



Risk and risk-taking are essential elements of a healthy life. If deprived of them in some way, we would surely fight to reassert risk-taking as a right. Indeed, risk-takers are widely revered in the fields of business, entertainment and sport. Risk, outside the mental health and social care arena, is seen as challenging, provocative, courageous, headline-grabbing, exciting...

But within mental health and social care services, risk all too often carries rather more defensive associations. 'Have you completed the risk assessment?' is an all too familiar phrase in the experience of most mental health practitioners. What does it really mean? More often than not it reflects the sad fact that completing the paperwork has become more important than the actual task of engaging in working relationships with service users; that the constructive work of supporting service users to identify, develop and use their personal strengths now comes a distant second to the documentation of risks and, in many cases, application of unnecessary restrictions in order to ensure so-called public safety, and cover the backs of statutory agencies. The risk assessment represents a misplaced reliance on vague, and possibly inaccurate, information presented through poorly designed forms, yet masquerading as the basis for good care planning. Far too rarely does risk assessment represent a genuine enquiry into the experiences and specific context of the individual service user, their abilities and limitations, and how they might be helped to stretch the self-imposed and service-imposed boundaries to a life constrained by mental distress. Such an approach takes too much time, and is – truth to tell – too often seen as far too risky.

Working with Risk is a new training and practice resource that aims to restore the focus of practitioners to the real priority: that of engaging with people in collaborative discussion of what risk means and how to respond to it. The contents of the trainer's manual and practitioner manual (see box) reassert the need for open and collaborative discussion of the meaning of risk; to set this conversation in the context of the individual client's experiences and needs, and to value professional judgement when responding to complex issues and personal circumstances.

Our risk-averse mental health climate is set to improve, however. In May and June this year the Department of Health published two new guides on risk assessment and management. Independence, Choice and Risk: a guide to best practice in supported decision-making¹ is a cross-disabilities guide that establishes the importance of the value base that the individual practitioner brings to their work, and supports choice and personal decision-making within a person-centred approach. This has emerged from the Social Care Programme within the Care Services Improvement Partnership (CSIP). The second guide, Best Practice in Managing Risk,² is mental health specific and focuses on the underlying principles of good practice, and evaluates a broad range of tools for the job. Together they present a coherent message of what positive practice should and often does look like.

Best Practice in Managing Risk² sets out 16 principles for best practice in assessing and managing risk (see right). Working with Risk shows how these principles can be applied in routine practice, through:

Working with risk

The trainer's manual covers:

Day 1

- Session 1: Exploring the wider context of risk
- Session 2: Working with service users
- Session 3: Working with suicide and self harm
- Session 4: Positive risk-taking

Day 2

- Session 5: Risk decision-making and communication
- Session 6: Assessing and managing risk 1: practice
- Session 7: Assessing and managing risk 2: case study
- Session 8: Taking risks: case study

Each session is supported by trainer notes, training materials and group work exercises.

The practitioner's manual follows the same structure, with additional sections giving detailed guidance on the use of the Working with Risk tools, risk indicator checklists, additional supportive tools and guidance, and a summary of wider risk research and literature.



Best practice in managing risk²

- the collaborative discussion of risk with service users and carers (including use of the service user personal safety plan developed by Roberta and Andrew Wetherell)
- working within a strengths approach³ that seeks to counter-balance the inherent negatives in risk assessment by requiring at least equal attention to be given to identifying and building on the positive personal qualities, abilities and wishes of the individual and their personal support systems
- linking the identification of risks to realistic ways of responding to them (integrating the assessment and management of risk)
- the flexible use of different tools to meet different needs (eg. current situation, long-term review, service user perspectives on personal safety, structuring risk-taking for positive outcomes)
- recognising the roles of the individual, the team and the organisation in decision-making and communication
- acknowledging professional judgement (including when and how to use tools), and the context of personal experiences
- use of written guidance that provides a necessary degree of consistency in how different practitioners respond to risk.

The training materials are structured for flexible use, as teams and organisations cannot always easily accommodate releasing staff for a two-day workshop, and some teams may not need to take all the components. Sections of the trainer's manual can be used on their own, or as half-day workshops, and can be adapted for use in team meetings. The hope is that the manuals will enable organisations to meet the national requirement for three-year staff updating in risk assessment, and also ensure training is more meaningfully aligned with practitioner or team need, and is less of an organisational exercise in meeting bureaucratic targets.

The practitioner manual provides supporting background material to the training and a resource for practitioner reference, including a summary of the research literature. The Working with Risk tools are accompanied by practical guidance that offers a balance between consistency and flexibility of use in response to given situations, with an emphasis on the value of professional judgement. The service user personal safety plan aims to engage the individual client in identifying what helps keep them safe, and what they would prefer to happen at times when they feel unsafe. The Working with Risk tools are designed to capture different needs for information in different situations: the immediate situation, regular cycles of broader review, and specific circumstances when risk-taking is the central issue. ■

1 Department of Health. Independence, choice and risk: a guide to best practice in supported decision-making. London: Department of Health, 2007. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074773

2 Department of Health. Best practice in managing risk: principles and guidance for best practice in the assessment and management of risk to self and others in mental health services. London: Department of Health, 2007. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_076511

3 Morgan S. Strengths-based practice. *Openmind* 2004; March/April. See also www.practicebasedevidence.com

Introduction

- 1 Risk management should be based on the principles set out in this framework and may be aided by the use of risk assessment tools.
- 2 Best practice is a decision based on knowledge of the research evidence, knowledge of the individual service user and their social context, the service user's own experience, and clinical judgement.

Fundamentals

- 3 Positive risk management as part of a carefully constructed plan is a required competence for all mental health workers.
- 4 Risk management should be conducted in a spirit of collaboration and based on a relationship between the service user and their carers that is as trusting as possible.
- 5 Risk management must be built on recognition of the service user's strengths and should emphasise recovery.
- 6 Risk management requires an organisational strategy as well as efforts by the individual practitioner.

Basic ideas in risk management

- 7 Risk management involves developing flexible strategies aimed at preventing a negative event from occurring or, if this is not possible, minimising the harm caused.
- 8 Risk management should relate to a specific negative event to be prevented and should be used to identify the circumstances in which the particular event might take place.
- 9 The risk management plan should include a summary of risks identified, formulations of the situations in which identified risks may occur, and actions to be taken by practitioners and the service user in response to crisis.
- 10 Risk management should be based on assessment using the structured clinical judgement approach.
- 11 Risk assessment is integral to deciding the most appropriate level of risk management and the right kind of intervention for a service user.

Working with service users and carers

- 12 All staff involved in risk management must be capable of demonstrating sensitivity and competence in relation to diversity in race, faith, age, gender, disability and sexual orientation.
- 13 Risk management must always be based on awareness of the capacity for the service user's risk level to change over time and recognition that each service user requires a consistent and individualised approach.

Individual practice and team working

- 14 Risk management plans should be developed by multidisciplinary and multi-agency teams operating an open, democratic and transparent culture that embraces reflective practice.
- 15 All staff involved in risk management should receive relevant training in risk management, which is updated at least every three years.
- 16 A risk management plan is only as good as the time and effort put into communicating its findings to others.

The Working with Risk trainer's manual and practitioner manual are available from Pavilion Publishing at www.pavpub.com. Further consultancy support is available from Steve Morgan through www.practicebasedevidence.com