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Risk and Safety Guidelines

Summary: The Risk and Safety Guidelines are a resource for people with disability and those others requested by a person, or required to, assist him or her to identify, assess and manage risk using person centred thinking skills and tools. The Guidelines may also be used by Team Leaders, Practice Support Coordinators and managers to assist support workers to understand and use person centred risk management practices.





Risk and Safety Guidelines

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| Summary | <p>The Risk and Safety Guidelines are a resource for people with disability and those others requested by a person, or required to, assist him or her to identify, assess and manage risk using person centred thinking skills and tools. The Guidelines may also be used by Team Leaders, Practice Support Coordinators and managers to assist support workers to understand and use person centred risk management practices.</p> |
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1 Introduction

The ADHC Risk and Safety Guidelines (the Guidelines) embody the principles of legal and human rights found in the New South Wales Disability Service Standards (the Standards), the person centred guiding principles of the ADHC Lifestyle Planning Policy, and the commitment to deliver culturally responsive services to Aboriginal people under the Aboriginal Policy Statement (the Statement).

The Guidelines provide guidance to people with disability to exercise their rights and entitlements under the Standards and Statement. The Guidelines describe how ADHC supports people, when requested by a person or required, to make risk-related decisions, take ownership of reasonable risks and to direct risk management.

The terms 'people' and 'person' are used throughout this document as defined in Section 1.2 of the Procedures.

The Guidelines are not mandatory in either ADHC operated services or ADHC funded NGO services. **This document is a resource** for Team Leaders, Practice Support Coordinators, any manager of support staff, and any other workers who assist a person to identify, assess and manage risk. The Guidelines provide instructions for the completion of person centred tools that enhance risk management practice.

Various risk management tools and templates accompany these guidelines to assist the person, and support workers with risk management. In addition to these tools and templates, a range of person centred thinking tools are also suggested.

The blue boxes in the right hand margin refer to a specific risk management tool or template that can be used.

Tools and
Templates

A gold box in the right hand side margin refers to a specific person centred thinking tool. Person centred thinking tools are part of the Lifestyle Planning Policy resource toolkit (in the Lifestyle Planning Policy and Practice Manual).

Person-
centred
thinking tool

2 Person Centred Risk Management

The aim of person centred risk management is to enable people to make informed decisions about risks that improve their quality of life as well as keeping them, and others around them, safe.

The approach focuses on people as individuals with hopes, dreams and fears, on what is important to them, and on their gifts, strengths and skills. Risks are viewed from the perspective of the person with disability, family, friends, carers, significant others, and the wider community, as well as service providers.

ADHC’s person centred approach to risk management is based on the five underlying principles of person centred planning as outlined in the Lifestyle Planning Guidelines:

2.1 Learning what is important to the person

People are encouraged to let others know what is **important to** them, what they want to achieve, how they view their own risks, and their management. The goal should be to create opportunities for the person to independently manage risks and to experience life in the same way as others in the community as far as possible.

Important to

2.2 Involving others in planning

It is important to involve others in planning according to the person’s wishes. Doing so will increase the opportunities for the person to identify what is important to her or him and to imagine what success looks like. Others can assist in the identification, assessment and development of risk management strategies if the person asks or needs their involvement.

Relationship Map

2.3 Focusing on the person’s abilities

Risk management practice focuses on a person’s strengths and promotes a vision of risk that is positive and non-limiting. It avoids underestimating a person’s potential to grow and develop and is driven by the person’s hopes and dreams.

Gifts and strengths

Hopes and dreams

Focusing on strengths builds the person and others’ capacity to use those strengths to manage risk.

2.4 Positive action

Positive action involves finding creative solutions rather than ruling things out because they involve risk. This is achieved by using person centred risk management practices so the person can achieve what is **important to** them, and stay safe. Positive action focuses on removing the barriers to the person, developing skills, building personal relationships and having a meaningful role in the community.

Important to

Decision making profile and agreement

Working/Not working

2.5 Listening and learning

Person centred risk management requires listening and learning by all those involved. Support workers record risk-related information in the person’s **Individual Shift Report**. They may also use the **Working/Not working** and **4+1 Questions** tool to think about risks.

4+1 Questions

Involving the person in the monitoring and review of his or her My Safety Plan is an opportunity for support workers to listen and learn about the person's experience of risk, and management approaches.

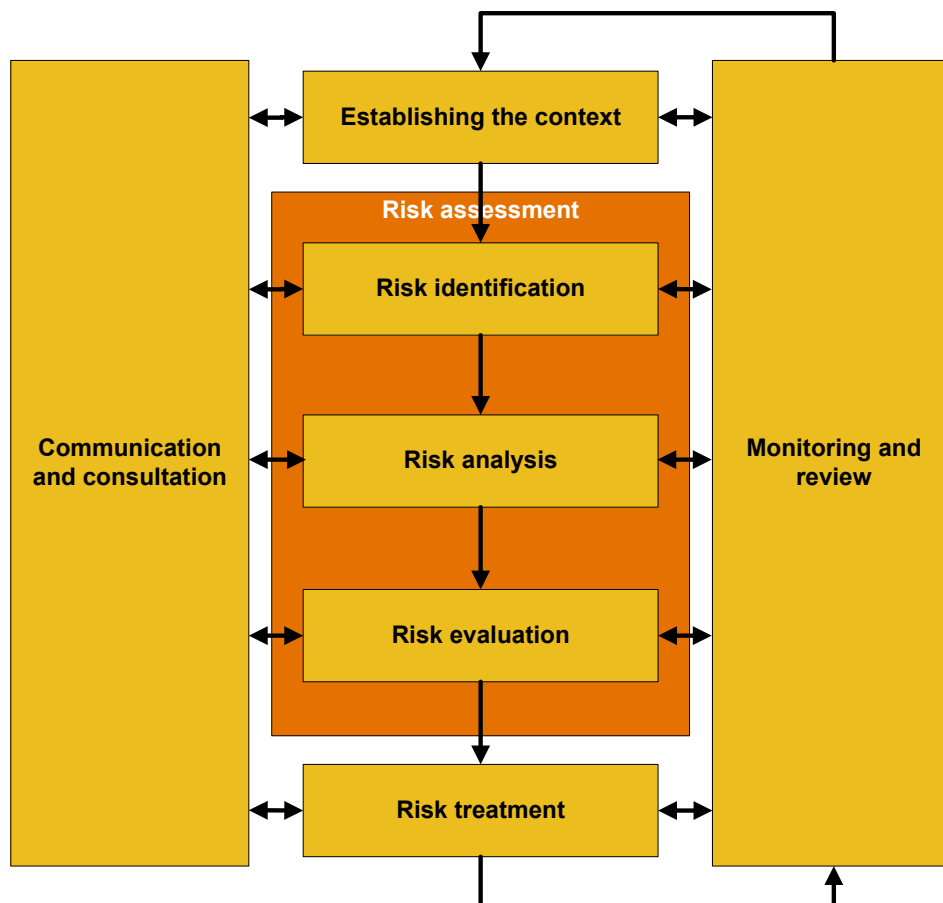
3 Risk Management Framework

3.1 Introduction

FACS' Risk Management Framework and Policy (the Framework), provides a structured risk management approach based upon the following elements:

- Communication and consultation
- Establish context
- Risk assessment (including risk identification; risk analysis and risk evaluation)
- Risk treatment
- Monitoring and review.

Figure 1: FACS Risk Management Process



Although the process is shown as a sequence of steps, support workers will move back and forth between some steps as the arrows in the figure show. This will occur if more information becomes available or as decision making becomes more detailed.

3.2 Communication and consultation

Each person is to have a **communication profile** (including **expressive** and **receptive charts**) developed in accordance with the Lifestyle Planning Guidelines. A well developed **Communication Profile** will enable support workers and others to present information in a format that the person (and their family or others in their support network) can understand. It should include information about how best to support the person when making decisions relating to risk.



Communication
Profile

The information provided to the person, and the choices he or she makes are to be clearly documented in the person's Individual Shift Report.

If requested or required by a person, support workers should consult with others, including service providers, who the person wishes to be part of the process. Good communication ensures that everyone understands and contributes to the risk management process across all environments.

Risk management discussions must not take over the Lifestyle Plan meeting which is about the person's abilities, interests, dreams and aspirations. More information on organising and running such meetings can be found in the Lifestyle Planning Guidelines.

Support workers often know the person well and can share their experiences and understanding of the person's risks with other members of the team.

Communication between support workers and line managers is also an important element of managing work, health and safety risks. See FACS' Work Health and Safety Risk Management Policy 2014 and Work Health and Safety Consultation Policy 2014 for more information.¹

3.3 Establish the context

The aim of this step is to clearly identify the objective or goal affected by the risk and those external and internal factors that may have an impact on decisions about the risk.

Establishing the context requires the person and any support workers helping the person, to consider standards the community might see as relevant in determining the appropriate standard of support. This in turn will help support teams to determine the extent of their duty of care when helping people reach their goals.

¹ Both policies can be located on the FACS Intranet under 'Policies'.

3.3.1 Clarify the Risk Tool

The **Clarify the Risk tool** is not a mandatory tool but can be used to establish the context for the risk. It is particularly useful when new risks are identified as the person expands their life experiences. The tool can also be used to investigate complex or contentious risks, particularly if those risks are related to a person's Lifestyle Planning goals or things **important to** and **important for** the person.

Clarify the
Risk

Follow the steps below when completing the tool.

1. Objective

The Objective is the action that the person is considering that involves some risk. For example, to catch a bus to the local shopping centre and go to the movies without assistance.

Important
to/for

A person centred risk management approach focuses on encouraging the person to prioritise risks associated with what is **important to** and **important for** him or her.

If requested or required, support workers assist the person to identify what supports are needed, if any, to help the person achieve those things important to her or him. The **Donut tool** can be used to determine the roles of others, including support workers, in helping the person achieve his or her goals.

Donut tool

The **Action Plan** developed at the Lifestyle Planning meeting should document risks relevant to the person's goals and is reviewed with the My Safety Plan to ensure all risks are captured. The person and any support workers helping the person should ensure that all risks relevant to the Action Plan are included in the My Safety Plan.

Action Plan

Questions to be asked include:

- Is the Objective one of the person's lifestyle planning goals? Is it something **important to** or **important for** the person?
- What does the person want to do? What outcomes are expected?

2. Risk

Describe the risk issue/s.


Questions to be asked include:

- What is the nature of the risk which may impact on the objective or goal? When, where, why, how is the risk likely to occur, and who might be involved?
- Is there a reason to think that someone might experience some gain, benefit, harm, injury or loss? What is the basis for the assessment? Can it be verified?
- Have potential benefits or problems been identified before, for example, when carrying out a similar activity, in previous assessments?

- What are the major threats and opportunities the process or activity presents? What might change?

3. Relevant people consulted, their objectives and perceptions of the risk

Identify the people in the person's support network who were consulted about the risk and who might help to manage it. To identify these people the person can use a **relationship map**. This tool can be useful to record:



Relationship
Map

- the people that the person knows, how the person knows them and how they know each other
- how these networks can help the person find opportunities and support to live the life they want
- who can help when developing a risk assessment and management approach
- relationships the person would like to strengthen to enable greater social inclusion.

People chosen by the person as positive supports are important contributors to all aspects of a risk assessment. With the person, they gather information, identify the risk, find solutions, evaluate them, make decisions, implement actions and share their experiences.

Questions to be asked include:

- Who is important to the person? Who does he or she want to have involved? Who should or needs to be involved?
- What are the expectations of those involved?
- How do they perceive the risk?

4. Important factors within the internal environment

If a person is receiving support to work through the risk management process, supports workers should discuss with him or her how the service provider (e.g. FACS) can influence the way in which the person manages risk? This can include, but is not limited to, the service provider's:

- vision, purpose, values, culture, obligations, objectives, and the strategies that are in place to achieve them (e.g. refer to FACS' Strategic Statement)
- policies, procedures, guidelines, and standards adopted by the organisation²
- resources and knowledge (e.g. money, time, staffing, available vehicles, processes, systems and technologies)
- information systems, information flows and decision making processes (both formal and informal).

² See 'Other resources' for a list of relevant policies and procedures.

5. Important factors within the external environment

Support workers should also discuss with the person the significant factors in the external environment that can influence the way in which the person will manage risk. They can include, but are not limited to:

- community expectations, social factors, cultural norms, government policy, laws,³ and the natural environment
- relationships with, and perceptions and values of others.

6. Tools used to gather information or containing relevant information

Support workers should consider whether person centred thinking tools and/or person centred risk management tools, or other risk assessment tools can be used to gather information the person will need for the risk management process. Any tools or templates used should be listed here.

7. The specific purpose and setting of the risk management process

The person should have a clear reason for developing a risk management strategy. Information about the process or activity that involves risk, and where the risk may occur should be documented, for example, in an ADHC operated accommodation support service, a shopping centre or a sports club.

8. Specific risk criteria

Risk criteria should be established to help the person decide whether the potential harm outweighs the potential benefit. The criteria might be determined by identifying:

- warning signs that indicate the risk is increasing,
- triggers for a review,
- the point at which the person decides that the risk will no longer be tolerated.

For example, the specific risk criteria for a person whose goal is to travel into the city to visit the library without staff support might be any evidence that the person steps onto the road into the path of moving traffic.

9. The resources, techniques and tools needed

If support workers are assisting a person, they should consider the information and/or resources the person (and/or others) needs so they can understand what is involved in the decision to take the risk and the potential consequences. The resources may include communication aids, supports or techniques the person (and/or others) can use to fully participate in the risk management process.

³ See 'Other resources' for a list of relevant legislation.

10. Who is the person?

If others are involved in helping the person manage risk, they need to think about how the process will enable the person to have choice and control in his or her life, and be a valued member of the community. They will need to get to know the person, their experiences, family relationships, wishes for the future, and past history of choices.

Strengths

Person centred risk management practice is built around a positive view of the person and seeks to identify the person's strengths.

The **Gifts and Strengths** tool can be used to answer the following questions:

- Which of the person's strengths might be harnessed to maximise the chance of a positive outcome and to minimise harm or loss?
- How can the person be supported to harness these strengths?
- What are some of the person's gifts that could positively affect the outcome? For example, a person's motivation to achieve goals.

Gifts and strengths

Protective Factors

Protective factors can act as 'buffers' that prevent the unwanted outcomes of risk, for example, the person understands road safety, stranger danger or the health issues related to alcohol abuse.

Support workers can use the *What people like and admire about the person* in the person's **One-page Profile** to identify protective factors the person can use when he or she is considering taking and managing risks.

Attitudes

The person should identify his or her attitude towards this risk, and whether support is required to manage it.

The ways in which individuals perceive risk is influenced by their social situations and past experiences. Therefore, the person might help others understand his or her history by using the **History map**. The person should identify previous decisions and choices he or she has made in the past and the outcomes.

A person's **hopes, dreams and fears** may also provide information about their attitude to the risk.

Relevant history

Outline any relevant history related to the risk. For example, two years ago Annette flew to her parents' home in a small plane. In her latest Lifestyle Planning meeting she stated that she would like to go up in a helicopter. Annette would note her previous experience of flying in this section.

History Map

Hopes and dreams

Hopes and fears

11. Where are we now?

The aim here is to build a picture of what is **working** or **not working** from the person's perspective and from the perspective of others, including support workers. This section of the **Clarify the Risk** tool avoids new strategies conflicting with what already works well.

The person identifies and analyses any barriers to him or her being a valued member of the community, for example:

- social barriers (lack of natural supports through friends and/or family)
- personal barriers (lack of self-motivation/confidence, for example, as a result of isolation and exclusion due to limited or no social networks)
- communication barriers (receptive and expressive communication, alternative and augmentative communication and social skills)
- lack of services / inadequate support / inappropriate support
- community hostility (segregation, exclusion, marginalisation)
- limited physical access to facilities and services in the community.

12. Where do we want to be?

A person centred approach to risk focuses on the outcomes for the person. This stage of the process is about the person exploring how things could be different or better. One way to do this is by completing the **What will success look like from different perspectives?** section of the **Clarify the Risk** tool.

Check the perspective of the person and then others, for example, the family, community, support workers and the organisation. For each identified risk, the person and those involved in supporting him or her discuss solutions that would lead to success.

13. What have we tried and learned already?

The person should consider what has been tried in the past and to reflect on what was learnt. A lot of learning and knowledge around risk issues is wasted when new strategies are tried without looking at what has happened in the past. If support workers are involved, they should assist the person to review support plans, and to consider his or her social environment, perspectives and experience of the risk.

They should help the person to identify what has and has not worked in particular situations, and to understand his or her behaviour in different contexts. **4+1 Questions** can be used to gather knowledge about the learnings from the past.

4+1
Questions

3.3.2 Support workers' perception of risk

It is important at this stage for support workers to consider how they view risk and risk taking. A risk that is unacceptable to one person may be acceptable to another.

For example, a person with disability may want to access a sex worker. A support worker might have a personal bias against payment for sex and not support the person to explore this option.

When such conflicts arise support workers should consider:

- How does my personal experience of risk influence the way I support the person to make decisions involving risk?
- Do I look for both the negative and the positive implications of each risk the person may encounter?
- Do I look for creative and innovative ways to manage risk?

3.4 Risk assessment

Risk assessment is the overall process of **risk identification**, **risk analysis** and **risk evaluation**. This process should focus on expanding the choice and control people with disability have in their lives. It should enable people to try new things, gain new experiences and develop their skills.

During the risk assessment, the person with disability should not simply be seen as the source of risk. The person should be encouraged to identify his or her strengths, as well as the strengths of his or her support network, to provide a positive base for a person centred risk management approach.

3.4.1 Risk identification

The aim of risk identification is to create a list of sources of risk and events that might have a positive or negative impact on a person's safety and wellbeing.

A risk should be clearly expressed so that everyone understands it. The description should state which objective is 'at risk' and the source of the risk.



Poor description of risk: "Behaviours of concern stopping Annette going to her day program."



Clear description of risk: "Inconsistency in Annette's routines due to frequent changes in staff may result in behaviours of concern limiting attendance at day program."

Clarify the Risk tool

If the **Clarify the Risk** tool has been used to identify risks they are to be entered in the My Safety Checklist and the My Safety Management Plan.

Clarify the
Risk

3.4.2 Risk analysis

Risk analysis is used to understand the nature of the risk and to determine the level of risk.

The aim of risk analysis is to:

- categorise the risk
- assist the person and others to understand how serious the risk is
- support the person affected by the risk
- identify factors that affect consequences and likelihood
- identify existing controls and if they are working.

3.4.3 Risk evaluation

Risk evaluation is the process of determining if the risk is tolerable or requires treatment. In a person centred risk management approach, risk evaluation focuses on the risks associated with the person's Lifestyle Plan, his or her goals and the things **important to** and **important for** the person.

Unlike conventional risk management, person centred risk management practice also explores the consequence/s of not taking the proposed risk using the **What are the consequences if we do nothing?** tool. Consequences can include loss of independence, restriction of choice, and restricted community involvement. This is then balanced against the potential consequences of taking the risk.

What are the
consequences
if we do
nothing?

Risk should not be used as an excuse by others to restrict people's lives.

3.5 Risk treatment

Deciding how to control a risk is risk treatment. The person, family and others, and support workers assess the options, prepare risk treatment plans and ensure the plans are carried out. Risk treatment is based on looking at creative ways for people to achieve their goals rather than ruling them out.

It is important to consider how potential solutions measure up to what is:

- Important to the person?
- Considered best support?
- Considered success?
- Already working?
- Not working?
- The least restrictive option?

Proposed solutions can then be mapped onto a **Happy/safe grid**. This tool enables clear action planning and justification for adopting some strategies and not others. On the happy/safe grid, the four dimensions, happy, unhappy, safe and unsafe, are

Happy/safe
grid

balanced against each other to find solutions that reflect what's **important to** and **important for** the person.

The **Options, Outcomes and Actions** tool can also be used to describe the final outcome of the risk assessment.

Options,
Outcomes
and Actions

3.6 Monitoring and review

Risk is affected by the changing needs and wishes of the person and the external and internal environments. For this reason, monitoring and review of risk should be ongoing.

The purpose of monitoring is to identify whether risks have changed, whether risk management strategies are working, whether they are still needed, and whether they are helping the person progress towards his or her goals. Monitoring is done through listening to the person, observation, and reading relevant documentation. As a result of monitoring it may be necessary to change existing controls, and management and support plans.

Regular reviews of My Safety Plans allow the person and support workers to check the effectiveness of risk control measures and the accuracy of risk categories.

A review may be required outside the formal review process if:

- the person is indicating that the way others are supporting them to be safe or healthy is not working for him or her,
- other people involved are not implementing actions that they agreed to,
- the person is making decisions that others consider risky,
- the person has made a choice or action that has endangered their own or other people's health or safety,
- an important decision is needed or there is an urgent or crisis situation that requires an assessment of risk factors.

4+1
Questions

Support workers can use the **Working/Not Working** tool and the **4+1 Questions** tool with the person during the review. It is important to record positive and negative outcomes during the review.

Working/Not
working

3.6.1 Incident reporting

Even with the best planning and approaches, unplanned incidents and events will occur.

Support workers in ADHC operated accommodation support services are required to manage all incidents in accordance with FACS' Incident Reporting and Management Policy for people accessing Ageing and Disability Direct Services 2014 and its Guidelines. An incident may require changes to the My Safety Checklist, My Safety Management Plan, or development and implementation of safe work procedures.

4 Risk escalation

The information below is for support workers and line managers who have been invited by, or are needed by, the person to help her or him to manage risk.

4.1 What will we do if we cannot work it out?

Situations may arise where there is:

- uncertainty about balancing risk and a person's rights,
- uncertainty about a person's decision making capacity,
- disagreement about risks,
- concern about undue influence on a person to make a particular decision,
- a problem that seems unsolvable.

In the first instance support workers should talk to their line manager. Support workers and line managers can consult ADHC's Decision Making and Consent Policy and Guidelines for information about supported decision making. FACS' Law and Justice Directorate, and NSW agencies, such as the Attorney General's Department of NSW, and Community Justice Centres, may be contacted for advice to resolve issues about decision making.

4.2 What if I think the person is making the wrong decision?

If a person makes an unwise decision, or one that others do not agree with, it does not mean that he or she lacks capacity or that the decision is wrong. The decision may simply be in conflict with the values of others in his or her support network.

Those people helping the person may need to assess his or her decision making ability, but they should not automatically assess the decision she or he is making. The person's capacity to make a decision requires assessment if the decision:

- puts the person at significant risk of harm or mistreatment, or
- is an unusual decision for the person.

Information about when to question a person's capacity, and how to assess capacity, is available from the Attorney General's Department of NSW.⁴

If support workers are asked to support a choice or activity that they are concerned about, advice should be sought from a line manager.

⁴ See the Capacity toolkit at: http://www.diversityservices.justice.nsw.gov.au/divserv/ds_capacity_tool.html.c=y

4.3 What if there is a disagreement about the person's capacity to make a decision about a particular risk?

The most basic principle is to presume a person has the capacity to make his or her own decisions. Decisions must be made freely and voluntarily. The person should not feel pressured or deceived into making a decision he or she would not otherwise make.

People who have difficulty making decisions, or who are dependent on others financially, physically or emotionally, are more at risk of being unduly influenced.

Where people's choices conflict with those that carers or family members have made on their behalf, it is important to consider everyone's views, and find a resolution. Everyone involved should have all the information they need to make an informed decision. Where a resolution seems unlikely, a second and objective opinion could help to resolve the dispute.

In cases where agreement cannot be reached a substitute decision maker may be needed. Refer to ADHC's Decision Making and Consent Policy and Guidelines.

More detailed information about capacity and working with substitute decision makers can be obtained from the Attorney General's Department of NSW.

Before matters escalate to this point the following may avoid the need for a substitute decision maker:

- address issues and disagreements as soon as they arise,
- try to resolve issues informally,
- listen, acknowledge and discuss the issues without criticism,
- if possible, give everyone time to process the information,
- use an advocate to help to resolve disagreements.

4.4 What if there is an established or assumed power imbalance or undue influence?

If there is doubt that the decision was made without undue influence from others, support workers should explore the decision-making process to ensure that the person's real wishes were not distorted.

Support workers might need to support the person to access specialist advice, such as advice from a medical practitioner, a financial or legal advisor, depending on the nature of the decision. Support workers can also seek advice or assistance from a local Community Justice Centre.⁵

⁵ See <http://www.cjc.nsw.gov.au>.

4.4.1 What if the situation can not be resolved informally?

If a disagreement cannot be resolved informally it should be referred to the Guardianship Tribunal. Support workers should always talk to their line manager before making a referral to the Tribunal (see ADHC's Decision Making and Consent Policy and Guidelines).

4.4.2 What if the problem seems unsolvable?

At any time there may be people who have risk factors which place them or others at risk because their support needs cannot be met. It is important to make the line manager aware of these situations as soon as possible. Line managers will escalate the issue to district management for review as required.

4.4.3 What will we do if something is not working or there is a crisis?

Where a crisis situation occurs because of unforeseen behaviour, support the person to access a behaviour assessment clinician.

The use of any restrictive or intrusive interventions should be the minimum necessary in the circumstances and applied no longer than necessary to manage the crisis situation. Refer to ADHC's Behaviour Support Policy and resources for detailed information.

Support workers should:

- involve the person with disability, and their family or guardian, in the crisis planning process to enable him or her to make choices about managing the crisis situation,
- ensure support and advocacy is available to the person and the family.

5 Policy and Practice Unit contact details

You can get advice and support about these guidelines from the Policy and Practice Unit, Contemporary Residential Options Directorate.

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| Policy and Practice, Service Improvement Contemporary Residential Options Directorate ADHC policyandpracticefeedback@facns.nsw.gov.au |
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