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Social Care **Wales**

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Practice principles

Balancing risks, rights and responsibilities for adults: a positive approach to risk

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Health Education and Improvement Wales (HEIW)

Arolygiaeth Gofal **Cymru**
Care Inspectorate **Wales**

Contact details

Social Care Wales
South Gate House
Wood Street
Cardiff CF10 1EW

Tel: 0300 3033 444
Minicom: 029 2078 0680
Email: info@socialcare.wales

socialcare.wales

Twitter: @SocialCareWales

Other formats:
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Introduction

Why have these principles been produced?

Social care, health and housing practitioners often face dilemmas in trying to balance the wishes of a person who may need care and support, the views of their family, as well as the policy of the organisation and the legal framework. Risk assessment is important but it should support (not get in the way of) what matters to the person. Practitioners' conversations with individuals should explore their strengths and aspirations, not just the challenges they face. This means some 'risks' will be worth taking.

Social Care Wales commissioned Imogen Blood & Associates, working in partnership with Practice Solutions, to co-produce these practice principles with the public and professionals during early 2019. The aim of the principles is to promote a positive approach to risk, and set out what is expected of practitioners when it comes to balancing perceived risks, rights and responsibilities.

The quotes, in **bold**, are taken from the discussions with the public and professionals.

Who are these principles for?

These principles are aimed at:

- social care practitioners and their managers working for local authorities, in integrated teams, or for organisations that provide care or support
- health practitioners, especially from integrated teams, and
- housing providers, especially those providing supported housing.

The principles will act as a reference for those inspecting, regulating or educating the current and future workforce in these sectors.

Although mainly written for a professional audience, we have also tried to make them understandable to non-professionals. We hope they will enable people using care and support services, their families and friends, volunteers and other interested people to understand what to expect from services.

When should these principles be used?

These principles apply to all adults who are involved in making decisions together about care and support, and safeguarding. Where a person is assessed as not having the capacity to make a certain decision, a decision in their best interests will need to be made in line with mental capacity policy and legislation. However, the spirit of these principles should still apply to the processes of assessment and making a decision in the best interests of the person.

The principles

1. Decision-making should begin and end with what matters to the person.

> **"Explore someone's hopes and aspirations with them."**
>
> **"Talk to the person, find out what they mean, what risk means to them, why they want to do what they want to do: get the full picture."**

2. Successful decision-making results from good two-way communication as equal partners ['co-production']. This takes time, respect, trust, listening, skill, and proper preparation. It may also require reasonable adjustments, or independent advocacy so that people can participate meaningfully.

> **"Explain things fully."**
>
> **"Ask the person how they want to communicate, whether they want someone to accompany them, etc."**

3. People's lives should not be limited by practitioners' values, prejudices, or unconscious bias (for example, based on gender, sexual orientation, religion, etc.), or by organisational systems. Every decision about risk is unique, as it will depend on the individual's circumstances and wishes.

> **"Don't make assumptions!"**
>
> **"Don't write people off due to age or impairment!"**

4. People should be given enough information about the decision they are making and enough time to choose what is right for them. This should include relevant information about their options, the pros and cons of each, and their rights and responsibilities.

"Support the person so they are able to think it through and reach the decision themselves."

5. A balanced approach considers the risks of not taking a particular course of action as well as the risks of taking it, and the possible impact on an individual's emotional, psychological and social well-being, as well as the risks of physical harm.

> **"Consider the risks of not doing things, of over-protection."**
>
> **"Support the person to think about how they might feel - they might be nervous, or happy."**

6. The hopes and worries of the person, the people they want to be involved (for example, family, friends, etc), and other practitioners should be heard, while remembering that the individual's wishes are paramount. Where a course of action is likely to have a negative impact on others, ways to reduce this should be considered. Practitioners should also be honest about their own concerns in relation to 'risks' – to the person, to their families, to organisations and to themselves as a worker.

> **"Allow people space to talk about their worries, concerns and desires on their own."**
>
> **"In order to 'manage risk', you need to agree something is a 'risk'."**

7. People have the right to make their own decisions, even where others might consider them 'unwise'. Practitioners should not use their power to stop them or talk them out of their decision. The person should be supported to weigh-up the information and plan how they will reduce risks where possible and what they will do if things go wrong.

> **"Practitioners shouldn't 'decide for the person or talk them into, or out of something'."**

8. A person's circumstances, their preferences or their capacity to make a decision can change over time, and they may change their mind. Plans must be sufficiently flexible and risk assessments reviewed frequently enough with the person to make this possible.

> **"Check in with people about the support they require, their strengths, preferences and what matters – it might change."**

9. The person, those they want to involve and any relevant practitioners should work together to plan next steps. This might include working through scenarios together, agreeing roles and making sure everyone has the information and support they need to carry out the person's decision as safely as possible, while managing their own anxieties.

> **"Find ways to reduce risks."**
>
> **"Work through scenarios with the person."**

10. If it is genuinely not possible for a person to achieve their goals and aspirations in the near future, think creatively about what can bring them closer to achieving them. This might involve activities to build their mental or physical capability, or alternative ways to achieve similar outcomes.

> **"Let people try things out and build up their skills."**
>
> **"Find alternatives – be creative."**

11. People should be supported to make longer-term plans and decisions (or agreements about how decisions will be made) if their capacity declines.

> **"Help people talk to those that support them about what to do when they can no longer decide for themselves."**

12. Leaders and managers are responsible for creating a workplace culture and processes to support balanced risk assessments. Their role is to support the judgement of those practitioners who know the person and the situation best.

This should include:

- regular reflection in group and individual supervision on what is in people's best interests (and the evidence which supports this), what is possible and how to manage organisational risks to support this
- co-production of policies and processes to balance risk, rights and responsibilities with people who use care and support services, their families and providers to support a culture that encourages a positive approach to risk-taking
- learning and improvement, informed by where things have gone well and where they have not. You need to avoid a culture of blame and blanket restrictions where things do not go as planned
- disseminating these principles and removing organisational barriers to applying them.
- understanding the impact risk management processes can have on a person's life and well-being.