

Positive risk-taking: a basis for good risk decision-making

Steve Morgan, Practice Based Evidence

In the first of a series of two articles, Steve Morgan analyses the value of a positive approach to risk when working in mental health and social care services.

The phrase that succinctly represents all that is misguided in the way organisations approach the challenge of working with risk is “Where is the risk assessment?” It has become a bureaucratic mantra, deepening the sense that risk assessment is to do with ticking boxes and is increasingly separate from the risk experienced in everyday life. The emphasis on evidence-based practice places the academic research community in a position of influence, and most of the notable risk assessment formats claim links to the evidence¹. Yet the value of the evidence base underpinning risk assessment is limited when it comes to its practical application, because:

- it largely emerges from a forensic base, which is not always easily translated into general community service use;
- its focus is limited to a narrow range of events, primarily aggression and violence or suicide, that is, those that most excite the media and hence the public; and
- it is entirely negative in focus, listing tragedies (what has gone wrong) or risk factors (what could go wrong), leaving little room for optimism or potential for working with risk and taking risks.

The evidence base for risk assessment has an important role to play, but arguably that role has become elevated so as to exclude other valuable influences and considerations. For many practitioners and service users, the nuances of an individual’s experiences are rarely adequately captured in a list of research factors or in a form designed more for ease of audit than for its practical utility. Risk assessment in itself should never be represented as the primary function or end product of the process of working with risk.

More accurately, risk assessment should be seen as a contributory part to a wider process for achieving good risk decisions. Positive risk-taking will form an integral element of the process, reflecting the reality that we all take risks as an essential part of our daily lives. In order for such a process to be functional and positively used it will require a sound underpinning philosophy, an articulate reflection of good practice and a structured approach to decision-making.

Philosophy and principles

The underpinning philosophy of working with risk needs to reflect and connect to the wider intentions of the personalisation agenda: supporting service users and carers to actively participate in the assessment and management of their own needs and wishes, including risks; helping people to articulate their own definition and journey of personal recovery, including the risks to take in order to achieve it; and developing a full appreciation of their own capabilities, resources and desires.

The strengths approach² provides a coherent narrative for meeting this challenge. Furthermore, the Department of Health³ has set out risk frameworks from mental health and social care perspectives respectively, with the specific intention of establishing a set of principles for working with risk. The philosophy underpinning this work encourages:

- a balanced approach to risk that includes appreciation of positive risk management (positive risk-taking);
- collaboration with the service user and others involved (such as carers);
- recognition of and building on the service user’s strengths; and
- organisations to reflect on their role in risk management alongside that of the individual practitioners.

The first principle in the mental health framework³ states that best practice involves making decisions based on knowledge of the research evidence, knowledge of the individual service user and their social context, knowledge of the service user’s own experience, and clinical (professional) judgment.

It recognises that practitioners need to be aware of and reflect on a wide range of influences that affect decision-making, not least to ensure their own values are not distorting the decision-making process. Judgments on circumstances involving diversity (whether of ethnicity, cultural sensitivity, faith, gender, sexual orientation, disability, diagnoses or specific social groups) can influence the way any of us frame a risk assessment and management plan, and we need to honestly identify where these influences come into play and reflect on them.

Positive risk-taking

Most commonly risk is a concept loaded with negative connotations, and society has evolved to a point where, when things go wrong, there is an immediate need to apportion blame. The depth to which the blame culture pervades our thinking is at odds with the known evidence of the human condition – risk can never be completely eliminated and it is an inevitable consequence of people taking decisions about their lives. Trying to remove risk from anyone’s life is tantamount to depriving them of an essential element that contributes to quality of life – we all need to take risks in order to reap the benefits of our chosen endeavours. Deliberately blocking any of us from taking specifically defined risks is more likely to lead to increased risky behaviours, as we seek other ways of trying to achieve our desired goals.

Choice and control are important for service users and carers, but we often take a paternalistic stance in judging the decisions they make to be too risky, often without sufficient thought and

analysis. We run the risk of depriving people of the choice and decision-making that we take for granted. In order to enable people to make good decisions we need to support them in understanding the choices open to them, considering responsibilities and consequences, and having the freedom to learn from mistakes. A definition of positive risk-taking⁵ is provided in the box.

An element of what risk management should be about is creating plans that include decisions that carry degrees of risk. This should be explicit in the decision-making process and should be discussed openly with the service user. The social care risk framework identifies how safeguarding and positive risk-taking can complement each other: "... a clear distinction is drawn between putting a person at risk and enabling them to manage risks appropriately."⁴

Confident, positive risk taking is supported by:

- a person-centred approach with an in-depth focus on developing an assessment of strengths alongside problems and risks;
- consensus across a team (and wider network of support) to think and work in this way;
- appropriate tools to support the process of individual and team risk decision-making;
- high quality supervision and support;
- priorities and resources focused on the creative challenge of doing things differently;
- good team-based systems for recording and monitoring decisions;
- clear ideas about what constitutes personal and collective responsibilities and accountability;
- it becoming a part of the fabric of training and service monitoring; and
- an organisational culture that understands and supports the philosophy and principles of good practice.

POSITIVE RISK-TAKING

Positive risk-taking⁵ is: weighing up the potential benefits and harms of exercising one choice of action over another. It involves identifying the potential risks involved (good risk assessment), and developing plans and actions that reflect the positive potentials and stated priorities of the service user (good risk management). It involves using available resources and support to achieve the desired outcomes, and to minimise the potential harmful outcomes.

It is characterised by:

- Real empowering of people through collaborative working and a clear understanding of responsibilities, that service users and services can reasonably hold in specific situations.
- Supporting people to access opportunities for personal change and growth.
- Establishing trusting working relationships, whereby service users can learn from their experiences, based on taking chances just like anyone else.
- Understanding the consequences of different courses of action; making choices, supported by adequate and accurate information.
- Working with a full appreciation of the service user's strengths, in order to identify the positive resources that underpin the confidence to take risks.
- Focusing on the "here and now", but with clear knowledge of what has worked or not worked in the past, and why.
- A clear focus on the specific outcome to be achieved.

Developing a risk decision-making tool

The mental health risk framework³ clearly states that the use of risk tools needs to follow a structured clinical (professional) judgment approach, and that any risk assessment tools are an aid to clinical decision-making, not a substitute for it. They are to be used in conjunction with existing needs assessment and care planning processes. To be of use a tool should provide a framework that is equally and consistently applicable to crisis situations, where a quick decision needs to be made by a person sometimes in isolation from other sources or colleagues, and also for more in-depth team based collaborative decisions. As a framework, the tool should ideally present a checklist of common considerations that its users can connect with, rather than being seen as yet another form to be filled in. However, the structure should enable ease of recording and documenting the key information and reasons that informed the decision and plans to enact it.

The second article in this series will present and discuss the use of a checklist as a structured approach to risk decision-making.

Organisation culture

Good quality risk decision-making will be influenced by many factors, and things can go wrong even when best practice has been followed. The social care risk framework recognises that:

"The most effective organisations are those with good systems in place to support positive approaches rather than defensive ones. The corporate approach to risk that an organisation takes overwhelmingly influences the practice of its workforce."⁴

It is important to remember that any decision is likely to be acceptable if it conforms to relevant guidelines, it is based on the best information available, it is documented and the relevant people are informed. However, there is still a long way to go before consistency of attitude and approach is achieved in how managers conduct serious untoward incident investigations. Nobody denies the need for investigations, the concern is more that frequently, dedicated practitioners feel unsupported through the process of trying to learn the lessons. Furthermore, there is an apparent lack of recognition of where good practice and good decisions are being achieved, with a focus on the negative.

It is very rare for practitioners to have deliberately and negligently contributed to an incident, and they are also traumatised by the rare tragic outcomes. Yet they more frequently experience feeling "guilty until proved innocent" through the processes of investigation, which adds little to the potential to consider appropriate positive risk-taking and objective risk decision-making. HCRR

References

1. Morgan S (2007), *Working with Risk: Trainers and Practitioners Manuals*. Brighton: OLM-Pavilion.
2. Morgan S (2009), A Strengths Approach at www.practicebasedevidence.com
3. Department of Health (2007), *Best practice in managing risk: principles and evidence for best practice in the assessment and management of risk to self and others in mental health services*. London: Department of Health.
4. Department of Health (2007), *Independence, choice and risk: a guide to best practice in supported decision making*. London: Department of Health.
5. Morgan S (2004), "Positive risk-taking: an idea whose time has come", *Health Care Risk Report* vol. 10, no. 10, pp18-19.