FIRST STOP CENTRE

Risk Management Policy

1 Introduction

1.1 In supporting people with learning disabilities and mental health and physical needs, it is often necessary to take risks. Risk taking is a vital way in which people learn, develop their skills and overcome their difficulties. An appropriate risk taking policy will help to ensure that:

- Visitors are not exposed to unnecessary risks.
- Staff are supported in their work with Visitors.
- The wider community is protected from exposure to unacceptable risk.

1.2 In practice, wherever possible risk taking should be planned and take place according to an agreed strategy.

1.3 This policy aims to enable staff and Visitors to differentiate between acceptable and unacceptable risks and to decide a course of action that will offer the necessary level of support to Visitors to achieve their goal. At Appendix 1 is a standard guide to Risk Assessment of Level of Danger in Clients.

2 Type of risk

2.1 When devising individual plans with Visitors, it is likely that an element of risk will arise as Visitors strive to attain further skills and independence. It is important to identify what form the possible harmful results of the risk may take. For example, it might involve:

Physical or emotional harm to the Visitors
- Physical or emotional harm to staff or other people, including relatives
- Embarrassment or distress to the Visitors
- Misunderstanding by members of the public
- Deterioration of community relationships
- Damage to property (own or others)
- Loss of money or possessions
- Exploitation

2.2 Knowledge of risks is important to staff in supporting the Visitors in finding ways of minimising possible harm.

2.3 It should be acknowledged that some Visitors may experience some difficulties when in social contact with other members of the community.

This must not result in their being kept apart from others, but the Manager should ensure that they are adequately supported.

2.4 If a Visitor with challenging behaviour is involved in an event which, for example, intimidates or frightens a member of the general public it is not always possible to give an adequate explanation there and then. The Manager should address these issues and ensure that staff provide appropriate explanations as soon as possible after the event.

3 Assessment

3.1 As a first step, staff should identify where the sources of risk lie for a particular Visitor, be these within the Centre or the community. This information should not be used in order to restrict the Visitors, but help the person make an informed choice regarding the risk. Staff may also be able to advise Visitors of other ways of achieving the goal that involve less risk.

3.2 The nature of risk will vary and depend on the behaviour and abilities of Visitors as well as their goals.

3.3 It is necessary to hold a formal meeting to assess the risk involved. Decisions made should be recorded in writing on the forms provided. All outcomes of, and action regarding, risk assessments must be agreed with the Manager.

3.4 It is the Manager’s duty to ensure that all relevant parties, including staff, families, other professionals and, where possible, Visitors are aware of the decision making process around risk taking. In summary this will be as follows:

Why do this particular task or activity? (Anticipated Benefit)	FIRST STAGE	Identify visitors’ abilities in this area
Identify the kind of risk Gauge the degree of risk	SECOND STAGE	Could the task or activity be done in another way?
Identify support which will be given	THIRD STAGE	Record decisions in writing

4 Risk Assessment Procedure

4.1 A Risk Assessment should be carried out when considering activities that involve an element of risk, using the Risk Assessment Form at Appendix 2. When completing the Form, points 1 to 7 should be assessed by the Manager and staff in conjunction with the Visitors.

4.2 Points 1 to 7 should be addressed prior to the decision making and planning meeting (point 8). A full decision should take place at the meeting with all relevant and interested parties present, and the decision recorded.

4.3 In planning the strategy, it will usually be necessary to break down the task into manageable steps. This will support the Visitors in reaching their goal and minimising the risk. It also enables staff to help the Visitors review progress.

5 Unplanned Risks

5.1 Where a Visitor has made a decision to carry out an immediate action that may put him or herself or others at risk, the person(s) supporting the Visitor must make an immediate decision based on:

a. The degree of risk
b. The ultimate consequences of the action
c. Safety of Visitors and the safety of others.

5.2 This may be subsequent to action by the Visitor and concerns minimising further risk.

5.3 Staff must bring the incident to the attention of the Manager of the service at the earliest opportunity. The Manager will ensure an assessment of future risks is carried out.

5.4 In such circumstances of unplanned risk, First Stop will support reasonable risk taking decisions taken by staff irrespective of the outcome of the risk taken. However, staff will be asked to demonstrate that they have not been negligent in their decision making and support of the Visitors.

6 Review

6.1 Each risk assessment will need to be reviewed on a regular basis, as levels of risk may change, and at least twice per year.

6.2 If the Visitor suddenly and unexpectedly displays behaviour that is a great risk to him or herself or others, then the risk assessment must be urgently reviewed to reflect these new developments.

7 Environmental Risks

7.1 The same principles that apply to human risk also apply to environmental risk.

7.2 Staff need to assess the potential risk of each room and its contents and seek to minimise these risks wherever possible.

7.3 It is not possible to prescribe a definitive risk level for each room. This needs to be assessed by looking at the risk assessment of each visitor and relating it

to the potential risk of each room/contents, e.g. how safe is a visitor with the snooker cues.

Appendix 1

JOINT CARE PROGRAMME APPROACH

GUIDANCE ON RISK ASSESSMENT OF LEVEL OF DANGER IN CLIENTS

Dangerous is a *“propensity to cause serious physical injury or lasting psychological harm”*
Butler (1975)

Violence may be *“an act intended to cause serious physical and/or psychological harm to oneself, others, property or things. It may be inferred by verbal or physical threats or by acts of omission”*

The Royal College of Psychiatrists suggest two basic principles in assessing risk of the level of danger among clients or patients:

a. A clinician having identified the risk of danger has a responsibility to take action with a view to ensuring that risk is reduced and managed effectively.

b. The management plan should seek to change the balance between risk and safety ebbing towards ensuring the safety of all those involved.

The process of assessing a client’s level of danger is not at all an easy one. Literature suggests that there is no “built in” certainty and at best a practitioner may only highlight areas of concern in a client’s history or present behaviour (Gunn & Taylor 1993; Crichton 1995).

Current literature suggests that for every three clients seen, only one risk assessment is likely to be correct. This is recognised by joint agency managers and that the reasonable expectation of staff is that they should have taken steps to identify risk of level of danger and sought to make care plans to manage this risk.

KEY POINTS TO BEAR IN MIND WHEN ASSESSING RISK OF LEVEL OF DANGER

1. Every assessment is reliant on history (see below). The most useful source of history is the client's case file where this is available. The review of a case file is likely to be a lengthy process, and 2 hours is seen as a minimum appropriate period. Every entry, letter, report and summary must be read. Other sources of history must include the client, the family and the carer. Further sources may include criminal history, other clinicians and other sources that report accurately the recent behaviour of the client.

2. The practitioner must seek further validation of findings from the widest possible source.

3. Risk assessment is only useful as a short term predictor of possible outcome.

4. The risk may increase or decrease with changing circumstances. Assessing risk is therefore a dynamic process and requires constant re-evaluation.

5. Undertaking an assessment must be completed within a multi-disciplinary and multi-agency context. The outcome of the assessment is not the business of a single practitioner. Each assessment must have a care plan; an assessment without a plan is merely a job half done.

6. Accurate and meticulous recording is the corner stone of risk assessment of level of danger. Information from the assessment may only be shared with others with the explicit consent of the client, or on a strictly "need to know" basis with other professionals and agencies. Those agencies and professionals must be directly linked to the client's care and require the information to go about their work.

7. Finally, in exceptional circumstances confidentiality may be overridden in accordance with the trust's Confidentiality Policy, e.g. where the client's behaviour presents immediate risk to others then the clinician has a duty to inform others of that risk.

8. Clients who assess as a high risk for level of danger will probably assess as a similarly high risk in other areas such as self harm, self neglect, etc.

9. Some work suggests that the most useful indicators to consider among the mentally disordered are the same as for the general population, namely age, gender, social class, substance misuse and history of violence. Unfortunately other work also suggests these may be unreliable predictors.

10. Risk assessment of level of danger may in certain circumstances be specific to certain people or situations, whilst in other circumstances may be generalised and unspecified.

WHEN MAKING THE ASSESSMENT OF RISK OF LEVEL OF DANGER THE FOLLOWING CRITERIA MUST BE CONSIDERED

History

Evidence relating to the following must be considered:

- Previous history of violent behaviour towards others and acts of self harm, and any supported evidence of seriousness or intent on those occasions.
- Evidence of no fixed roots, social restlessness, no evidence of social ties or commitments, e.g. few relationships, frequent changes of life-style.
- Evidence of recent severe stress – particularly loss events or the threat of loss.
- Poor record of engagement with service provision, non-compliance with treatment and after-care etc.
- Drug and alcohol misuse may lead to neglect of children; evidence suggests that where the client has dependent children there may be increased risk to those children. Referral to Child Protection Service needs to be considered.
- Access fascination or familiarity with weaponry.
- Any pattern of precipitating factors or changes in mental state or behaviour or relapse before a violent act.
- A distressing life event.
- Recent discontinuation of medication.
- Evidence of conduct disorder as a child.
- Childhood emotional, physical and sexual abuse; there is a noted relationship between being physically and emotionally assaulted as a child and assaulting others when an adult. A similar picture exists for sexual abuse. Referral to Child Protection Service may need to be considered.
- Fascination with and acts of cruelty.

Environment

- Does the client have access to the potential victim(s) identified in the Mental Health Assessment or original dangerous situation.

Mental Health

- Evidence of paranoid/persecutory ideas or beliefs. Those in close relationships and exhibiting morbid jealousy require special attention.

- Feelings of being controlled and manipulated by external forces.
- Evidence of irritability, hostility, anger and suspiciousness.
- Content of specific threats made by the client.
- Disturbed behaviour due to evidence of brain damage/disorder.
- Where the client is a sufferer of schizophrenia there is an increased risk of violence to others.

Summary of Assessment

It is important to summarise the specific factors which increase the risk of dangerous behaviour as well as those which decrease the risk. The following questions should be addressed:

- How serious is the risk?
- Are the victims in immediate danger?
- Is there serious intent on the part of the client?
- How reliable is the risk?
- Is the risk of danger <u>generalised,</u> i.e. indiscriminate or <u>specific</u> to one person or a family etc?
- How immediate is the risk?
- Does the client have access to the person at risk and does the client have the means to commit an act of violence?
- What interventions and actions on your part are necessary in order that the risk of the level of danger be minimised?

Appendix 2

RISK ASSESSMENT FORM

Visitor's name: ……………………………………………………………….

Date: ……………………………………………………….

Activity/goal to be undertaken:

1. Why do the activity / what is the potential benefit?

2. Visitor's abilities in this area

3. What kind of risk is it? (to self or others, form of possible harm)

4. What is the degree of risk? (specify)

5. Support needed by Visitor

6. Support needed by Staff

7. Could activity be done in a less risky way? (specify)

8. Meeting held to record decision on above assessment of risk

Date:

Those present:

Summary of agreed steps to be taken:

Others informed of decision

Signature (Manager) ……………………………….