is used to help co-produce accessible, considered responses to risk and opportunity in a way that is open to challenge, we can demonstrate a clear link between our actions and outcomes that people achieve.

Teams need support to understand where the balance is within their role, and also be more confident of the quality of decisions in support of that aim, across different roles and organisations.

Our goal is not to complete a risk assessment, our goal is effective, inclusive risk enablement that stands up to scrutiny, enables balanced decisions that support people to develop, and have the person's Human Rights considered and respected.

We hope this resource helps encourage confidence to focus on challenging myths, joining up approaches and support people to have really good opportunities to stretch, grow, contribute to society and live to their potential.

Other Resources:

A Risk Worth Taking
Online resource from Scottish Social Services Council
http://learn.sssc.uk.com/risk/

Iriss on Risk
By Rhiann McLean (2017)
https://www.iriss.org.uk/resources/irisson/risk

SCIE Report 36 Enabling risk, ensuring safety: Self-directed support and personal budgets
Social Care Institute for Excellence (2010)
https://www.scie.org.uk/publications/reports/report36/

Risk Enablement Framework Co-production document
Positive Futures Funded by the Social Work Innovation Fund (2016)
http://www.setrust.hscni.net/pdf/Positive_Futures_Risk-Enablement-Framework.pdf

Risk and Self-Directed Support – Points on Practice, Providers & Personalisation
CCPS (2014)
www.ccpscotland.org/pp/wp-content/uploads/sites/3/2014/07/SDS-and-Risk-Enablement-Point-on-Practice-PP-final.pdf

Contact Us:

In Control Scotland
c/o Neighbourhood Networks
Pavilion 5A, Moorpark Court
25 Dava Street
Glasgow
G51 2JA

T: 0141 440 5250
info@in-controlscotland.org.uk
www.in-controlscotland.org

……

In Control Scotland is a company limited by guarantee and registered in Scotland, number SC358414. Our Registered Scottish Charity number is: SC042000.