

Disability Resource Hub Disclaimer

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Risk and Safety Other resources

Summary: The Risk and Safety Other resources contain additional information and links relating to supporting a person with disability to assess and manage risk using person centred practices.



Other resources

Risk and Safety

1. Related legislation
2. Policies and procedures
3. Standards, guidelines and strategies
4. Resources for Aboriginal and Torres Strait Islander people
5. Culturally and linguistically diverse (CALD) resources
6. NSW Ombudsman
7. Link to ELMO e-learning module for Risk and Safety
8. Other useful resources
9. My Safety Management Support Plans – Examples
10. Scenarios
 - 10.1 Unmanaged and managed risk
 - 10.2 Duty of care
11. Case study
 - 11.1 Geoffrey

1 Related legislation

The Risk and Safety Policy is underpinned by the following Federal and NSW Government legislation:

NSW Disability Inclusion Act 2014 (the Act)

- The objects of the Act include:
 - to promote the independence and social and economic inclusion of people with disability [3(b)]
 - to enable people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports and services [3(c)]
- The general principles of the Act include:
 - People with disability have the right to participate in and contribute to social and economic life and should be supported to develop and enhance their skills and experience. [4(3)]
 - People with disability have the right to realise their physical, social, sexual, reproductive, emotional and intellectual capacities. [4(4)]
 - People with disability have the same rights as other members of the community to make decisions that affect their lives (including decisions involving risk) to the full extent of their capacity to do so and to be supported in making those decisions if they want or require support. [4(5)]
 - People with disability have the right to access information in a way that is appropriate for their disability and cultural background, and enables them to make informed choices. [4(9)]

NSW Disability Inclusion Regulation 2014

NSW Children and Young Persons (Care and Protection) Act 1998

NSW Guardianship Act 1987

NSW Work Health and Safety Act 2011

NSW Work Health and Safety Regulation 2011

NSW Privacy and Personal Information Protection Act 1998

NSW Community Relations Commission and Principles of Multiculturalism Act 2000

NSW Health Records and Information Privacy Act 2002

National Disability Insurance Scheme Act 2013

2 Policies and Procedures

Other important systems, policies and documents guiding this framework are:

- Lifestyle Planning Policy and Guidelines
- Decision Making and Consent Policy and Procedures
- Health and Wellbeing Policy, Procedures and Guidelines
- Abuse and Neglect Policy and Procedures
- Behaviour Support Policy and Practice Manual (January 2009)
- Incident Reporting and Management Policy for people accessing Ageing and Disability Direct Services (2014)
- Incident Reporting and Management Guidelines for people accessing Ageing and Disability Direct Services (2014)
- Shift Handover Policy and Procedures
- FACS Code of Ethical Conduct (2013)
- FACS Diversity Matters Cultural Diversity Framework 2014–2017
- FACS Risk Management Framework and Policy (2014)
- FACS Workforce Safety and Wellbeing Policy (2014)
- FACS Work Health and Safety Risk Management Policy (2014)
- FACS Work Health and Safety Risk Management Procedure (2014)
- FACS Work Health and Safety Consultation Policy
- ADHC WHS Manual Handling Policy (2010)
- Individual Planning for Children and Young People living in Out-of-Come Care Policy and Practice Guide
- Child Protection: Responding to Risk of Harm to Children and Young People
- Privacy Management Plan

3 Standards, guidelines and strategies

- National Standards for Disability Services 2013
- National Disability Agreement 2009
- National Disability Strategy 2010 - 2020
- National Framework for Protecting Australia's Children 2009-2020
- Stronger Together: A New Direction for Disability Services in NSW 2006-2016
- Stronger Together: The second phase 2011-2016
- Living Life My Way - Putting People with a Disability at the Centre of Decision Making, Summit Report ADHC August 2011
- WorkCover NSW, How to Manage Work Health and Safety Risks, Code of Practice 2011
- AS/NZS ISO 31000:2009 Risk Management – Principles and Guidelines
- SA/SNZ HB 436:2013 Risk Management Guidelines – Companion to AS/NZS ISO 31000:2009
- HB 327:2010 Communicating and Consulting about Risk
- HB 205:2004 OHS Risk Management Handbook

4 Resources for Aboriginal and Torres Strait Islander people

ADHC FACS commitment

The **Aboriginal Policy Statement** underpins our strategic direction for Aboriginal people

http://www.adhc.nsw.gov.au/_data/assets/file/0003/236829/870_ADHC_Aboriginal_Policy_Statement_WEB_R.pdf

The **Aboriginal Cultural Inclusion Framework** provides a mode of accountability for monitoring programs and services to ensure real improvements are delivered to older Aboriginal people, Aboriginal people with disability, their families and carers

http://www.adhc.nsw.gov.au/_data/assets/file/0005/239837/Aboriginal_Cultural_Inclusion_Framework_2011-2015.pdf

Aboriginal Contact Line

Telephone: 1800 019 123

Dedicated to Aboriginal victims of crime who would like information about counselling and/or compensation.

The Aboriginal Contact Line hours are 8.00am to 6.00pm, Monday to Friday (excluding public holidays).

The service includes information to victims of violent crime about applying for compensation¹.

Aboriginal Case Workers

http://www.adhc.nsw.gov.au/_data/assets/file/0018/272124/ADHC_AboriginalCaseWorkers_FactSheet_Jan12.pdf

Indigenous Disability Advocacy Service (IDAS)

IDAS provides short and long term individual advocacy, advocacy training and an information service to Aboriginal people with disability and their families.
Telephone: 1300 114 327

Aboriginal Indigenous Health InfoNet

<http://www.healthinfonet.ecu.edu.au/key-resources/organisations>

Aboriginal Health and Medical Research Council of NSW

http://www.ahmrc.org.au/index.php?option=com_content&view=article&id=2&Itemid=2

Conflict resolution

http://www.cjc.nsw.gov.au/agdbasev7wr/cjc/documents/pdf/cjc_pamphlet_blewin_jan_2012.pdf Guidelines

Aboriginal Home Care

http://www.adhc.nsw.gov.au/individuals/help_at_home/aboriginal_home_care

Aboriginal staff and positions

Refer to District Disability Directors for information on the location of Aboriginal staff and positions available in your District.

You can also search the ADHC intranet by typing in Aboriginal and seeing what positions and roles are available within ADHC Aboriginal Service Delivery and Development Directorate (ASDD)

Practice guide on working with Aboriginal communities

NSW Department of Community Services, 2009, Working with Aboriginal Communities. A practice guide.

http://www.community.nsw.gov.au/docswr/assets/main/documents/working_with_aboriginal.pdf

¹ You are eligible to claim compensation if you are:

- the victim of an act of violence and are injured as a result (primary victim); or
- injured as a result of witnessing an act of violence (secondary victim); or
- the parent or guardian of a primary victim of an act of violence who was under 18 years at the time of the act and you are injured as a result of learning of the act of violence (a secondary victim); or
- a member of the immediate family of a homicide victim (family victim); or
- injured while trying to:
 - prevent someone from committing an act of violence (primary victim), or
 - arrest someone who is committing an act of violence (primary victim), or
 - help or rescue someone against whom an act of violence is being committed (primary victim).

5 Culturally and linguistically diverse (CALD) resources

Language Service Policy and Guidelines

ADHC policy principles and practice guidelines to assist in engaging and utilising interpreters, translators, bilingual staff and CLAS officers

http://www.adhc.nsw.gov.au/_data/assets/file/0007/237274/LS_Guidelines_May_2012.pdf

6 NSW Ombudsman

Telephone: 02 9286 1000 or 1800 451 524 or TTY 02 9264 8050

The office of the NSW Ombudsman can look into *any* matter relating to complaints and serious incidents in disability services. The NSW Ombudsman can:

- handle complaints brought by any individual,
- conduct inquiries of his 'own motion' (such as in response to an anonymous complaint or information received from other sources), and
- inquire into matters affecting people receiving (or eligible to receive) disability services, and service providers.

Guide for services: Reportable incidents in disability supported group accommodation.

<https://www.ombo.nsw.gov.au/news-and-publications/publications/fact-sheets/community-and-disability-services/guide-for-services-reportable-incident-in-disability-supported-group-accommodation>

Natural Justice / Procedural Fairness fact sheet November 2010.

http://www.ombo.nsw.gov.au/_data/assets/pdf_file/0017/3707/FS_PSA_14_Natural_justice_Procedural_fairness.pdf

The Ombudsman's report on reviewable deaths – key risk factors

An important document identifying risks with critical consequences is the Ombudsman's report on reviewable deaths. Every two years the NSW Ombudsman tables a report in the NSW Parliament about the circumstances relating to the deaths of people with disability in ADHC operated and ADHC funded non-government accommodation support services, and in assisted boarding houses (licensed residential centres)².

The report contains general statistics about the people who have died during a twelve month period, and about their disability and health status before their deaths.

In the report the Ombudsman identifies the key issues that contribute to avoidable deaths of people with disabilities in care.

² Refer to the Ombudsman's Fact Sheet on Reviewable Deaths located at:

http://www.ombo.nsw.gov.au/_data/assets/pdf_file/0006/3885/IS_CSD_Reviewable_Disability_Deaths_FAQ.pdf

The Ombudsman has created five Fact Sheets to help frontline staff, managers and the person's health professionals understand the key messages contained in the reviewable death report.

Factsheet 1: [Information for staff of disability services](#)

Factsheet 2: [Information for licensed boarding house staff and services](#)

Factsheet 3: [Information for General Practitioners](#)

Factsheet 4: [Breathing, swallowing and choking risks](#)

Factsheet 5: [Smoking, obesity and other lifestyle risks](#)

The Fact Sheets include information about the main causes of death, the key risk factors for people with disability in care, and the steps staff and GPs should take to help people improve health outcomes and prevent death.

ADHC is committed to supporting the Ombudsman in getting the messages contained in the Fact Sheets out to key people.

7 Link to ELMO e-learning module for Risk and Safety

URL: <http://www.elearn.com.au/adhc/goodtogreat>

Username: adhc

Password: goodtogreat

8 Other useful resources

Capacity Toolkit 2008, NSW Attorney General's Department

The Capacity Toolkit is a guide to assessing a person's capacity to make legal, medical, financial and personal decisions.

http://www.diversityservices.lawlink.nsw.gov.au/divserv/ds_capacity_tool.html

Gay and Lesbian Counselling and Community Services of Australia

Telephone: 1800 184 527

Either 5:30pm –10:30pm or 7pm – 10 pm local time (depending on the state the person is calling from).

Family Planning NSW

<http://www.fpnsw.org.au/>

Fact sheets developed by Family planning NSW -

http://www.fpnsw.org.au/486259_8.html

DVD titled "Love and Kisses". It features actors with disability speaking about different aspects of intimate relationships. You can find the DVD at

<http://www.fpnsw.org/products/Love-and-Kisses-DVD.html>

Looking After Me (LAM) Resource Kit.

A kit containing educational tools for women with intellectual disabilities and professionals to better understand domestic violence issues and facilitate skill development in achieving safe and healthy relationships.

http://www.whnsw.asn.au/Looking_After_Me/Resource-Looking_After_Me.htm

People With Disability

<http://www.pwd.org.au/pwda-publications/stop-the-abuse.html>

Policies for People: An Approach to Policies and Procedures for Disability Services, Jim Simpson, Western Sydney Intellectual Disability Support Group, 2002

QLife

A national service that aims to keep LGBTIQ communities connected.

Online chat between 5:30pm and 10:30pm

Telephone: 1800 184 527 between 5:30pm and 10:30pm

<https://www qlife.org.au/>

Queensland Department of Communities

Fact sheets and online resources for preventing and responding to abuse, neglect and exploitation <http://www.communities.qld.gov.au/disability/support-and-services/for-service-providers/preventing-and-responding-to-abuse-neglect-and-exploitation>

Sexual Assault in Disability and Aged Care (NSW)

<http://www.sadaproject.org.au/>

Women's Health NSW

Women's Health NSW is an association of statewide women's health centres and specialist women's centres.

All centres are non-government, community based, feminist services that provide choices for women to determine their individual health needs.

<http://www.whnsw.asn.au/centres.htm>

Women with Disabilities Australia

A transnational human rights and systemic advocacy organisation run by and for women with disabilities.

<http://wwda.org.au/>

NSW Government Agency Guide for Effective Communication for People with a Sensory Disability

A guide to help people communicate more effectively with people who have sensory disability – that is, people who have a hearing impairment and/or a vision impairment. The guide provides information on how to remove barriers that prevent people with disability from accessing everyday information and services that are available to most members of the community. It was initiated following discussions with the NSW Rural Fire Service about effective communication with people with sensory disabilities to ensure they're safe during natural disasters and emergencies.

The *NSW Government Agency Guide for Effective Communication for People with a Sensory Disability* is available online at www.facs.nsw.gov.au/publications.

Emergency Management

The Australian Red Cross provides information to people with disability designed to help them better prepare, respond to and recover from emergencies.

These include:

- [Emergency REDiPlan: Household preparedness for people with a disability, their families and carers](#)
- [Emergency REDiPlan: Household preparedness for people with a disability, their families and carers: Easy English](#)
- [Emergency REDiPlan: Household preparedness for people with a disability, their families and carers: Emergency Work Book](#)

9 My Safety Management Support Plans – Examples

Risk Area or Behaviour	Risk to: Person; Staff; Others	Type of Assessment Necessary to Develop Plans <i>EXAMPLES ONLY – NOT LIMITED TO THESE</i>	Type of Risk Management or Support Plans <i>EXAMPLES ONLY – NOT LIMITED TO THESE</i>
Seizures	Person	<ul style="list-style-type: none"> • Epilepsy seizure charts • Neurology reports • Incident reports 	<ul style="list-style-type: none"> • Epilepsy Management Plan
Aggression toward others Property damage	Person, other people, staff, others (family, community)	<ul style="list-style-type: none"> • Behaviour assessment • Communication assessment • Skills assessment 	<ul style="list-style-type: none"> • Behaviour Support Plan, incorporating: <ul style="list-style-type: none"> ○ Incident Prevention & Response Plan ○ Safe Work Procedures
Dysphagia /choking	Person	<ul style="list-style-type: none"> • Nutrition and Swallowing Risk checklist • GP Assessment • Seating assessment • Speech pathology assessment 	<ul style="list-style-type: none"> • My Nutrition Profile • Mealtime Management Plan • Enteral Nutrition Plan
Diabetes	Person	<ul style="list-style-type: none"> • Medical review; Specialist review • Nutritionist or dietician assessment 	<ul style="list-style-type: none"> • Diabetic Management Plan (GP management Plan)
Child or Young Person - eating inedible objects	Person	<ul style="list-style-type: none"> • Behaviour assessment • Assessment of physical environment 	<ul style="list-style-type: none"> • Behaviour Support Plan • Incident Prevention and Response Plan
Drug and alcohol	Person	<ul style="list-style-type: none"> • Behaviour assessment • Communication assessment • Skills assessment • Medical review 	<ul style="list-style-type: none"> • Behaviour Support Plan incorporating: <ul style="list-style-type: none"> ○ Incident Prevention & Response Plan ○ Skills Development Plan • Safe Work Procedures • My Health and Wellbeing Plan
Refusal to wear seat belt when travelling in vehicles Poor road skills Absconding	Person and others	<ul style="list-style-type: none"> • Behaviour assessment • Skills assessment • Home safety or level of assistance • Incident reports 	<ul style="list-style-type: none"> • Behaviour Support and Intervention Plan incorporating: <ul style="list-style-type: none"> ○ Travel Training Plan ○ Skills Development Plan • Safe Work Procedures, e.g. Transport Management Plan • Supervision Plan
Tripping/ falling	Person, other people, staff	<ul style="list-style-type: none"> • Occupational therapy assessment • Manual handling risk assessment • Incident reports 	<ul style="list-style-type: none"> • Mobility Management plan • Manual Handling • Safe Work Procedures
Manual handling	Person and staff	<ul style="list-style-type: none"> • Occupational therapy assessment • Manual handling risk assessment 	<ul style="list-style-type: none"> • Manual Handling plan • Safe Work Procedures
Criminal activity	Person, other people, staff, others (family, community)	<ul style="list-style-type: none"> • Behaviour assessment • Communication assessment • Skills assessment • Assessment of risk of offending or re-offending 	<ul style="list-style-type: none"> • Behaviour Support and Intervention Plan incorporating: <ul style="list-style-type: none"> ○ Incident Prevention and Response Plan ○ Skills Development Plan • Safe Work Procedures

10 Scenarios

10.1 'Unmanaged' and 'managed risk'

Example 1

Jennifer is a child with disability using respite services who is fed via a tube due to choking risks if she is fed normal foods via the mouth. Jennifer's support team decides that if existing plans are not followed it is either 'likely' or 'almost certain' that she will choke with 'extreme' consequences. Therefore, the 'unmanaged' risk will be assessed as 'critical'. However, despite Jennifer having a PEG tube, a current Mealtime Management Plan containing 'nil by mouth' instructions, and established mealtime procedures in the unit, there is the 'rare' chance that, due to the rotation of people accessing the respite unit and high agency staff or casual staff usage, a support worker unfamiliar with the person may feed Jennifer via the mouth. Therefore, given that the consequence remains as 'extreme' the remaining 'managed' risk will be 'high'.

Example 2

Geoffrey is a young adult male with disability who has recently moved into a group home. He is 187 cm tall and weighs 150 kilograms. He has a history of impulsive behavior and running across roads to get to a shop or something else that has excited his interest. The team supporting him decides that the likelihood of harm occurring if existing plans are not followed is 'likely'. The team then considers the amount and speed of traffic in the areas the person most frequently visits and determines the consequence to be 'major'. Using the Risk Exposure Matrix, the team assesses the 'unmanaged' risk to be 'high'. The team then develops controls, such as, not going out during peak traffic times, parking in places away from major roads and parking close to the entrances of shops or in shopping centre car parks. The stability of the current team and the low casual usage is also regarded by the team as an effective means of managing the risk. These controls lower the likelihood to 'rare' and the consequence to 'moderate' which means that the person's 'managed' risk with plans in place is now 'low'.

We can compare this example to Isabelle, a young woman who lives in a group home and requires complete assistance to move around in her wheelchair. Isabelle mostly visits shopping centres or other places where parking places are away from busy roads. The team supporting Isabelle decides that the likelihood of her being injured in traffic is 'rare' and the consequence are 'moderate'. Therefore, it is assessed that in the absence of any plans the 'unmanaged' risk is 'low'. When the team considers the risk with controls in place it is also determined that the 'managed' risk is also 'low'.

10.2 Duty of care

10.2.1 Donna and John

Donna is a 20 year-old woman with cerebral palsy who lives in a group home with four other people. She uses a wheelchair but is unable to do so without assistance. She also requires assistance with most physical activities, including toileting and eating. Donna loves going to concerts and listening to live music. One day she goes to see an Elvis impersonator with John, a support worker from the

group home. While at the concert, John runs into some of his own friends and goes and talks to them, leaving Donna on her own for about half an hour. During this time Donna continues, quite happily, to watch the concert even though she does not know where John is and cannot see him. Finally, he returns and at the end of the concert they return to her home. As she is getting ready for bed she thinks more about what John has done and becomes angry at his carelessness and lack of responsibility. She makes a decision to contact an advocacy service tomorrow to see if she can take action against John for negligence.

Question: Is John guilty of negligence?

Answer: No, because without injury there is no case for negligence. If Donna had have received an injury she most likely would have had a case against John.

Donna is justified in being angry at John's carelessness and she is within her rights to put in a complaint to the service provider who runs the group home. However, despite the fact that John had a duty of care to Donna and his behaviour did not meet the standard of care required, no harm actually came to Donna as a result of John's actions. Therefore, there is no legal case for negligence.

It is true that harm could have occurred. For example, Donna could have needed to go to the toilet or may have been exposed to danger from which she could not get away. However, Donna would have to demonstrate that something along these lines did happen, not just that it could have happened. There is a difference between actions that are simply irresponsible and those that are negligent. Although irresponsible and careless behaviour can result in disciplinary action against the support worker, they are not in themselves enough to constitute negligence.

10.2.2 Caroline

Caroline is a 48 year-old woman with bipolar disorder. She lives in a group home where support workers are planning a picnic outing to a local park. Caroline has a history of becoming extremely loud and verbally abusive in public and the support workers feels that it would be inappropriate to take her along to the picnic. They feel that Caroline's behaviour is likely to be embarrassing to other people who are at the park and that taking her would be a breach of the service provider's duty of care to the public.

Question: Should Caroline be included in the activity?

Answer: Yes, because the duty that the service owes to Caroline due to her reliance is greater than that which it owes to the other people in the park.

Although the support workers have a duty of care to people in the park, and while they are most likely correct in predicting that Caroline may cause some embarrassment to other people in the park, it is unlikely that this could be seen as outweighing the damage that could be done to Caroline through being constantly denied access to public outings. Her behaviour is not the sort that provides any threat that lies beyond what the average member of the public would be able to deal with quite easily and independently. Caroline is reliant on the service in a way that the public is not.

Comment: A duty of care to the public obviously becomes greater if a person with disability places members of the public at a level of risk that they would not reasonably be expected to put up with. However, support workers need to be careful that they are not placing unreasonable restrictions of the rights and freedoms of the person in order to safeguard the rights and freedoms of others. The law is very strict about the terms under which a person can have their rights or freedoms taken away on the basis of the injuries or damages that they *might* cause to others. Support workers should not use 'duty of care' as a reason for stepping outside what the law allows them to do.

10.2.3 David

David is a 24 year old man who lives in a group home with four others. He has a physical disability and requires support workers to help him manage his home, get up in the morning, bathe, prepare meals and to get ready for bed. David enjoys being outdoors and at his lifestyle planning meeting he told everyone that he wants to be more active. Support workers have noticed that he has always shown an interest in skiing and they obtain information about 'sitski', a system enabling people with disability to ski. They show David some information about it and he indicates that he would like to do it.

Question: Should David be supported to sitski?

Answer: Support workers know there is a risk of injury if David chooses to sitski. They prepare some information about the risks in a format which David can understand. They show this information to David at a meeting with his support network and it is agreed by all that he seems to understand the risks and is prepared to accept them. Support workers keep a record of the discussion and clearly note that everyone believes he is making an informed decision and should be supported to undertake the activity.

Two months later David gets to go skiing with a registered and insured trainer but unfortunately breaks his arm in a fall on the third day.

Question: Are David's support workers guilty of negligence?

When the incident is investigated support workers are able to produce the documentation from the meeting outlining the reasons for the decision. It is determined that David made an informed choice and that staff provided adequate support in relation to his assessed needs. David's disability does not place him in a different position from a person without a disability who chooses to engage in an 'extreme' sport and suffers an injury as a result. The investigation concludes that support workers have followed ADHC's Lifestyle Planning Policy and other relevant policies and that the duty of care to David has not been breached.

The law does not expect support workers to intervene in a person's decisions if that person has the capacity to make those decisions in an informed way. Therefore, there is no case for negligence, even though David suffered a foreseeable injury, because staff were able to demonstrate that David made an informed and voluntary decision to sitski.

11 Case Study

11.1 Geoffrey

Geoffrey is a 39 year old man who lives in a group home with four other people. He has limited language skills and has difficulty letting others know what he wants, but he understands most of what people say to him. Geoffrey uses a wheelchair to move about the house and in the community. During his recent Lifestyle Planning meeting Geoffrey has indicated that he wants to start going to the local takeaway store by himself to buy a hamburger, some chips and a soft drink.

However, those in Geoffrey's support network are worried that he may do this three to four times per week if he is left alone in the home. They are also concerned that because Geoffrey likes meeting people and is very trusting of others he may be at risk of being exploited or hurt by strangers. The Team Leader of the group home where Geoffrey lives wants to support Geoffrey achieve his goal but acknowledges that there are few risks involved here which need to be managed. The Team Leader chooses to use a person centred approach to managing those risks.

11.1.1 Accessing capacity

It needs to be determined whether Geoffrey has the capacity to assess and tolerate the risks associated with his visits to the takeaway. If he does, then it may be the case that no further action is required. If it is clearly established that Geoffrey does not have capacity, then those supporting Geoffrey, his family and friends, need to make a decision which is in his best interests.

11.1.2 Establishing the context

The line manager organises a meeting with Geoffrey, his mother, girlfriend and his main support workers to discuss the risk. They start by establishing the context using the **Clarify the Risk** tool.

Clarify the Risk

Establish the context	
1. Objective	To independently go to the local shops and buy food and drink items.
2. Risk	<ol style="list-style-type: none"> 1. Being alone in the community. 2. Being exploited by others. 3. Becoming unhealthy and overweight.
3. Relevant people consulted, their objectives and perceptions of the risk	Geoffrey's mother, girlfriend and support staff. All those consulted want Geoffrey to continue going to the shops independently but have concerns about his safety and health.
4. Factors within the internal environment	<p>Risk 1: Current staffing levels mean that Geoffrey receives only day a week of focused 1:1 support. On the other days of the week Geoffrey is often left alone while support workers perform their daily duties, including the transport of his housemates to work, shopping etc.</p> <p>Risks 1 & 2: A guiding principle of the <i>FACS Risk Management Framework</i> is to assist Geoffrey to live a full life and to involve him in key decisions to allow him to manage certain risks himself.</p> <p>Risk 2: ADHC's Abuse and Neglect Policy and Procedures state that: "Service providers take reasonable steps to ensure that all paid and unpaid workers understand and perform their roles in preventing abuse of clients by any person." [2.1]</p> <p>Risk 3: ADHC's Health Care Policy recommends:</p> <ul style="list-style-type: none"> • Limit saturated fat, have moderate total fat intake to ensure that vitamins are absorbed; • Choose foods low in salt;

	<ul style="list-style-type: none"> • Consume only moderate amounts of sugars and foods containing added sugars. <p>It also states that: “While clients have a choice about the food they eat, staff have a duty to provide healthy a menu at home.”</p>
<p>5. Factors within the external environment</p>	<p>Risks 1 & 2: Article 19 of the Convention on the Rights of Persons with Disabilities states that Geoffrey has the right to live in the community, with choices equal to others and that his support workers facilitate his full enjoyment of this right and his full inclusion and participation in the community.</p> <p>Risks 1 & 2: The objects of <i>The Disability Inclusion Act 2014</i> include:</p> <ul style="list-style-type: none"> • to promote the independence and social and economic inclusion of people with disability, • to enable people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports and services, <p>The general principles state:</p> <ul style="list-style-type: none"> • People with disability have the right to participate in and contribute to social and economic life and should be supported to develop and enhance their skills and experience. • People with disability have the same rights as other members of the community to make decisions that affect their lives (including decisions involving risk) to the full extent of their capacity to do so and to be supported in making those decisions if they want or require support. <p>Risk 3: The National Health and Medical Research Council’s <i>Australian Dietary Guidelines</i> (2013) states:</p> <ul style="list-style-type: none"> • Limit intake of foods high in saturated fat such as many biscuits, cakes, pastries, pies, processed meats, commercial burgers, pizza, fried foods, potato chips, crisps and other savoury snacks.

	<ul style="list-style-type: none"> • Limit intake of foods and drinks containing added salt. • Limit intake of foods and drinks containing added sugars such as confectionary, sugar-sweetened soft drinks and cordials, fruit drinks, vitamin waters, energy and sports drinks.
6. Tools used to gather information or containing relevant information	Nutrition and Swallowing Checklist and Summary; Weight Chart
7. The specific purpose and setting of the risk management process	To manage the risks associated with Geoffrey going to the local shops and buying takeaway. The risks will mainly be encountered on the way to and back from the shops and whilst at the shops.
8. Specific risk criteria	If Geoffrey is seen to, or it is reported, that Geoffrey has placed himself at risk when crossing the road. When Geoffrey has a Body Mass Index of 'Obese'.
9. Resources, techniques and tools needed	Dietary information in Easy Read format. Staff time to sit with Geoffrey and explain the information to him.
10. Who is the person?	
Strengths	Geoffrey is very motivated to maintain his independence. His receptive language skills generally enable him to understand information presented to him if it is in an appropriate format.
Protective factors	Geoffrey is known and liked in the immediate community. It is very likely that people would come to his aid if needed.
Attitudes	Geoffrey values his independence and tries to do as much for himself as possible. It seems as if he is prepared to accept Risk 1 without support. Further investigation is required to determine his attitude to Risks 2 and 3 and whether he requires assistance to manage the risks.
Relevant history	Geoffrey has a history of going to the shops independently.

11. Where are we now?	
Person's perspective	Working: Being able to go to the shops by himself. Talking to people in the community.
	Not working: Not being encouraged to be more independent.
Family/carer/friend's perspective	Working: Geoffrey going to the shops independently. Geoffrey getting exercise and being a part of the local community.
	Not working: Geoffrey putting on weight which may result in his independence being affected if it becomes too hard for him to move about in the community without help.
Other's perspective	Working: Staff: Geoffrey being supported to maintain his independence.
	Not working: Staff: Geoffrey steadily putting on weight over the last six months. Geoffrey letting a member of the community into the group home.
12. Where do we want to be?	
What will success look like from different perspectives?	The person: Going to the shops whenever Geoffrey wants to. Having money to buy food and drink items.
	Family and community: Geoffrey being free to leave the home whenever he wants to. Geoffrey being a valued member of the community with natural protective supports. Geoffrey being able to have money to purchase healthy foods regularly and less healthy foods once a week.
	Support workers: Geoffrey being able to be a part of the local community independently without compromising his safety. Geoffrey purchasing healthy food options regularly and less healthy food options once a week. Geoffrey maintaining his weight within a healthy range which will increase his ability to be independent both in and out of the group home.
	The organisation: Affirming Geoffrey's right to live a life of his choosing while doing all that is possible to promote healthy lifestyle choices and ensuring his health and safety.

13. What have we tried and learned? (4+1 Questions)

What have we tried?	Encouraging Geoffrey to stay at home while staff are not in the home.
What have we learned?	Geoffrey values his independence and will leave the unit despite recommendations to remain at home while staff are not at his home.
What are we pleased about?	Geoffrey being able to go to the shops and purchase items without staff support.
What are we concerned about?	Geoffrey eating unhealthy foods. Geoffrey putting on too much weight and potential limiting his options.
What do we need to do next?	Develop a range of responses to manage the risks while taking into consideration everyone's concerns, especially Geoffrey's. Develop ways to communicate healthy eating options to Geoffrey. Identify what healthy food options are available at the local stores. Review group home menu plan.

11.1.3 Risk identification

At the meeting, Geoffrey's support network identifies the following risks:

1. Being alone in the community.
 - 1.1. at risk from traffic
 - 1.2. maybe at risk of falling out of wheelchair.
2. Being exploited by others
 - 2.1. may be unfairly treated by shopkeeper
 - 2.2. others at the local shops may steal from him.
3. Becoming unhealthy and overweight
 - 3.1. risk of becoming overweight and developing health conditions such as heart disease
 - 3.2. may develop pressure area sores.

11.1.4 Risk analysis

Risk 1: Geoffrey's mother and girlfriend say that he has been taking himself to the takeaway and local shops for several years. This has involved wheeling himself along a level pathway until the corner where he crosses the road to get to the shops. The team has identified that sometimes the path has branches on it which have fallen from trees in the area which make it hard for Geoffrey to move along the pathway. In his current condition he is able to use the ramps on each corner to get on and off the road when crossing it. Support workers say that Geoffrey seems to have a sense of the dangers faced when crossing the road and he has never been known to do so in a dangerous way. The road he has to cross is also a quiet one. Geoffrey has also never been known to lose his way and his support workers say he seems to have knowledge of his physical environment. It is agreed by those involved in the meeting that, until something changes, Geoffrey is unlikely to be at serious risk of harm from being out in the community alone and going to the shops. They also agree that Geoffrey gains a sense of independence and freedom when he goes out alone and buys what he wants.

Risk 2: Geoffrey's mother and girlfriend believe that the people at the takeaway know what he wants and he has a card in his wallet which has his order written on it just in case. He hands the shop owners a twenty dollar note and they give him the change which he puts back in his wallet. Geoffrey is well known by the people at the shops and is treated nicely by them. He is also known by lots of others in the community, especially those who live near him. The team believes that the shopkeepers would most probably intervene if they saw him being exploited. Therefore, they consider the risk of Geoffrey being exploited at the shops to be quite low but think there is still the possibility that something could occur between the shops and the group home. In both cases, they point out that the level of risk could change, for example, if the shops changed hands or new people move into the neighbourhood.

Risk 3: Geoffrey has been known to go to the shops four times in one week. He has gained five kilos over the last year and on his last visit to the dentist he needed two fillings. The people at the meeting agree that Geoffrey’s frequent visits to the shops are starting to have an undesirable effect on his health. However, the importance of these visits are recognised as being very important to Geoffrey.

Geoffrey’s support team then categorises the ‘unmanaged risks’ (without considering any existing plans) using the Risk Category Table from the My Safety Plan. The example below is determining the category for Risk 3.1 (becoming overweight).

Risk Category Table						
		CONSEQUENCE				
		Insignificant	Minor	Moderate	Major	Extreme
LIKELIHOOD	Almost certain (90%-100%)	Medium	Medium	High	Critical	Critical
	Likely (50%-90%)	Low	Medium	High	High	Critical
	Possible (20%-50%)	Low	Medium	Medium	High	High
	Unlikely (10%-20%)	Low	Low	Medium	Medium	High
	Rare (Less than 10%)	Low	Low	Low	Medium	High

The categories for the unmanaged risks are:

Risk	Likelihood	Consequence	Risk rating
1.1 At risk from traffic	Rare	Moderate	Low
1.2 Falling out of wheelchair	Rare	Moderate	Low
2.1 Exploited by shopkeeper	Rare	Minor	Low
2.2 Exploited by others	Unlikely	Minor	Low
3.1 Becoming overweight	Likely	Moderate	High
3.2 Pressure sores	Possible	Moderate	Medium

11.1.5 Risk evaluation

All those involved in the meeting think that the risks associated with being alone in the community are not likely to cause too much concern. They decide to monitor the risks in case anything changes.

The second area of risk is seen as being of some concern and support workers agree to monitor the situation and establishing some systems to support Geoffrey.

The third area of risk is agreed by all to be of great concern. The risk of Geoffrey putting on too much weight has the greatest potential to impact on his Lifestyle Planning goal and his general health, safety and wellbeing. Everyone agrees to make the management of the risk of becoming overweight the highest priority.

What are the consequences if we do nothing?

Who	General impact	Opportunities lost. What will be missed if we don't support the person to take the risk?
To the person	<p>Potential failure to affirm Geoffrey's rights to freedom and autonomy.</p> <p>Loss of skills.</p> <p>Limited contact with the community.</p> <p>Decline in health and mobility.</p>	<p>Feeling of independence and autonomy.</p> <p>Development of informal support networks.</p> <p>Skills building opportunities, e.g. Stranger Danger, money skills.</p>
To family, friends and carers	<p>Potential isolation of their loved one due to weight increase.</p> <p>Potential need for extra supports due to health concerns.</p> <p>Geoffrey and his girlfriend may have their access to the community restricted.</p>	<p>Opportunities to support Geoffrey to maintain his independence.</p>
To the community	<p>Potential seclusion of Geoffrey.</p> <p>Limited contact with the Geoffrey.</p>	<p>To learn to value Geoffrey as a person.</p> <p>Chance for people to overcome stereotypes about people with disability.</p>
To workers	<p>Potential failure to affirm Geoffrey's rights to freedom and autonomy.</p> <p>Potential failure to comply with the Disability Inclusion Act, the National Standards and the UN Convention on the Rights of Persons with Disabilities.</p>	<p>To further enhance their risk enabling skills and practice.</p> <p>To affirm the rights of Geoffrey as outlined in legislation, standards and human rights instruments.</p>

<p>To the organisation</p>	<p>Potential failure to comply with the Disability Inclusion Act, the National Standards and the UN Convention on the Rights of Persons with Disabilities. Potential endorsement of a risk averse culture.</p>	<p>To affirm the rights of Geoffrey as outlined in legislation, standards and human rights instruments. Opportunity to promote a risk enabling culture.</p>
<p>To anyone else</p>	<p>None identified.</p>	<p>None identified.</p>

Options, Outcomes and Actions

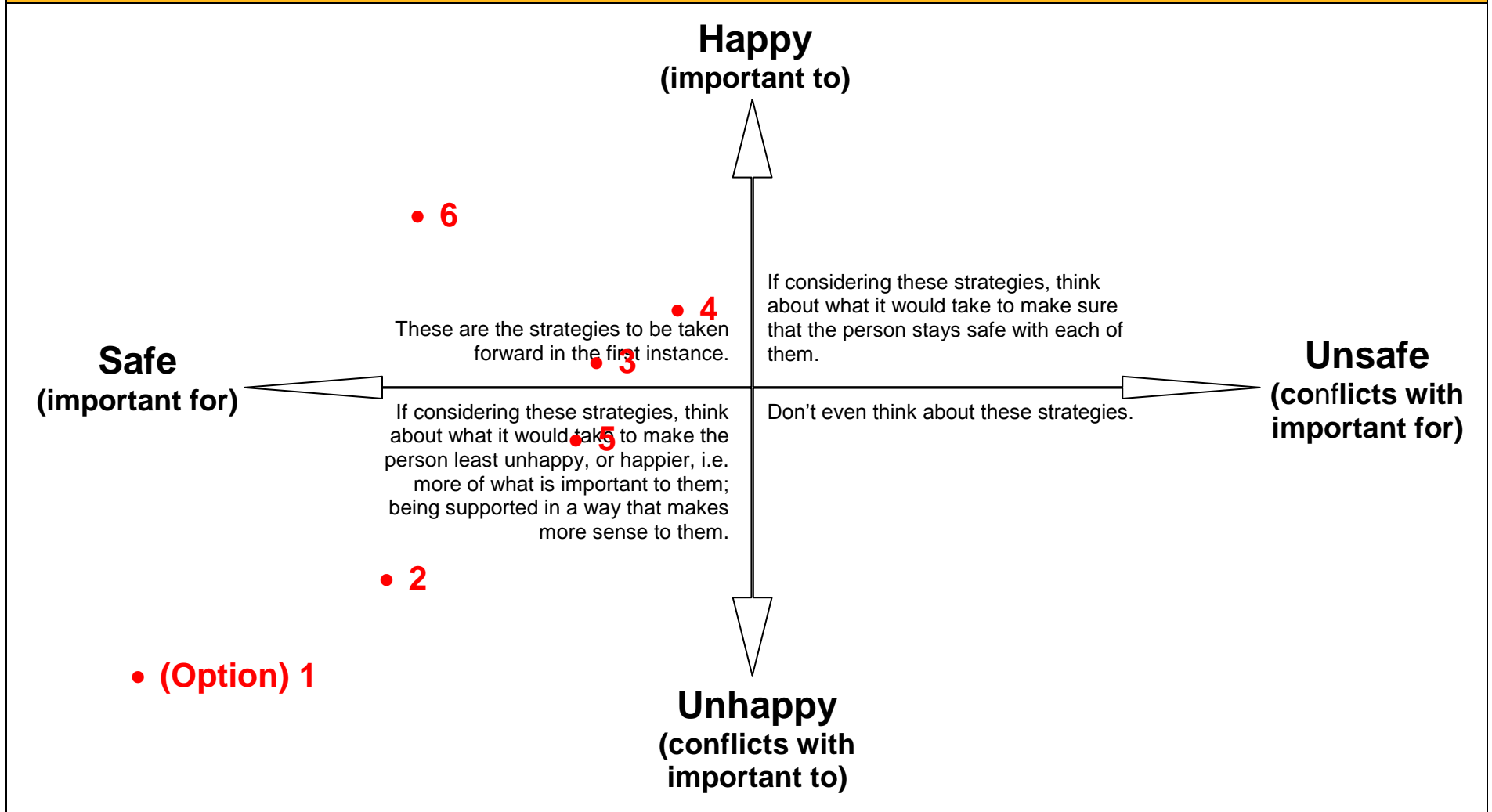
Options		
Option	Reasons for	Reasons against
1. Geoffrey can no longer go to the shops.	The chances of being exploited are significantly reduced. Geoffrey no longer buys as many hamburgers, chips and soft drinks and therefore may lose weight and have fewer fillings.	Geoffrey is denied his freedom and loses his sense of independence as well as his chance to connect with the local community where he is known. He may also start to seek junk food from other sources, for example, from his housemates.
2. Geoffrey's visits to the takeaway and local shops are limited.	Geoffrey's exposure to the risk of exploitation is reduced. He still has some opportunities to buy his takeaway and the amount he may buy has been reduced.	Geoffrey will need to more closely monitored when he is at home and support workers may decide not to leave him at home alone like they used to. This may begin to have an impact on the other people living in the house. Geoffrey may also realise that his visits are being limited making him buy more on each trip to make up for it.
3. Geoffrey can only go the shops with a support worker.	Geoffrey is still able to go to the shops while being kept safe by the support worker.	Geoffrey loses his independence and the activity of going to the shops is limited to times when there are two support workers are on shift, or when Geoffrey's housemates are all out.
4. Geoffrey is taught to change his behaviour to strangers, so that he becomes wary of people he does not know.	Geoffrey maintains his independence and learns self-protective behaviours.	Geoffrey may become fearful of strangers and anxious about going out alone. It may also be hard for him to learn new skills.

<p>5. Geoffrey's money is controlled, so he cannot buy much.</p>	<p>Geoffrey still has the freedom to go to the takeaway and the local shops, and he has a limit set to the amount of things he can buy, for example, either a hamburger or chips but not both.</p>	<p>This could limit Geoffrey's chance of developing the ability to understand the value of money and how to budget for himself. Potential infringement of his human rights if done without RPA approval.</p>
<p>6. Geoffrey is able to go to the shops when he likes but is provided with health education to encourage him to make good food choices. Weight to continue to be monitored on a weekly basis.</p>	<p>Geoffrey is able to retain his independence and make choices for himself. However, he may also choose not to change his habits.</p>	<p>Geoffrey may find it difficult to understand the risks he faces, and his choices may not match what others think is safe or the most appropriate. However, this is the most appropriate response to the risk and the most important course of action. If Geoffrey is unable to understand or learn from this teaching it may be decided that he does not have the capacity to make this decision, and his support network may have to decide for him, in his interests.</p>

<p>Outcome/s</p>
<p>All those present agreed that Option 6 is the best option.</p>
<p>Although Geoffrey has agreed to make his health a priority, he should not be made to feel that this is locked in forever. He may want to later change his priorities and the Clarify the Risk tool should include a description of how support workers can talk through changes in priorities with Geoffrey.</p>

<p>Actions</p>		
Who	To do what?	By when?
<p>Geoffrey</p>	<p>To let his support workers know if anything changes.</p>	<p>Ongoing</p>
<p>Support workers</p>	<p>Develop health education materials in a format Geoffrey can understand and discuss them with him on 1:1 days. Monitor the situation.</p>	<p>Within one month Ongoing</p>

Happy/Safe Grid



My Safety Checklist for Geoffrey

Risk	Risk to person		Risk to others		Lifestyle Planning	Source of information	Support plans
Risk Area	Risk ✓	Unmanaged Risk Category	Risk ✓	Unmanaged Risk Category	Which goal?	Identify supporting evidence (written if possible)	Name of Plan (in place or to be developed)
Health and Wellbeing							
8. Medical Conditions							
f. Skin conditions	<input checked="" type="checkbox"/>	Medium	<input type="checkbox"/>		Going to the local takeaway	General Practitioner	• Pressure Area Care Plan
n. Obesity	<input checked="" type="checkbox"/>	High	<input type="checkbox"/>		Going to the local takeaway	General Practitioner Weight charts	• Mealtime Management Plan • Physical Activity Plan
11. Accidental Movement							
e. Falling, tripping	<input checked="" type="checkbox"/>	Low	<input checked="" type="checkbox"/>	Low	Going to the local takeaway	Incident reports	• Manual Handling Plan • Mobility Management Plan

NOTE: Rows have been removed for the purpose of providing this example. They are to remain in all actual My Safety Checklists.

My Safety Management Plan for Geoffrey

Risk Area	Unmanaged Risk Category (without plans or if plans are not followed)	Conditions (Indicators/Triggers)	Means of Prevention	Management/Support Plans (include dates implemented/ reviewed and location)	Managed Risk Category (when plans are followed)
8n. Obesity <ul style="list-style-type: none"> Geoffrey is at risk of becoming overweight due to frequent purchases of takeaway. 	Cat 2 High	<ul style="list-style-type: none"> Geoffrey enjoys going to the local takeaway independently and a hamburger, chips and a soft drink. Geoffrey will do this when support workers are away from the home. 	<ul style="list-style-type: none"> Hold weekly discussions with Geoffrey on his 1:1 day about healthy eating options using health information in appropriate format. See Mealtime Management Plan See Physical Activity Plan 	<ul style="list-style-type: none"> Refer to dietitian if Geoffrey's weight continues to increase. Mealtime Management Plan <ul style="list-style-type: none"> Dev: 02.04.2014 Rev: 01.07.2014 Kitchen Physical Activity Plan <ul style="list-style-type: none"> Dev: 14.06.2014 Rev: 10.09.2014 Green personal active folder 	Cat 3 Medium
8f. Skin condition <ul style="list-style-type: none"> Geoffrey is at risk of developing pressure area sores on his buttocks, legs and feet. 	Cat 3 Medium	<ul style="list-style-type: none"> Geoffrey has a history of decubitus ulcers (pressure sores). See Pressure Area Care Plan 	<ul style="list-style-type: none"> See Pressure Area Care Plan 	<ul style="list-style-type: none"> Organise visit to general practitioner at first indication of pressures sores. Pressure Area Care Plan <ul style="list-style-type: none"> Dev: 07.05.2014 Rev: 01.08.2014 Green personal active folder 	Cat 4 Low
11e Falling: <ul style="list-style-type: none"> Geoffrey is at risk of falling out of his wheelchair during daily 	Cat 4 Low	<ul style="list-style-type: none"> Geoffrey uses a wheelchair for mobility both inside and outside of his home. See Mobility Management Plan. 	<ul style="list-style-type: none"> See Mobility Management Plan. See SWP – Manual Handling Plan. 	<ul style="list-style-type: none"> Manual Handling Plan <ul style="list-style-type: none"> Dev: 14.04.2014 Rev: 08.07.2014 Green personal active folder 	Cat 4 Low

Risk Area	Unmanaged Risk Category (without plans or if plans are not followed)	Conditions (Indicators/Triggers)	Means of Prevention	Management/Support Plans (include dates implemented/reviewed and location)	Managed Risk Category (when plans are followed)
activities. <ul style="list-style-type: none"> • Others may be injured assisting Geoffrey back into his chair in the event of a fall. 		<ul style="list-style-type: none"> • See Manual Handling Plan 		<ul style="list-style-type: none"> • Mobility Management Plan <ul style="list-style-type: none"> ○ Dev: 15.04.2014 ○ Rev. 08.07.2014 ○ Green personal active folder 	