Risk & Vulnerability Procedure

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Owner:	Colin Phillips	**Job Title:**	Assistant Director – Care & Support
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Version Control

Date	Owner	Version	Reason for Change
Sept.2020	**Nikki Fildes**	**2.1**	**Change time scale for assessment completion**
Apr. 2020	**Lesley McDonough**	**2.0**	**New procedure template**

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Contents

1.0 Introduction

Risk-taking is an important part of building confidence and raising self-esteem. The ability and opportunity to take risks and learn from them is important in the development and maintenance of skills, abilities and relationships.

The people we support have the right to self-determination; they can make choices and decisions about their own lives. We will uphold this right while ensuring we meet our professional and organisational duty to care.

We will advise the people we support about the potential risks and benefits to their decisions and choices, support individuals to make informed choices and seek to manage, reduce or eliminate risks.

1.1 Relevant Policies and Procedures

This procedure is aligned with **CS04 Risk & Vulnerability**
It should be read and understood in conjunction with:

- HS01 Health & Safety
- HS03 Risk Assessment
- G36 Keeping People Safe
- G57a Adult Support & Protection
- CS05 Support with Money
- CS06 Reducing Restrictive Practice
- CS17 Behaviour of Concern

2.0 Heading

Our approach to managing risk is human-rights-based. This means using the PANEL principles described by the Human Rights Commission (SHRC, 2020):

P – Participation

A – Accountability

N – Non-discrimination

E – Empowerment

L – Legality

We will frame risk assessment within a person-centred practice model, incorporating underlying human rights' principles of fairness, equality, respect, dignity and autonomy.

3.0 Understanding risk and positive risk-taking

3.1 Risk

Risk is the probability that an event will have either beneficial or negative outcomes for an individual or others with whom they come into contact.

While risk-taking is usually thought in terms of damage, loss, threat or injury; it can have positive effects.

While an individual may take risks on their own, supported people may have limited or no understanding of the consequences of these risks. This means we may be held accountable for harm to them or others as a result of taking these risks.

3.2 Balance

We have a legal duty to implement a 'suitable and sufficient' risk assessment (Management of Health and Safety Regulations, 1999). We owe a duty of care to our employees and to the people we support.

We must balance these duties against the wishes of supported people to take part in everyday activities and exercise their right to make choices.

Risk assessments must consider the benefits of taking the risk, in addition to dangers

3.3 Positive Risk taking

This is the idea that 'measuring risk involves balancing the positive benefits gained from taking risks against the negative effects of attempting to avoid risk altogether' (Morgan and Williamson, 2014)

Morgan (2004) explains that it should identify both the potential risks involved and the positive potentials and stated priorities of the individual. It should involve using available resources and support to achieve desired outcomes. It should be a carefully thought out strategy for managing a specific situation or set of circumstances.

4.0 Planning and Assessing

Care & Support staff will support individuals to identify their personal outcomes through ARK's Good Life support planning process. Person-centred planning tools may be used to support the individual to be involved in this process. Other relevant people may also be part of identifying outcomes; for example family, the care manager or a welfare guardian.

A Risk & Vulnerability Assessment must be completed for every individual. This will identify any risks, and the support needs of the individual relating to that risk. It must be completed before the service to the individual starts. It may be reviewed for accuracy during the first 6 weeks of the service.

Failure to support an identified risk may result in disciplinary action

We will work in collaboration with the individual to identify these risks. This aims to promote independence, and uphold the individual's right to self-determination. This means there may be a conflict between the individual's and their support team's threshold of acceptable risk.

We will provide information to the individual in an accessible, person-centred format to enable them to make an informed decision about the risk.

With the agreement of the supported individual, we will work in collaboration with family members and/or relevant agencies in assessing and addressing risks.

Any risk that cannot be supported – or managed through Good Life support planning – must be recorded on a Risk Management Plan.

ARK's Risk & Vulnerability Assessment (Appendix 1) and Risk Management Plan (Appendix 2) templates must be used.

Services that use AIMS (ARK Information Management System) should note that the Risk & Vulnerability Assessment and Good Life Support Plan are merged on the system. This must be completed in full for all supported people.

Services that use AIMS should note that the Risk Management Plan template follows the same format as services still using paper forms.

All services will eventually migrate to AIMS, at which time the Risk & Vulnerability Assessment template in Appendix 1 will cease to be used.

Further guidance on completing the Risk & Vulnerability Assessment is contained in Appendix 3.

5.0 Capacity

Adults are presumed to have capacity until proven otherwise. This means that supported people have the right to make their own choices unless there is a legal order in place restricting them.

If there is concern that an individual does not have capacity to make a decision – or there is no welfare guardian or other legal representative with the power to make the decision on their behalf – the Care & Support Manager must raise this with the relevant Health & Social Care Partnership.

While an assessment of capacity is undertaken, decisions relating to risk-taking should be made by a multi-disciplinary team (to include the individual and their family), with a minute taken stating the decision made and reasons why.

Any intervention made by the multi-disciplinary team must follow the principles of the Adults with Incapacity (Scotland) Act 2000

5.1 Adults with Incapacity

If an individual does not have capacity and a legal guardian has been appointed, the guardian may only make decisions relating to the powers detailed in their guardianship order. This includes: welfare and financial guardians, continuing power of attorney, welfare attorney, financial appointee or corporate appointee.

Good Life documentation must contain a copy of the guardianship order to ensure appropriate permission is sought for risk-taking relating to a decision-making power a guardian holds.

Legal guardians must sign any documentation relating to decisions that they have exercised on behalf of the supported individual, as the responsibility for that choice rests with the guardian.

5.2 Restrictive Practice

Some risk-management measures may amount to restrictive practice, in that they limit the individual's human rights; for example, keeping medication in a safe the individual cannot access. Written consent for the restrictive practice must be sought from a guardian, or the multi-disciplinary team. Any restrictive practice must be recorded in the restrictive practice log, see: **CS06 Reducing Restrictive Practice**

5.3 Reviews

The Risk & Vulnerability Assessment must be reviewed at least every 6 months and there must be written evidence to show that the review has taken place. It must be signed and dated on completion by the Care & Support staff member. Where there are no changes to the assessment, this must still be documented and signed. Failure to review may result in disciplinary action.

If an individual's support needs change between reviews, all Good Life documentation must be updated to reflect this.

6.0 Implementation and Review

6.1 Implementation

Care & Support Managers/Registered Operations Managers are responsible for the implementation of these procedures by their Care & Support staff teams.

6.2 Review

ARK Area Managers' group is responsible for the review of these procedures, at least every 3 years. Any changes to the associated policy (**CS04 Risk & Vulnerability**) as a result must be submitted to the Board of Management for approval.