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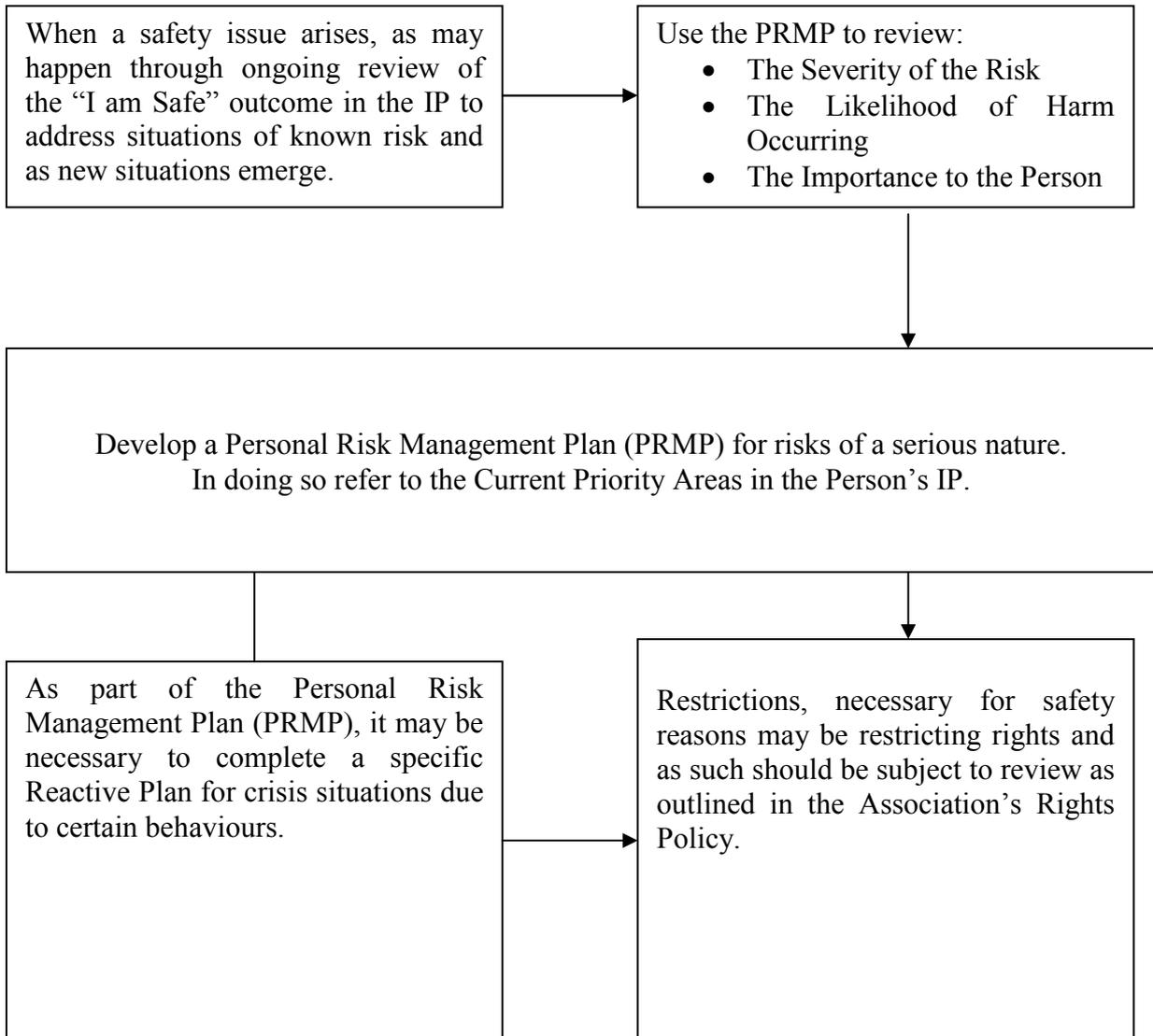
Policy and Procedure Feedback Form

A Policy and Procedure Feedback Form is available on the Western Care Association Intranet (under Procedures) which will provide an opportunity to comment on any policy/procedure.

Your comments will be forwarded to the person who has the lead for the on-going development of the policy/procedure.

All comments will be collated by the person responsible and will inform the three-yearly review cycle for updating procedures.

1. FLOWCHART



2. DEFINING RISK

Risk is often associated with the more immediate dangers that occur in day to day environments where people spend their time. From this perspective Risk has been defined as the exposure to harm or danger of the safety and well being, actual or potential, of people in our service, and our employment and others directly involved with our Services such as volunteers, or indirectly involved, such as any member of the general public (Western Care Association Risk Management Procedure 2003). The value of this approach is it is practical and gives a particular type of focus to our efforts.

A different perspective suggests a wider and longer term view of Risk. In this perspective the definition of Risk also includes the danger that people will have impoverished lives with little happening by way of participation in the world about them, few connections with others or any real voice in their own lives. This view of Risk suggests the starting point must be to ensure we are aware of the general danger which arises from a focus on limiting or overly restricting people's lives.

3. GENERAL POLICY OF THE ASSOCIATION

Western Care is a community based organisation with a long history of voluntary involvement which supports people with a learning disability to achieve the things which are most important to them. This includes those things that are important *to* and *for* the person. It includes preferences in every day life as well as hopes and dreams for the future. These individual priorities are called Personal Outcomes.

In order to address the issues arising in the pursuit of the preferences, hopes and dreams of people with learning disabilities the Association requires a *good decision making process around areas of risk*. The decision making process is described through this procedure.

The Association offers services for *children and adults requiring varying degrees of support*. Some people need *full 24 hour support* on an all year round basis. Others may require only *occasional contact* with support staff. Inevitably the greater level of support that is provided the more control the service will have over the environments the person uses. The opposite is also true; as involvement decreases the less control or influence the service will have over the person and the environments the person uses or the lifestyle they chose. The greater the control we have over the environment the more responsibility we have to ensure risks are managed.

In order to support people with learning disabilities to achieve their Personal Outcomes *we support people in making everyday choices*, expressing preferences and pursuing their own hopes and ambitions. Given the infinite variety of individual needs, wishes and circumstances and taking into account the wide range of services, supports and environments *it is impossible to exhaustively catalogue every possible risk*. Such a venture would be both unworkable and inappropriate. Instead we should focus on the consequences of risk to determine how serious the risk is. We also need to determine how likely it is to occur. Then we can attempt to manage the risk.

Harm can occur from:

- Accidents – for example, you may have cooked dinner every day without harm occurring, but one day you may get scalded by boiling water by accident
- New Activity – Trying out something new may involve risks that we would normally not encounter in our daily routines
- Environment – from other people in our environment
- Environment –from hazards in our day to day environment. Also a change in the environment, for example, a regular activity that occurs safely everyday like walking downtown may pose a risk when the council are laying pipes and the person may have to take a different route that they are not used to
- Self Harm or Self Injury.

4. PURPOSE AND GENERAL OPERATING PRINCIPLES OF RISK MANAGEMENT PROCEDURE

Risk should neither be avoided nor ignored. The purpose of this procedure is *to help manage risk*. It must *promote* the pursuit of people's preferences and choices through the Individual Planning process. Considerations must address the balance of two significant Outcomes; Safety and Rights. We must avoid restricting people where possible while at the same time support them to pursue their preferences safely.

Our duty of care requires that we do not expose people to predictable risks without having *planned* for appropriate supports to be available.

The Risk Management Procedure is designed to *assist staff to problem solve* around issues of risk which arise from supporting people to participate in a wide range of activities and supports their general right of exercising choice.

The key to successful risk management involves using *evidence* to make judgements that consider a persons right to pursue their wishes or preferences and *balance* these considerations with the duty of care to avoid situations of unnecessary and unconsidered risk.

Risk assessment must be evidence based as far as possible. *Judgements* about what a person is or is not capable of coping with should *be based on evidence* from the past, for example, the person's incident/injury information. This evidence then has to be weighed in the light of previous and present circumstances. The past should not be unreasonably the cause of restrictions in a person's life. People change as time passes. Everyone is entitled to be treated fairly. Restrictions should not be imposed or continued without due process as per the Rights Policy.

Risk assessment must also involve common sense and bring *general experiences* to bear in making judgements. There will not always be very specific evidence from the past to guide the decisions, particularly in the case of new activities. In order to guide decision making a *risk analysis framework* is provided below.

The intention of this procedure is to *support adults/children, families and staff* to work out the best solutions in situations where risk is identified. The procedure can only work in the spirit that it is intended if it is used in a problem solving manner. All parties have to *engage with the process* bringing their own knowledge and judgement to bear on a situation in a *mutually supportive* and *mutually accountable* way. Support Circles/Networks are ideal forums for sharing solutions and reaching agreed strategies.

The procedure must ensure staff have a *sound decision making framework* and the security of knowing the *Association will support them* through use of this procedure.

The procedure is intended also to ensure the Board of Directors, families, our funders and the general public have *confidence in the decision making* processes around the area of risk.

When Support Circles/Networks are actively problem solving around risk, there is an additional safeguard in the process of agreeing a shared solution.

5. GUIDE TO DECISION MAKING WITH THE RISK MANAGEMENT FRAMEWORK

There are 4 stages in this process:

1. Identifying if a risk exists
2. Assessing the nature of the risk
3. Developing a plan to manage the risk
4. Periodically reviewing the risk management plan for this person and changing it as and when the circumstances require.

Activities are planned based on the priorities and preferences as defined by the person using the services. Whether risk arises from the pursuit of a personal goal or from the places and activities the person participates in their day to day routines and environments the nature of the potential risk needs to be considered.

In the case of children the family will have a more significant role in decision making. As the child matures they should be encouraged to take a more active part in decision making.

If risks are identified there should be a *risk assessment* using the guidelines provided under this procedure (Appendix 1). The *adult/family/child* should be included in the risk assessment process to the maximum extent possible so that they are fully *informed and active contributors* to the decision making process.

The purpose of assessing risk is to find the best way *to proceed safely* with an activity.

Assessing the risk will involve looking at the *possible consequences if the risk* is not addressed. How severe would the consequences be? For example, if an incident occurred as a result of the activity, would it be likely to lead to treatment using minor first aid or would it require the attention of a G.P., attendance at casualty or hospitalisation?

Another important part of risk assessment is looking at what has happened in *the past for this individual, by analysing their incident/injury information*. How often have incidents occurred and what type of consequences did these have?

If the activity is new, what evidence is there from the past about the individual's behaviour when being introduced to a new activity?

Finally, a very significant factor in assessing risk is to ask "what are the dangers of the person not being allowed to pursue this dream or preference?" The definition of risk must encompass the danger of lost opportunities and lost hopes. Sometimes lost hopes become a source of behaviours of concern. This needs to be remembered.

6. DEVELOPING A RISK MANAGEMENT STRATEGY

Once the initial risk assessment process has been undertaken the next step is to agree a plan of action using a Personal Risk Management Plan (PRMP) *to manage* the potential risks (Appendix 2).

Consider the possible *consequences* and look at the *evidence* to help decide what *supports and safeguards* could be put in place to *manage* the risk.

Developing a risk management strategy around an individual situation is best undertaken by *those directly involved in the Circle/Support Network*. This stage of risk management involves *problem solving* so that the activity can go ahead with safeguards in place. For example the activity might be modified or broken down into stages that can be tried out while gradually working towards the goal. The individual/family should be actively involved in this process to the best extent possible. A strong Support Circle/Network is the best vehicle for ensuring active involvement of the relevant parties.

7. MAINTAINING RECORDS

The Personal Risk Management Plan (PRMP) should be used in conjunction with the person's Action Plan and kept in their IP. When important priorities are identified through the IP, the next step is to look at the risk associated with these priorities. Risks which arise in the places the person regularly spends time also need to be identified and managed as part of their ongoing IP development (I Am Safe Outcome). Considerations should also include managing the risk associated with the person's behaviour, including self injury, as well as managing the risk associated with the person experiencing a new activity. Evidence from previous incidents or accidents should inform the process.

The Named Staff should ensure that a copy of the PRMP is provided to the Link Staff in the relevant services via the FLM *where there is a common risk experienced* to ensure that they have a shared and consistent approach. The Link Staff should contain the copy of the PRMP in the person's Link File in that service.

In the case of non centre-based staff such as autism resource workers, family support workers, community facilitation staff, etc, these records should be maintained in the way that is normal within that service.

At all times, staff should try to include the individual/family in assessing the risk and agreeing to the solution but also to let them know where the record of the agreed decisions are kept and who will see them.

8. USING THE GUIDELINES

The following guidelines for developing a Personal Risk Management Plan (PRMP) presume the person can actively participate in the process. However, it is acknowledged that this will vary from person to person. The Named Staff should liaise with the Support Circle/Network to get the insights and advice of the people who know the person best and who represent their interests.

The Support Circle/Network will be in the best position to know about the person from previous experience. What is known from the past that can help us understand their issues? How would they feel about missing this opportunity or activity? What difficulties have they encountered in the past in these situations? What can we learn from the past to be safe in the future?

At times, the individual/family may lack experiences to such an extent that it is difficult to make any assessment of their preferences, choices or strength of feeling about this activity. If this is the case, how can we learn more about their preferences in a safe way? Are there ways to gradually explore things so they can get a range of experience and we can learn from their reactions about new things they like and managing any risks attached to this.

Because the Personal Risk Management Plan (PRMP) is written to include people of all abilities and to address existing situations of risk and risks that might arise from new activities or situations, you may find that not every issue needs the same attention in any given case. The process needs to be individualised to the person's wishes and circumstances and to the nature of the risk involved.

9. PERSONAL RISK MANAGEMENT PLAN (PRMP)

Introduction

The Personal Risk Management Plan (PRMP) is a tool designed to provide guidance to Support Circles/Networks in how to consider the risks that are part of life's experience for service users and then to examine the nature of those risks in order to develop an agreed approach to managing those risks with and for people in our services. Risk is part of life. We all take risks of one form or another. Taking risks implies that we might gain or lose something in the process. For example, people will carefully consider the risk they take by changing jobs. They have to work out the potential gains and losses, the financial risks, the consequences for their family, the impact on their social network, the potential for failure or unhappiness in the new job. They compare all of these potential losses with the potential gains before they decide. This type of working out of pros and cons is something we all do. It is not a specialist subject.

This process is called risk management. That means looking at the opportunities to gain something and also considering the potential of losing something in the same process. The goal of risk management is to maximise the chances of success in the undertaking and reduce the probability/minimise the severity of loss or harm.

Issues in relation to safety are identified in the Individual Planning process. Often, we are already managing risks very well in a low key natural way. The idea of this procedure is not to make more paperwork for the sake of it. Often, it is not necessary to have a written risk plan. We have developed a framework to help you decide the level of risk. If the risk is low you probably don't need a plan. As the identified risk increases, the more important it is to have plan to deal with this. As the seriousness of the risk increases, the stronger and more detailed your plan needs to be.

The framework has 2 parts:

- Part 1 assists staff to *determine how serious* the risk is to the person by assessing the risk (Appendix 1)
- Part 2 provides staff with a template to help them *develop a plan* (PRMP) to *manage* the risk (Appendix 2).

Part 1 – Framework for Assessing the Level of Risk

The diagram that is attached is intended to assist staff to determine how serious the risk is to the person.

The diagram has 4 sections to consider:

1. What is important to the person - this is linked to the Actions that have been identified as important to the person through exploration of their daily life and their preferences and priorities through the Individual Planning process. After the person has identified what is important to them, we must then look at any risk that might be associated with that activity or new experience. They may or may not be aware of these risks. The key point is the more important it is to the person the more weight we must give it in supporting the person to do this

2. What is important for the person - there may be times they spend in environments and with others in group settings that are not of the person's choosing. It is not what they would decide as a priority yet risks may arise. In other words while spending time there is not really important *to* the person, it is important *for* them from a safety point of view. They may or may not be aware of the risks
3. Consequences - when we have identified what is important to and for the person, and the risks associated with those, we must identify what type of harm might occur. In this section, we look at how serious would the harm be to the person, if this risk occurred. In the Incident Reporting process, this is measured by the Severity score that is assigned to an incident
4. Probability - this examines the likelihood of harm occurring. When you have identified the type of harm that could occur, you then look at how likely that is to occur, for example, is there evidence that this has happened before through an exploration of the person's incident/injury information. How often has it occurred? How long ago? Is there reasonable concern that it will happen again?

When you don't know

It is not always possible to predict what the consequences of an action are likely to be if this is the first time that the person is going to experience it. However, it is reasonable to suggest that we will know when consequences would be severe. In order to respond, we can plan to include the right type of support so that we can learn more about the risks that could occur in a safe way for the person and the staff.

It is much more likely that we will not know the probability or the likelihood of harm occurring for some people. In this instance, we try and build up experiences with the person over time gradually learning about the type of support the person requires and exploring ways that we may be able to gradually phase out the amount of support in a safe evidenced based practice.

Using the diagram provided, consider the risk you are thinking about and try to mark an X on *each* of the 3 graph lines, i.e. Importance (to/for), Consequences and Probability. When you look at the combination of Importance, Consequences and Probability you can determine the seriousness and the need for risk management planning. Sometimes there will be no need for a plan. You can get all kinds of combinations when you do this. Please see some examples below.

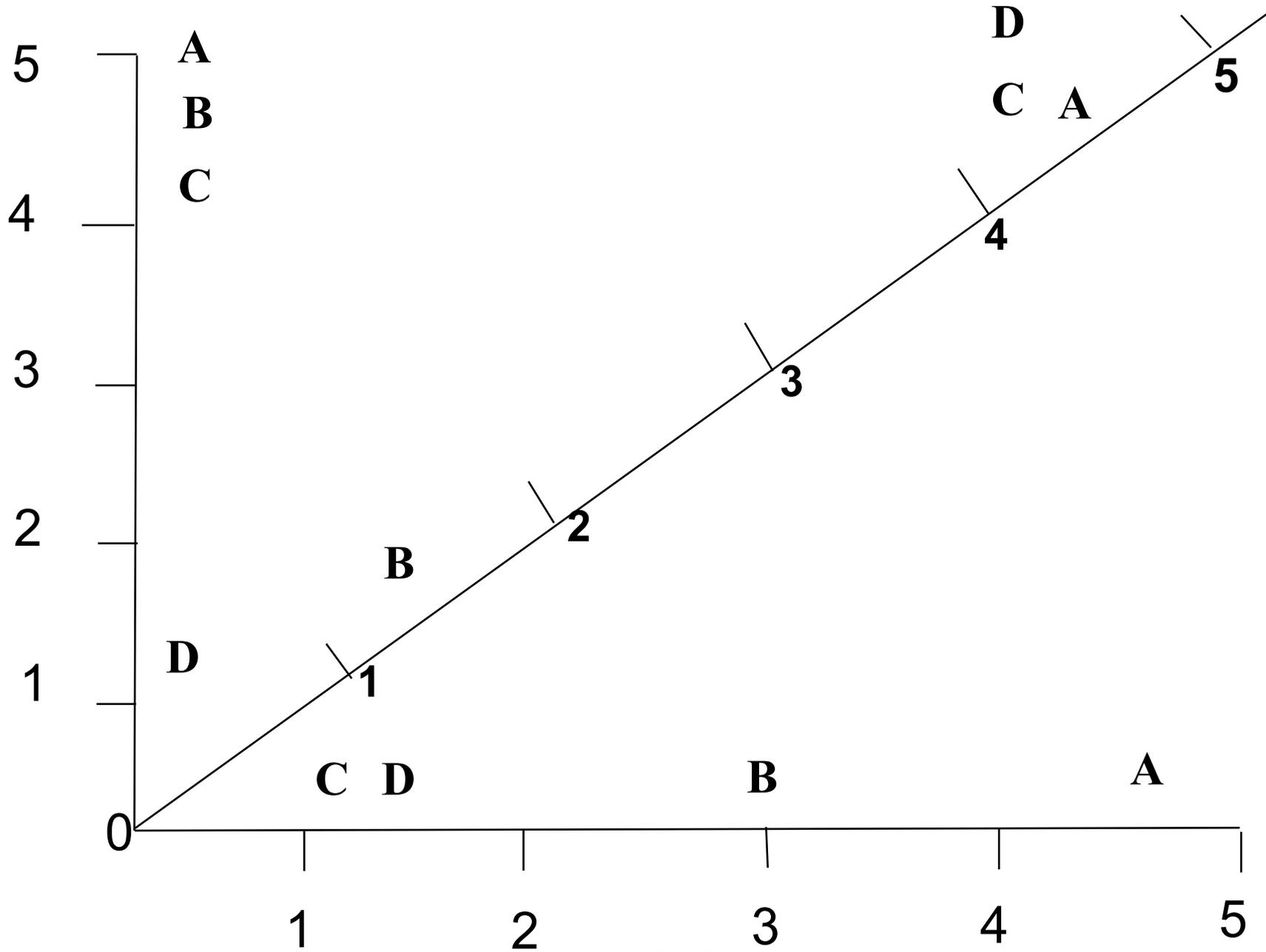
(Note there are a number of risks plotted on this graph below to show the worked examples in one diagram however normally each risk would be plotted separately - See Appendix 1).

Plot on the Graph	Response
<p><u>Example A</u></p> <ul style="list-style-type: none"> • The activity or situation has high importance for the person • If the risk is not managed it <i>would have serious consequences</i> • There is a <i>high</i> probability there will be an occurrence if the risk is not managed 	<p>The person really needs to do this. This will need a comprehensive Personal Risk Management Plan (PRMP) to be completed which gives sufficient detail to provide strong assurances that adequate consideration has been given to how to proceed safely</p>
<p><u>Example B</u></p> <ul style="list-style-type: none"> • The activity or situation has low importance to the person • If the risk is not managed it <i>would have serious consequences</i> • There is a <i>medium</i> probability there will be an occurrence if the risk is not managed 	<p>Consider why we should proceed with this activity. On the face of it this makes no sense. It's not important to the person important and it is a serious risk. If there is no need to do this it should be avoided</p>
<p><u>Example C</u></p> <ul style="list-style-type: none"> • The activity or situation has high importance for the person • If the risk is not managed it <i>would have serious consequences</i> • There is a <i>low</i> probability that there will be an occurrence if the risk is not managed 	<p>The person needs to do the activity or be in this situation. Although the risk of occurrence is low the consequences of harm would be serious. This will need a PRMP</p>
<p><u>Example D</u></p> <ul style="list-style-type: none"> • The activity or situation has high importance to the person • The consequences of an incident occurring <i>would not be serious</i> • There is a <i>low</i> probability there will be an occurrence if the risk is not managed 	<p>The person wants to do this. The consequences are not serious. The probability is low. The risk is minor. This does not need a PRMP</p>

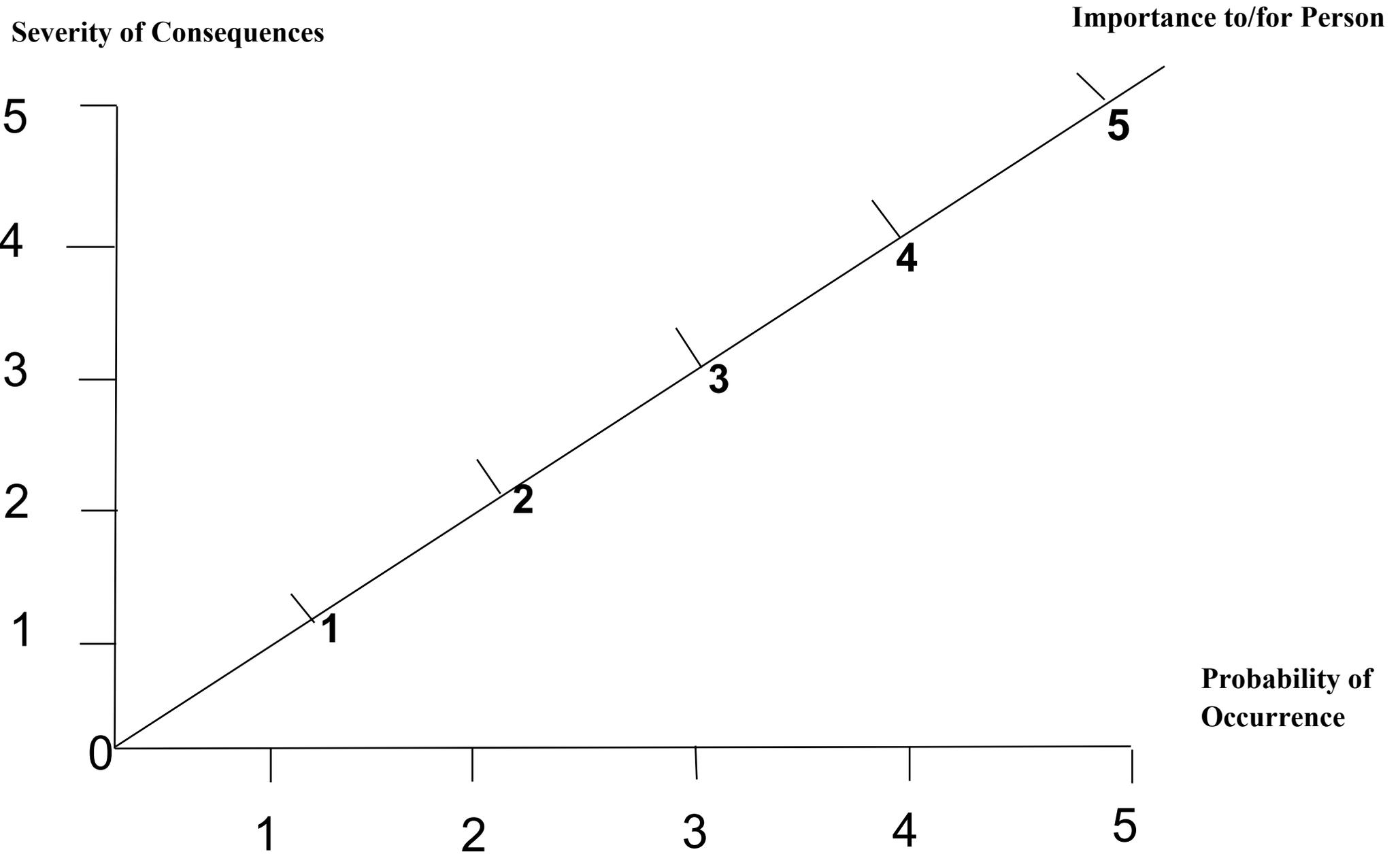
RISK ASSESSMENT TOOL
4 EXAMPLES

Severity of Consequences

Importance to/for Person



Probability of Occurrence



APPENDIX 2

PERSONAL RISK MANAGEMENT PLAN (PRMP)

FRAMEWORK FOR BALANCING SAFETY AND RIGHTS

(Please refer to the Risk Management Procedure for guidance when completing this form)

The following document can be used as a guide to devising an individual's Risk Management Plan. It is divided into the following sections:

1. Identification of risk for existing difficulties
2. Risk management
3. Review rights restrictions
4. Identification of risk when planning new activities
5. Review medication
6. Plan agreement.

Name:

Named Staff:

Who are the people in this person's Circle of Support:

Date:

1. IDENTIFICATION OF RISK FOR EXISTING DIFFICULTIES

Consider the following questions in relation to this individual:

- 1) **What are the concerns about risks in the following environments right now? How would you rate the seriousness of each risk?**
Use the definitions and scores for Incident Severity to inform how you rate the risk. Please consider this in relation to the person's lifestyle and behaviour. This includes harm to the person and harm caused to others by the person.
- 2) **Is there evidence from any source including existing Incident reports that can help inform you about the probability this harm will occur (Frequency) and the consequences (Severity) if it does occur?** Please check all incidents and any other evidence in relation to this risk (including data that has been collected for behavioural assessment).

Where Harms Occurs	Describe the Type of Harm that occurs or is likely to occur to the Individual and indicate the seriousness of this using the Incident Reporting categories for Severity as a guideline or reference.
Day Centre	
Residential - Home	
Work	
Home	
In the Community	
WCA Bus:	
Other	

2. RISK MANAGEMENT PLAN

Please state how these risks that are going to be managed in an effort to reduce the harm to the person and/or others.

Describe: 1. Proactive Strategies (e.g. recommendations from Support Plan), 2. Reactive Strategies and 3. Possible Rights Restrictions.

State the Risk and Where it occurs	Proactive Strategies	Reactive Strategies	Rights Restrictions
State the Risk and Where it occurs	Proactive Strategies	Reactive Strategies	Rights Restrictions
State the Risk and Where it occurs	Proactive Strategies	Reactive Strategies	Rights Restrictions

3. REVIEW RIGHTS RESTRICTIONS

Please describe in detail the steps you are planning in order to reduce rights restrictions identified above and how often this will be reviewed:

State the Restriction	Describe what you are going to do to reduce this restriction. (For example, is there something the person needs to learn?)

4. IDENTIFICATION OF RISKS WHEN PLANNING NEW ACTIVITIES

If you are exploring new activities with the person as part of their Individual Plan, please note the risks that require planning:

State the Risk and Where it occurs	Proactive Strategies	Reactive Strategies	Rights Restrictions

5. DETAILS REGARDING MEDICATION

Is this person on medication for the control of their behaviour? Yes No

Is this person on PRN medication for the control of their behaviour? Yes No

Has the person/their family consented to use this medication? Yes N/A

If no, why not? Give reason(s):

Is there a Psychiatrist involved with the prescribing and reviewing of medication for this person? Yes N/A

How often is this medication reviewed? _____

Please state the date of the last review of medication by the Psychiatrist/GP: _____

6. RISK MANAGEMENT PLAN AGREEMENT

Is everyone okay with the Plan? Yes No

What are the concerns? _____

Has agreement been reached or is further consultation needed? (e.g. RSM, Family, Multi-Disciplinary Team) Yes No

If 'No', who will provide support and bring the problems forward? What will be done in the interim to manage this risk?

Next Review Date: _____

Signed By: _____
All Present _____

Person Using Supports / Services _____

Person Leading the Risk
Management Process: _____

(e.g. Named Staff, Head of Centre / Home, Key Worker, Case Worker, Social Worker, Community Facilitator, etc.)

Read By: _____

(e.g. Regional Service Manager / Supervising Social Worker, etc.)