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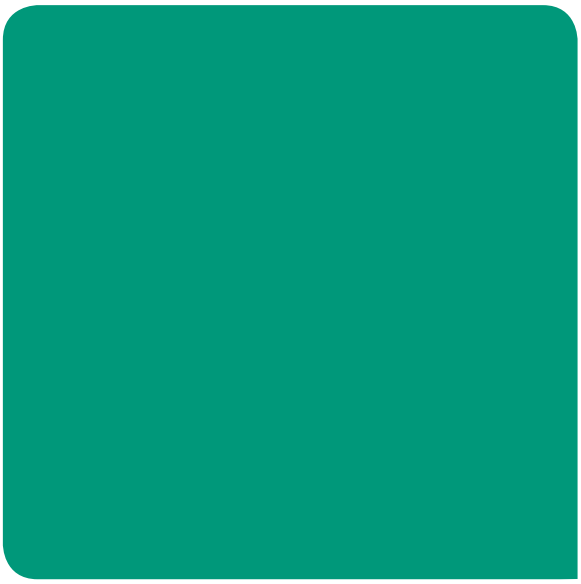
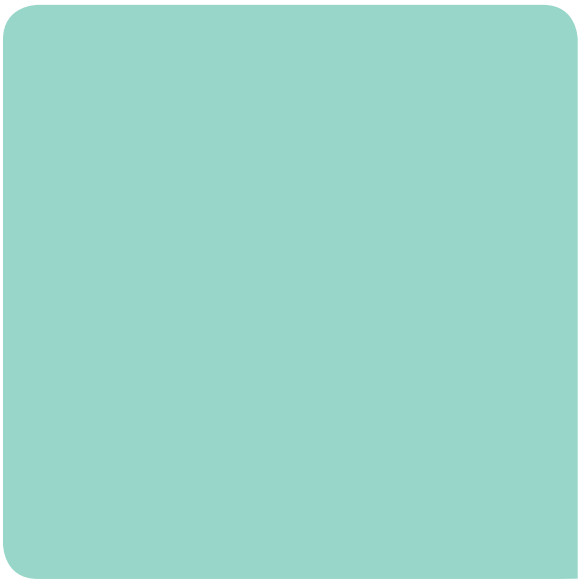
Enabling risk, ensuring safety: Self-directed support and personal budgets





social care
institute for excellence

Enabling risk, ensuring safety: Self-directed support and personal budgets

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Executive summary

> The effective integration of safeguarding and personalisation contains the seeds for a transformation of care, not just the prevention of abuse and neglect. (Warin, 2010, p 42)

This report looks at some of the research findings and emerging principles and practice concerning risk enablement in the self-directed support and personal budget process while also recognising the wider context of adult safeguarding in social care. The aim is to build an evidence base drawn from both research and practice to indicate what could work to promote risk enablement, independence and control while at the same time, ensuring safety.

The personalisation agenda (Carr, 2010) seeks, among other things, to give people more choice and control over their social care and support services to enable them to lead more independent and fulfilling lives. One approach is to give people a personal budget, which includes the option to have a direct payment or managed budget, as the individual chooses.

The promotion of choice and control, particularly through the use of personal budgets and direct payments, implies the need for change in the way risk is understood, managed and negotiated with the person using the service. It also implies the need for organisational transformation to respond to new person-centred ways of working in all aspects of adult social care, including safeguarding. Adult safeguarding shares the underlying principles of personalisation – empowerment, autonomy and independence – which implies the need for it to be fully incorporated into adult social care transformation so that services focus on the person rather than the process.

Key messages from the research

For organisational transformation and culture change

- The promotion of choice and control implies the need for changes in the way risk is understood, managed and negotiated with people using services. This is particularly relevant in the use of self-directed support and personal budgets or direct payments. It also implies the need for organisational change to respond to new person-centred ways of working.
- Risk enablement should become an integral part of the transformation of adult social care into a system which puts the person in control. It cannot be a 'bolt-on' solution to existing systems which do not have the person at the centre.
- Personal budgets have sometimes been misunderstood, leading to the idea that people will be left unsupported in organising their own services and will have to take full responsibility for managing risk alone. Practitioners may not be confident about sharing responsibility for risk if their organisation does not have a positive risk enablement culture and policies.
- A supportive system is one which clearly incorporates self-directed support with safeguarding policy and practice, abuse detection and prevention. Risk

enablement and safeguarding training for staff, people using services, carers and families is important.

For frontline practice

- There is evidence that social work skills and relationship-based working with the person using the service are required, both to promote risk enablement as part of self-directed support and to detect and prevent abuse as part of safeguarding.
- Practitioners need to be supported by local authorities to incorporate safeguarding and risk enablement in their relationship-based, person-centred working. Good quality, consistent and trusted relationships and good communication are particularly important for self-directed support and personal budget schemes.
- Research evidence has shown that corporate risk approaches can result in frontline practitioners becoming overly concerned with protecting organisations from fraud when administering direct payments. This reduces their capacity to identify safeguarding issues and enable positive risk taking with people who use services.
- Emerging research suggests that a rebalancing of social work resources towards frontline activity with people using services, their carers and families could enhance overall organisational risk management and safeguarding.
- 'Positive risk taking' or 'risk enablement' is central to the philosophy behind self-directed support and personal budgets, but social care practitioners can be concerned about how to both empower the individual and fulfill their duty of care. However, research shows that risk management dilemmas are an inherent part of social work practice and existed well before the recent reforms associated with personalisation were clear.

For people who use services, their carers and families

- With the support of frontline staff, people using services should be enabled to define their own risks and empowered to recognise, identify and report abuse, neglect and safeguarding issues. Communication which supports risk enablement and safeguarding should be led by the language and understanding of the person using the service. This approach should be a core part of self-directed support, including assessment and regular review of outcomes.
- Informed choice is vital for risk enablement. Personal budget holders need access to information and advice about safeguarding, employment, legal aspects, reporting, peer support and accredited people and organisations.
- The views of people who use services are largely absent in the literature and there are very few research studies and evaluations of risk management systems and interventions. More research on how practitioners 'do' risk is also needed.
- Certain studies, particularly those about older people and people with learning disabilities, show that some people who use services may withhold information on 'risk taking' from the practitioner or their families in order to remain independent and in control of their own decisions.
- Being risk averse has resulted in some frontline practitioners making decisions about direct payments for people based on generalised views about the capacity or 'riskiness' of certain groups (particularly people with mental health problems).

This has been done without adequate engagement with the individual or understanding of their circumstances.

Lessons from emerging practice

As self-directed support and personal budgets are being implemented, innovative practice is being developed showing risk enablement while ensuring safety. Risk enablement practice has not yet been evaluated, but still shows approaches to promoting independence, choice and control and enabling positive risk taking while maintaining the balance with duty of care and ensuring people stay safe.

- All risk enablement approaches should be person-centred and focus on the perspectives and understandings of the person using the service (and their carers and family, where appropriate). People may be at risk if they become lost in a complex, over technical 'risk management' process which does not listen to their voices or account for their individual situations: 'Person-centred planning approaches identify what is important to a person from his or her own perspective and find appropriate solutions. We commend person-centred approaches for everyone' (DH, 2007a, p 2).
- Social workers and frontline social care practitioners need to be supported by organisational cultures and systems. These should allow them to spend time with the individual and to focus on their safety concerns and achieving their chosen outcomes rather than going through unnecessary auditing processes. Duty of care means supporting an individual to achieve their chosen outcomes while staying safe.
- Personalisation and adult safeguarding practice and policy need to be more closely aligned and inform each other. They should be underpinned by the principle of person-centred practice and the promotion of choice, control, independent living, autonomy and staying safe. A shared adult 'personalisation and safeguarding framework' can support this. This should be developed by all those involved, including adult safeguarding leads and stakeholders, people who use services and their organisations, social workers and personalisation leads.
- Local authorities and social care providers need to foster a culture of positive risk taking which will support frontline practitioners to work in a risk-enabling way with the person using the service.
- Social work skills are particularly important for risk enablement and safeguarding in self-directed support. These include helping people assess, manage and take appropriate risks, and as local authorities move away from excessively risk-averse policies and procedures, assisting with more person-centred ways of managing risk' (Tyson et al, 2010, p 69).
- Positive risk taking and safeguarding needs to be an integral part of the self-directed support process, including support planning and review and decisions on how best to manage a personal budget.Risk enablement panels are beginning to emerge as a way of helping with challenging or complex decisions that may arise as part of signing off a person's support plan. They show how local authorities implement self-directed support and personal budgets in ways that empower individuals while ensuring risks are managed and responsibility is clear. The emphasis is on shared decision making that supports person-centred frontline practice and improves practitioner confidence. Duty of care decisions can be made in a shared and informed way, with transparent, shared responsibility.

1 Introduction

This report looks at some of the research findings and emerging principles and practice concerning risk enablement in the self-directed support and personal budget process while also recognising the wider context of adult safeguarding in social care. The aim is to build an evidence base drawn from both research and practice to indicate what could work to promote risk enablement, independence and control while at the same time, ensuring safety.

The report includes an overview of findings from the recent UK and international literature relating to risk enablement and safeguarding in the context of self-directed support and personal budgets. The focus is on facilitating good frontline practice and the promotion of choice and control. The research identified covered older people, people with physical or sensory disabilities, people with learning disabilities and people with mental health problems. It builds on the findings from *SCIE Research Briefing 20: The implementation of individual budget schemes in adult social care*, which showed that 'perceptions of risk, legitimate use of public funds and concerns about safeguarding and duty of care need to be debated as research is showing that these are potential barriers to implementation' (Carr and Robbins, 2009).

The aim of this report is to explore what research is beginning to say about overcoming some of the barriers to personalisation and how people and organisations are beginning to approach the task in practice. It does not, however, explore wider concerns associated with personalisation such as the social care market and support infrastructure, supply and demand issues, regulation and concerns about personal assistants (PAs).

While this report does not constitute guidance or advice on safeguarding issues, it is intended to provide an outline of – and signpost to – some of the most recent research and emerging documented practice for all those interested in the growing knowledge about risk enablement, safeguarding and frontline practice in the context of personalisation. The findings and practice points presented here give an indication of new and potentially efficient and effective ways of working that are person-centred and consistent with the principles of personalisation.

The research review that was undertaken for this report was carried out using the SCIE research briefing Methodology (available at www.scie.org.uk/publications/briefings/methodology.asp). The information is drawn from relevant electronic databases, online sources, journals and texts, and where appropriate, from alternative sources such as inspection reports and practice accounts. It does not provide a definitive statement of all the evidence on the issue.

2 The issue

The personalisation agenda, as outlined in the *Putting People First* concordat (HM Government, 2007), seeks, among other things, to give people more choice and control over their social care and support services to enable them to lead more independent and fulfilling lives. One approach is to give people a personal budget, which includes the option to have a direct payment or managed budget as the individual chooses. The promotion of choice and control, particularly through the use of personal budgets and direct payments, implies the need for changes in the way risk is understood, managed and negotiated with the person using the service. It also implies the need for organisational transformation to respond to new person-centred ways of working in all aspects of adult social care, including safeguarding.

There is a clear need to balance empowerment and protection, self-determination, independent living and safeguarding. How risk is recognised, negotiated, managed and enabled is a key part of changing practice, particularly regarding the self-directed support and personal budget process. Research shows that these types of risk management dilemma existed within community social work well before the recent reforms associated with personalisation were clear (Stalker, 2003; Taylor, 2006; Mitchell and Glendinning, 2007). Concerns about abuse and neglect in institutional and hospital settings existed long before the National Health Service (NHS) and Community Care Act 1990, and a series of inquiries into institutional abuse influenced the progress towards independent living and personalisation (Butler and Drakeford, 2005; Johnson et al, 2010).

In a 2005 report, the former Disability Rights Commission (now part of the Equalities and Human Rights Commission) called for risk management in community settings to be person-centred and proportionate:

> … the purpose of risk analysis and management is to open up opportunity and to enable progress to be made with greater certainty, and this applies to disability just as much as in other key areas of modern life. However … the sensible management of risk [can] frequently turn into wholly disproportionate steps to completely eliminate risk, leading to diminished opportunities across life. (DRC, 2005, pp 3–4)

Similarly, in the context of the personalisation agenda, the Department of Health has noted that:

> *Putting People First* is clear that one of the core components of a personalised system is an effective and established mechanism to enable people to make supported decisions and it needs to be acknowledged that safeguarding policies have resulted in experience and learning which needs to be built in public services. It also needs to be recognised that organisations and professionals need to move away, wherever possible from making decisions for people and towards a role that informs, facilitates and empowers people to think about how they wish to live their lives. (DH, 2008, p 22)

This statement from the Department of Health recognises and outlines one of the inherent challenges in the principle of personalisation and its implementation through schemes like personal budgets.

Following the IBSEN study that piloted a version of personal budgets (called individual budgets) in 13 English local authorities, both the researchers and the Department of Health identified risk and risk management as issues that needed addressing:

> The goal is to get the balance right moving away from being risk averse while still having appropriate regard for safeguarding issues. (DH, 2008, p 23)

Increasingly it is recognised that personalisation and safeguarding in adult social care should work together in a complementary way to support and empower people. Both have shared principles about promoting independence and control:

> Adult safeguarding incorporates the concepts of prevention, empowerment and protection to enable adults who are in circumstances that make them vulnerable, to retain independence, well-being and choice and to access their right to a life free from abuse and neglect. (Julian, 2009, p 2)

2.1 Balancing risk, choice and control

Personalisation implies increased choice and control, with social care and support tailored to the individual, and is consistent with the idea of the 'expert patient' in health. To balance this with safeguarding, some commentators have recognised that the promotion of independence needs to be balanced carefully against the duty of statutory services to ensure that vulnerable adults are adequately protected from abuse (Fyson, 2009). The associated challenges facing people using, commissioning and providing services were summarised in the former Commission for Social Care Inspection (CSCI) briefing, following consultation with people using services:

> Empowering individuals was seen by many people to be a central, crucial factor in safeguarding. Having choices and being able to exercise one's right to make informed decisions about the risks one takes is important for all adults. Balancing risk and choice is often a delicate issue.... (CSCI, 2008)

2.2 Personal budgets and direct payments

The introduction of personal budgets, the use of direct payments, the planned personal health budgets for people with long-term conditions and the Office of Disability Issues (ODI) 'Right to Control' trailblazer pilots (ODI, 2009) have all given rise for concern among practitioners and promoted further debate about balancing safety and autonomy.

However, some concerns about risk and personal budgets have been shown to stem from the misconception that personal budgets are cash payments (Glendinning et al, 2008a), and that people needing social care and support will be left to organise their own services. The main study on a form of personal budget (formerly known as the individual budget) in England (the IBSEN study) found that 'often the expectation was

that individual budgets would take the form of direct [cash] payment and concerns were often expressed about this. To the extent that for some service users the individual budget could take the form of a more flexible care managed budget some of these concerns could be addressed' (Glendinning et al, 2008a, p 172). This shows that it is crucial for all stakeholders to be clear that personal budgets can be taken and managed in a number of different ways (Carr, 2010).

In addition, misunderstandings about the principles and practice of 'independent living' can impact on common conceptions of aspects of personalisation being 'risky' (Stuart, 2006; Anon, 2008), as can a lack of clarity about the personal budget option being unsuitable at times of crisis or as a response to crisis (Ottmann et al, 2009a, p 72).

3 The importance of balancing risk, choice and control

There are three main factors that make the issue of safeguarding and risk important to debates about the development of personalised services. The first is the possibility of increasing risks (both positive and potentially negative) for sections of the population who have already been demonstrated to be at risk of abuse or neglect (see DH, 2007b). National evidence about risk of abuse, neglect or fraud is at a very early stage, as personal budgets are yet to be established as a standard option. The Department of Health's response to the IBSEN report comments that the research does not present *evidence of increased risk* as a direct result of personal budget introduction. Equally, it does not demonstrate that none exists, so monitoring and research should continue as personal budgets are implemented further. Regarding progress on mainstreaming self-directed support, the Association of Directors of Adult Social Services (ADASS), along with other implementation bodies, noted:

> While safeguarding is frequently raised as an issue, there is so far no evidence that people taking up self-directed support, including direct payments, are at greater or lesser risk of harm. There is clearly a need to ensure that the move to self-directed support is accompanied by better ways to identify and manage risks.... (DH/ADASS, 2009, p 10)

Secondly, there is a possibility that current debates on personalisation, risk and safeguarding may make people using services and/or their families or carers reluctant to take advantage of new opportunities for independence, choice and control. Raising local awareness of the opportunities offered by personalisation, together with offering the resources, time and effort which supported decision making implies (see Clark et al, 2005, cited in Mitchell and Glendinning, 2007, p 23), are both tasks facing local authorities as well as user-led organisations and the third sector. Research shows the importance of developing support services delivered by independent user-led peer support and advocacy organisations (Arksey and Kemp, 2008; Carr and Robbins, 2009) and community-based voluntary sector agencies, particularly for people from minority groups (such as black and minority ethnic older people), which have been shown to play an important part in enabling people to take risks to increase their independence as well as acting as sources of support and advice on keeping safe (Manthorpe and Bowes, 2010).

Finally, risk aversion on the part of social care practitioners (often motivated by concerns about mental capacity and physical risk) have been documented by research and precede recent developments associated with personalisation (see Mitchell and Glendinning, 2007, chapter 4, for a summary of the main studies). This may have implications for the implementation of personal budgets and self-directed support. Genuine concern for the safety of groups seen as 'vulnerable' may be legitimate, unless it denies the people concerned their rights to dignity, choice, control and self-determination or is based on assumed or perceived risk solely on the part of the practitioner. Such concern should be soundly based on knowledge of each individual's wishes, needs, strengths, circumstances and support networks. Risk aversion has been found to vary according to whether or not explicit policies, training

and leadership exist which promote a positive, informed approach to risk taking and management. Denying opportunities to people using services out of ignorance, general assumptions, 'being on the safe side' or simply because of fears of criticism or liability is not legitimate practice.

A significant proportion of discussion concerning the implementation of personal budgets in England has focused on different aspects of risk and safeguarding. Research such as the IBSEN study (Glendinning et al, 2008a) provide evidence of apprehension about risk, safeguarding and personal budgets among social care practitioners and local authority officers. Local authorities and service providers are concerned about how duty of care and safeguarding responsibilities can sit within an approach to social care provision designed to strongly increase individual choice and control for the person using services. To promote choice and control, 'positive risk taking' or 'risk enablement' is central to the philosophy behind personal budgets, but staff may be anxious about transferring responsibility to, or sharing responsibility with, the individual if they do not feel confident to do so. This is despite the fact that even if an individual is arranging and purchasing their own support, the local authority still has the duty to monitor and review the outcomes of the support (Schwehr, 2010). Evidence from direct payment deployment has suggested that frontline practitioners have sometimes made generalised decisions based on assumptions about the capacity of certain groups when deciding whether to offer the direct payment option. These groups include older people, people with learning disabilities and people with mental health problems (Carr and Robbins, 2009).

4 Personalisation and adult safeguarding: the current situation

Some of the evidence discussed in this report suggests that a greater integration of adult safeguarding and personalisation policy and practice is needed so that people using services can determine their own support and work with social care and safeguarding practitioners to keep them safe and supported. Adult safeguarding activity should be underpinned by personalisation; as ADASS notes, safeguarding adults refers to all work which enables an adult 'who is or may be eligible for community care services' to retain independence, wellbeing and choice and to access their human right to live a life that is free from abuse and neglect. According to LGID:

> 'Safeguarding' is a range of activity aimed at upholding an adult's fundamental right to be safe at the same time as respecting people's rights to make choices. Safeguarding involves empowerment, protection and justice. (Williams, 2010, p 4)

4.1 Policy

Developments in personal budgets and personalisation in the UK are taking place at the same time as a government review of current safeguarding guidance designed to 'protect vulnerable adults from abuse' (DH and Home Office, 2000). The term 'vulnerable adult' is itself under review. Until new government guidance is available, the key guidance for this area of work in England remains *No secrets* (DH and Home Office, 2000). This was the first national policy developed for safeguarding adults, for use by all health and social care organisations and the police service. The guidance, issued under Section 7 of the Local Authority Social Services Act 1970, centres on local multi-agency arrangements. The implementation of the guidance is led by local authorities, but there is a strong emphasis on multi-agency working though local Safeguarding Partnerships. At present adult safeguarding is based on guidance rather than having a legal or statutory framework (Schwehr, 2010).

In 2005, the then Association of Directors of Social Services (ADSS) published *Safeguarding adults* (www.adss.org.uk/publications/guidance/safeguarding.pdf), which provided a safeguarding framework aimed at good practice and good outcomes. It built on *No secrets* to develop a set of good practice standards that together were intended to be used as an audit tool and guide by all those implementing safeguarding adults work. Many local authorities have based their local policies and procedures within this framework. The current ADASS has subsequently produced documentation on personalisation and safeguarding, emphasising the need for person-centred risk assessment and risk management and for effective support structures and complaints processes (ADASS, 2008).

A range of other recent health and social care policy developments has influenced the operation of the multi-agency arrangements set out in these documents. The Dignity in Care campaign, for example, emphasised the fact that 'high quality' in health and social care services requires a person-centred approach which respects the dignity of the individual who uses them. A crucial step towards achieving dignity is

ensuring that local providers across health and social care understand the significance of human rights legislation and its implications for adults at risk in all care settings (Cass et al, 2009). The campaign gave rise to a series of initiatives, including the establishment of a network of Dignity Champions at local level (DH, 2009b). Since the original *No secrets* definitions linked 'vulnerability' or risk of abuse to an actual or possible need for social care and support, implications of the use of the revised guidance for determining eligibility for social care and support services, Fair Access to Care Services (FACS), is also relevant here (Brand et al, 2010). If an abusive situation is threatening an individual's safety and autonomy, this indicates a substantial or critical need for support.

Wider debates – about the adequacy of child protection systems (Fish et al, 2008), the role and capacity of the state to 'care' and keep safe, responsibility for the future funding of care for older people, economic constraints and the need for efficient and effective public services, the pressure to reduce expensive bureaucracy, the personalisation agenda and an individual's rights to choice and control – all impact on the context in which adult safeguarding is currently being reviewed.

4.2 The *No secrets* review

The report of the consultation on safeguarding adults was published in July 2009 (DH, 2009a). The report drew attention to a 'vision of an inclusive society with opportunities and justice for all', exploring a future for adult safeguarding that is empowering and person-centred, preventive and wide-ranging. A response to the consultation is currently in development but the key messages from people who use services on safeguarding and personalisation were:

- Safeguarding must be built on empowerment – or listening to the victim's voice. Without this, safeguarding is experienced as safety at the expense of other qualities of life, such as self-determination and the right to family life.
- Everyone must help to empower individuals but safeguarding decisions should be taken by the individual concerned. People wanted help with options, information and support. However, they wanted to retain control and make their own choices.
- Safeguarding adults is not like child protection. Adults do not want to be treated like children and do not want a system designed for children
- The participation/representation of people who lack capacity is also important. (DH, 2009a, p 6)

4.3 Principles and practice

The activities of adult safeguarding have been set out as follows:

- Prevention and awareness raising

  Ways to improve the general wellbeing of everyone, to support communities to 'look out for each other' and to enable the public and the full range of professionals and volunteers to know what to do if they think that someone may be being harmed or abused.

- Inclusion

  Activities directly designed to ensure that providers of community safety activities and other services are alert to and include 'vulnerable' adults and that they identify and support people who are for one reason or another vulnerable to poor life circumstances and outcomes from services.

- Personalised management of benefits and risks

  Specific action to identify and support people to protect themselves and make informed decisions about action when they are suffering or likely to suffer harm ie direct or serious physical, emotional and sexual abuse, neglect and exploitation. Support to enable people to manage risks and benefits when they are organising or receiving adult social care services.

- Specialist safeguarding services

  Specific action to ensure that people who have (or may have) experienced harm or abuse are enabled to protect themselves or involved in decision making to safeguard them. This will include specific action to ensure that people who lack capacity are supported through advocates and processes to ensure that their best interests are pursued. It also includes ensuring that justice is facilitated where 'vulnerable' adults are the victims of crime. (Williams, 2010, p 4)

Although there is no specific legal framework for adult safeguarding at present, there are many relevant pieces of law and regulation which practitioners need to know about and use (see Schwehr, 2010), including the legal framework for care management, the law about mental capacity, developing human rights case law and good practice (EHRC, 2009), recent legislation about mental capacity (SCIE, 2009), guidance on information sharing and equality and diversity legislation (HM Government, 2010).

At local level, adult safeguarding is often a complicated, technical task, which can lead to the person 'getting lost':

> The needs of the vulnerable adult can sometimes be lost in the safeguarding process, especially given the large number of agencies and partners that are involved. Therefore it is essential that we do not lose sight of the purpose of safeguarding; to enable people to retain their independence, well-being and choice and to access their right to a life free from abuse and neglect. One way in which we can retain this focus is by following a person-centred approach to safeguarding. It is also important to remain sensitive to individuals' cultural issues. (Julian, 2009, p 4)

Research has shown that person-centred safeguarding could be achieved by:

- Remaining focused on the empowerment and wellbeing of the person using services
- Listening to the individual and ensuring that their voice is heard

- Respecting the right of people using services to make choices and decisions themselves, practitioners there to support the decision making of the individual and to respect their rights
- Ensuring that safeguarding processes are led by the individual, supported by the practitioner. (Julian and Penhale, 2009)

At present there is little research evidence on effective interventions that prevent and respond to harm against adults in all care environments. Consequently the wider evidence base about what works for whom is sparse, with the authors of one major research review concluding:

> The continuing prevalence of abuse and harm amongst vulnerable adults remains an issue in our communities. There is no 'magic bullet' solution. However, there are mechanisms of support, empowerment, training and education, and inter-agency co-operation which could help reduce the risk faced by vulnerable groups. (Kalaga et al, 2007, p iii)

However, based on a large UK prevalence study of the abuse and neglect of older people, Action on Elder Abuse suggest that older people, who are often seen as a vulnerable group, rarely have contact with adult safeguarding systems (AEA, 2007). This suggests the need for further inter-agency cooperation and multi-professional working. The Crown Prosecution Service policy on prosecuting crimes against older people (see www.cps.gov.uk/news/pressreleases/145_08.html) (and which is relevant to all adults who may be at risk of abuse or neglect) summarises some of the wide and complex range of abuse that older people may experience. These include:

- Abuse or neglect where there is an expectation of trust, whether by family members, friends or paid workers, or where the older person is living either temporarily or permanently in an institution
- Crimes which are specifically targeted at older people because they are perceived as vulnerable or potentially easy to steal from, such as muggings, doorstep theft or rogue traders
- Crimes against older people which are not initially related to their age but may later become so if someone exploits the situation on discovering that they are an older person
- Crimes against older people which are in part or wholly motivated by hostility based on age.

5 How is individual risk being assessed and managed in the context of personalisation and self-directed support?

5.1 Safeguarding

Traditionally, continuing risk assessment and risk management have been seen as essential aspects of safeguarding adults. They are included in the measures taken to prevent abuse, as well as being an integral part of the protection plan in response to actual allegations or suspicions of abuse, and the subsequent review. Risk assessment has often raised difficult questions of balance in professional practice. The rights of adults to live independent lives and to take the risks they choose to take needs to be weighed carefully against the likelihood of significant harm arising from the situation under review. Every attempt should be made to clarify the individual's own wishes about his or her care and support, but *No secrets* makes it clear that the fundamental statutory duty of staff is to take action to prevent abuse:

> The first priority should always be to ensure the safety and protection of vulnerable adults. To this end, it is the responsibility of all staff to act on any suspicion of abuse or neglect. (DH and Home Office, 2000, para 6.2)

This means that anyone suspecting or having evidence of abuse is bound to report it under adult protection procedures, and to make this clear to the person who is experiencing it. In current guidance on assessing the seriousness of the risk of abuse, relevant issues include:

- factors in the situation which could increase vulnerability, such as:
  - environmental factors
  - communication
  - financial factors
  - the existence of social and cultural networks and support
- the nature and extent of the abuse
- the length of time over which the abuse has been happening
- the impact on the individual
- the impact on others.

5.2 Self-directed support and planning

As a basis for developing local responses to the predicted dilemmas, the Department of Health published good practice guidance on 'supported decision making' in 2007 (DH, 2007a) relevant for the implementation of personal budgets and self-directed support. This sets out a series of principles, including a tool 'designed to guide and record the discussion when a person's choices involve an element of risk'. It includes examples of good practice, and provides a useful framework for exploring questions arising from 'risky' decisions, raising awareness about the choices to be made. The guidelines are clear that:

> ... as part of any assessment process it will be necessary to identify and assess any risks involved in supporting the person. Person-centred planning approaches identify what is important to a person from his or her own perspective and find appropriate solutions. We commend person-centred approaches for everyone. (DH, 2007a, p 2)

The Department of Health expects outcome-focused reviews for self-directed support and personal budgets to have risk and safeguarding ('living safely and taking risks') as part of the 'outcome domains' framework for reviewing how well personal support plans are working (Bennett et al, 2009). This should allow practitioners and people using services to identify both risk enablement opportunities and safeguarding issues as an integral part of individual care and support planning and review. The self-directed support framework gives the practitioner and person using the service along with their family, friends or carers (where appropriate) the opportunity to discuss and identify any issues of risk or safeguarding. This then informs the decisions the person makes about the support plan and personal budget management arrangements.

Legal experts in social care have pointed out that the legal framework for care and support planning can inform proactive and preventative safeguarding, making the link between local authority duty of care, preventative safeguarding and good support planning:

> Councils will not be able to avoid a duty to ensure proper provision for meeting the client's needs, because they have an ongoing duty of monitoring and reviewing the success of a care package, even after giving a direct payment to a client.... When a council gives a person a direct payment, the duty of care in relation to care provision is suspended ... but the duty to monitor the success of the care package is not altered in any way; that is duty of care management. (Schwehr, 2010, p 48)

In response to some of the resistance to, and concerns about, self-directed support, personal budgets and risk, the Department of Health and ADASS have provided further clarification and guidance on legal and financial issues:

> ... the understanding of all concerned that safeguarding is a form of risk management which should already be integral to assessment and support planning functions. (ADASS, 2009, p 4)

> The rules that apply to direct payments will apply, as modified by any fresh guidance, or legislation, to any part of a personal budget taken as a direct payment. So there will still be monitoring, albeit proportionate to risk and amount, in accordance with CIPFA [Chartered Institute of Public Finance and Accountancy] guidelines, and there will still be accountability for those who misuse money or abuse a position of trust in relation to its management. (ADASS, 2009, p 34)

In Control, the organisation which originally developed the practice of self-directed support for England, recommend that support planning should include assessment

of risk enablement and safeguarding issues, and highlight the need for people to be supported to take positive risks while staying safe, emphasising:

> … the concept and practice of risk enablement, a part of the support planning process that helps people and those around them to develop plans that include risks they can assess, understand and mitigate. The local authority can agree the plan as it stands, suggest amendments or turn it down depending on its view of the mitigating measures included. Risk enablement is now an important part of the self-directed support process in most local authorities. (Tyson et al, 2010, p 73)

They emphasise the need for practitioners involved in self-directed support and personal budgets to work together with adult safeguarding colleagues to ensure that procedures are aligned and person-centred:

> Risk enablement in support planning is not the only means of helping people to stay safe…. Local authorities also need to review their formal safeguarding procedures … as they think about the role and remit of their workforce. (Tyson et al, 2010, p 73)

5.3 Mental Capacity Act 2005

It is been recommended that all support for decision making in relation to self-directed support be in line with the core statutory principles of the Mental Capacity Act 2005 (Close, 2009). 'The crucial link between safeguarding and personalisation is an understanding of the legal framework, as it applies to mental capacity' (Schwehr, 2010, p 44). Attention to the core principles of the Mental Capacity Act is key for all stages of the social care process, from assessment, resource allocation, support planning and purchase as well as applying to adult safeguarding activity:

> The Mental Capacity Act 2005 makes it clear that there should always be the presumption that a person has the capacity to make decisions unless it is established otherwise. It provides a statutory framework to protect and empower adults who may lack capacity (ability) to make all or some decisions about their lives. It also makes provision to ensure that advocacy is available for people who lack capacity during safeguarding processes and for their best interests to be explicitly considered through formal processes. (Williams, 2010, p 9)

The core statutory principles of the Mental Capacity Act 2005 are as follows:

- **Principle 1**: A presumption of capacity – every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that you cannot assume that someone cannot make a decision for themselves just because they have a particular medical condition or disability.
- **Principle 2**: Individuals being supported to make their own decisions – a person must be given all practicable help before anyone treats them as not being able to make their own decisions. This means you should make every

effort to encourage and support people to make the decision for themselves. If lack of capacity is established, it is still important that you involve the person as far as possible in making decisions.

- **Principle 3**: Unwise decisions – people have the right to make decisions that others might regard as unwise or eccentric. You cannot treat someone as lacking capacity for this reason. Everyone has their own values, beliefs and preferences which may not be the same as those of other people.
- **Principle 4**: Best interests – anything done for or on behalf of a person who lacks mental capacity must be done in their best interests.
- **Principle 5**: Less restrictive option – someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person's rights and freedoms of action, or whether there is a need to decide or act at all. Any intervention should be weighed up in the particular circumstances of the case. (SCIE, 2009, p 1)

If someone has full mental capacity and is able to make their own decisions, then it is essential that they maintain control and that professionals support their decision-making at every stage. (Julian, 2009, p 4)

6 What does research say about practitioner attitudes to risk management in adult social care?

A comprehensive UK research review by Mitchell and Glendinning (2007) on views of risk and risk management strategies in adult social care maps out the environment into which personal budgets have been introduced. It shows that:

- certain views and concerns existed before personal budgets and self-directed support were introduced
- despite the deep concern about risk and safeguarding among many social care practitioners and commentary or theorieson this, risk in adult social care is a topic that has not been subject to intensive empirical research in the UK.

This finding was reflected in an earlier review that showed that the view of people who use services is largely absent in the literature and that there were very few empirical research studies and evaluations of risk management systems and interventions (Stalker, 2003).

Another study suggests that there is 'little material on how social care professionals 'do' risk' (Taylor, 2006, p 1413). Studies from the US have proposed that being risk averse can result in social care risk management systems or interventions that are perceived as 'risky' in themselves not being thoroughly investigated. This was a consideration in the US Cash and Counseling Demonstration Program (CCDP), where authors identified the importance of 'the willingness to take some risks' in the research (Doty et al, 2007; Knickman and Stone, 2007; Hall and Jennings, 2008).

6.1 Attitudes to competence and capacity

In their 2007 review on attitudes to risk, Mitchell and Glendinning found very little research concerning people with physical disabilities or those with sensory impairments. Studies tended to concentrate on risk, 'danger', mental capacity and competence for people with mental health problems, on physical risks for older people and on competence and some positive risk taking for people with learning disabilities. The vast majority of the research also focused on practitioners rather than the people who actually use services.

Findings indicated that:

- carers and families of older people and people with learning disabilities could have more influence on defining 'risky behaviour' and risk management strategies than the person using the service
- in some cases this resulted in older people taking self-assessed risks 'covertly' to remain in control
- the benefits of taking risks 'were discussed in psychosocial effects such as feelings of well being associated with greater independence, control and a sense of 'normality' (Mitchell and Glendinning, 2007, p viii).

Findings on professional assumptions or anxieties about people with mental health problems were clear: 'the issue of competence on the part of the people with mental health difficulties was inextricably linked to widespread perceptions of their status as dangerous individuals' (Mitchell and Glendinning, 2007, p 38), and this was particularly true for black people. This was reflected in other findings about black and minority ethnic people with mental health problems sometimes having less access to direct payments, often due to practitioner perceptions of risk (Spandler and Vick, 2005).

A narrative research review on 'cash for care' schemes also showed that assumptions made about the capacity of certain groups (rather than an assessment of an individual and their unique circumstances) informed practitioner decision making:

> Practitioners may be selective in terms of the clients to whom they offer cash payments, which in England and elsewhere can impact particularly on opportunities for people with cognitive impairments, including persons with mental health problems, dementia or learning difficulties. (Arksey and Kemp, 2008, p 9)

6.2 Taking and controlling risks

Mitchell and Glendinning's research review also helps define some common risk control strategies used in adult social care:

- controlling personal behavior – what an individual can and cannot do
- controlling the information and/or knowledge given to or received by others
- controlling the physical and/or social environment experienced and accessed by others. (Mitchell and Glendinning, 2007, p 43)

Several studies, particularly those concerning older people, have shown that some people who use services may withhold information on their 'risk taking' from practitioners or their families in order to remain independent and in control of their own decisions. This may therefore leave them without support to take the risks that are important to them. Conversely, some practitioners did not share risk-related information with the person using the service, leaving the individual ill-informed about their decisions and choices.

As an extension of this, 'some care managers simply withheld information about direct payments to potential recipients because they thought this to be in the individuals' best interests' (Mitchell and Glendinning, 2007, p 60). This finding is supported by the research that showed how views of risk can inform resource allocation: 'the type and level of support received can rest on perceived level of risk rather than the concept of 'need'. Risk may have become a means to judge and evaluate perceived need' (Mitchell and Glendinning, 2007, p 70). The perception of risk that practitioners might hold in terms of allocating resources is demonstrated in a specific study of care management practice (Postle, 2002), and a recent research review on enabling choice in 'cash for care' schemes showed that:

> ... a related barrier in the national and international literature relates to the role of care managers acting as 'gate-keepers' and, in particular, concerns about subjectivity in interpreting eligibility criteria about a user's ability to give consent, and assessing capacity to manage. (Arksey and Kemp, 2008, p 9)

6.3 Risk management and direct payments

Research examining risk and direct payments tends to focus on risk to both people who use services and their directly employed personal assistants (PAs). Studies examining the experience of users of direct payments have emphasised the positive benefits of the risk involved with someone purchasing their own care and support directly, which commonly included: 'retaining or regaining personal independence and living a 'normal' life through opportunities to tailor support to individual needs and exercise greater choice over who provided the support and when ... greater continuity in relationships with paid carers, maintaining valued social and work activities and reduced dependence on family and friends' (Mitchell and Glendinning, 2007, p 59). However, other studies have highlighted the risk of personal abuse from PAs, their recruitment and the responsibility involved with being a direct employer. Research on direct payments has suggested that the following strategies have been used to reduce risks associated with employing trustworthy and professional PAs:

- recruitment through an agency or third party
- other people's personal recommendations
- using people already known and trusted, such as family and friends
- employing PAs from the same minority group or cultural background.

7 Enabling risk and ensuring safety: what does the research suggest about personal budgets and self-directed support?

This section analyses some of the UK and international research relating to risk enablement and safeguarding in the context of self-directed support and personal budgets, with a focus on facilitating good frontline practice and promoting choice and control. The research identified looked at issues for older people, people with physical or sensory disabilities, people with learning disabilities and people with mental health problems.

While this section is not a systematic review of all the evidence, it provides an overview of international research and gives key messages for practice.

Because it is a very new approach for the UK, little investigation into risk enablement practice for personal budgets has been undertaken. To date there have been no empirical studies from the UK published in peer-reviewed journals which evaluate particular strategies. For example, no research has yet been published on the efficacy of 'risk enablement panels'[1] that are being established as part of the implementation of self-directed support and personal budgets in some local authorities (examples are given later). It has been noted that, without further research, much remains conjecture (Glasby and Littlechild, 2009).

There are important limitations to be aware of when assessing how far research findings from international sources can be applied to the UK. The findings are dependent on the context and design and regulation of the particular personal budget or self-directed support scheme (Ungerson, 2004; Lundsgaard, 2005; Carr and Robbins, 2009). For example, an OECD (Organisation for Economic Co-operation and Development) research review paper on consumer direction and choice concluded that, in relation to abuse and neglect: 'How great such risks are may depend on many factors, including cultures and institutions in civil society that differ across countries' (Lundsgaard, 2005, p 29). It is also important to note that very few studies have looked at the long-term outcomes of personal budget and self-directed support schemes (Ottmann et al, 2009b).

The most recent systematic review of UK, US and Australian research on 'consumer-directed support' focused on older people with complex needs (Ottmann et al, 2009a), but its findings on risk enablement are relevant to other groups. Importantly, the review concluded that:

[1] 'Risk enablement panels – these are usually held by exception and can include participation from family, carers, friends and relatives. They can help in exploring identified risk for an individual and how this can be mitigated to the satisfaction of both customer and Council' (DH/ADASS, 2009, p 38).

> Consumer-directed care arrangements generate more creative care options, greater choice and control, and greater satisfaction with services. This leads to more independence and self-determination. There are no detectable increases in risk to quality, trustworthiness, reliability and safety when compared with agency-directed services. (Ottmann et al, 2009a, p 70)

Similarly, other research has found that, at least in the initial stages, 'consumer-directed support does not increase the risk to vulnerable consumers' (Ottmann et al, 2009b, p 466), although certain smaller studies did reveal some instances of theft and abuse. The OECD reported that 'there may be other quality problems, but there is no indication of older persons being neglected when relying on consumer-directed rather than agency-based care' (Lundsgaard, 2005, p 29).

Despite the present lack of specific research on risk enablement, safeguarding and personal budgets, there are also clear lessons to be learned from the initial IBSEN study, the development of person-centred planning and self-directed support, the implementation of direct payments in the UK and recent research into the relationship of care management and self-directed support to risk management.

7.1 IBSEN study

The IBSEN study is the main piece of UK research piloting a version of personal budgets (formerly known as individual budgets). This was undertaken in 13 English local authorities, with 959 participants from all groups of people using adult social care (Glendinning et al, 2008a). The research gives a clear indication of the particular concerns surrounding personal budgets and risk. It shows that the positive risk taking associated with personal budgets was seen as a 'difficult culture shift for care co-ordinators in light of their responsibilities for safeguarding' (Glendinning et al, 2008b, p 33). Staff highlighted the following areas of potential risk:

- poorer quality services (particularly the use of untrained, unregulated PAs)
- budget management and employment responsibilities
- misuse of funds
- financial abuse from family or paid carers
- neglect or emotional abuse
- physical harm
- breakdown of care arrangements and contingency planning
- extent of local authority responsibility for providing back-up if arrangements fail.

One specific area of risk highlighted by safeguarding adults staff was the lack of means to enforce Criminal Record Bureau (CRB) checks on people (such as PAs) employed directly by personal budget holders.

The IBSEN study authors noted that many social care staff in the pilot sites struggled 'to decide how far those risks should sit with the individual, how they should be managed, and, crucially, what were the implications for safeguarding adults' (Glendinning et al, 2008b, p 33). It was clear that 'there was a tension between how far individuals were allowed to take risks and where the [local] authority had to retain responsibility for protecting vulnerable adults' (Glendinning et al, 2008a,

p 177), suggesting the need for a clearer understanding of duties. However, the administration and management of personal budgets had few clear mechanisms for monitoring and identifying risk once the support was in place. People receiving personal budgets were still subject to the same monitoring and review systems as those of their counterparts receiving traditional services directly.

As with the traditional approach, unstable or complex situations were likely to remain the responsibility of a named care manager. The development of appropriate monitoring and review systems for personal budgets was seen as essential and further exploration indicated that the following could help with managing risk in the context of personal budgets:

- firming up safeguarding adults policies
- regular expenditure reviews
- building risk assessment into the support plan
- better guidance for care coordinators
- better information for people using personal budgets
- training for staff, people who use services and carers
- regular (proportionate) audit.

7.2 Adult safeguarding perspectives

During the IBSEN study, researchers interviewed adult protection lead officers in the 13 pilot sites to examine the links between personal budgets and work in adult protection and how the personal budget process fitted with adult safeguarding. The adult protection leads raised the subject of risk at a number of levels:

- At a 'micro level', where people using services could potentially be at risk to family and care workers operating in the uncertain area of providing paid support in the context of other relationships
- At a 'macro level', where they felt a number of issues relating to consumer-led care needed to be accounted for. This included the provision of individual 'safety nets' and the willingness of public services to tailor levels of monitoring to risk assessment, possibly jeopardising the flexibility and freedom that personalised services are designed to enhance.
- At a collective level, where there were concerns about the impact of personal budgets on the collective voice in commissioning which could mean social care services being purchased on less favourable financial terms or restricted options.

The researchers concluded that adult protection lead officers could have unique insights from working at the intersection of the demand for safety and assurances about spending public money with the increased demand for choice and control in social care. However, they found that, in some pilot sites, their expertise was not being engaged or used consistently with personal budget implementation. Many practitioners were concerned about safeguards that should be addressed at early stages (Manthorpe et al, 2008a).

The research suggests that there should be a clear link between the adult protection and personal budget systems and some of the existing mechanisms for direct

payments could be built on. This issue is examined further later. Adult protection lead officers suggested the following actions could enhance safeguarding for personal budgets:

- incorporating IBs [personal budgets] in adult protection training
- developing audit trails
- improving complaints procedures for people being supported by family members
- enhancing advocacy services to support people in decision-making
- multi-agency training and public awareness training to ensure people know what counts as abuse
- identifying any risk factors for abuse and how these could be recognised in an individual's support plan
- preparing a guide for social workers about co-working issues, protection and risk management. (Glendinning et al, 2008a, p 178)

7.3 US Cash and Counseling Demonstration Program (CCDP)

The bulk of the identified international research published in the English language that focuses on risk and a personal budget scheme comes from the US, specifically the CCDP, which was subject to a six-year three-state pilot study (Robert Johnson Wood Foundation, 2007). However, the CCDP differs from UK self-directed support and personal budgets in several important ways, and the research indicates specific defining elements. CCDP has greater operational clarity and more defined limits and restrictions on how people can spend their personal budgets (Doty et al, 2007; Robert Johnson Wood Foundation, 2007; Schore and Foster, 2007; Hall and Jennings, 2008) and risk minimisation for all parties was considered part of the overall programme design (Knickman and Stone, 2007; Schore and Foster, 2007; Hall and Jennings, 2008).

First, 'a relevant characteristic of the Cash and Counseling Program is that it supplements rather than replaces existing state-directed services' (Hall and Jennings, 2008, p 706); second, professional support and guidance from a programme 'counsellor' was mandatory: 'not offering participants guidance from professionals was the equivalent of making them 'sink or swim' (Doty et al, 2007, p 384). In short, there is no cash without counselling and budget holders could only receive the cash option if they 'agreed to be trained and tested on fiscal responsibilities and submit to a periodic audit' (Doty et al, 2007, p 384).

A third feature of the CCDP is that programme counsellors received specific skills training which encompassed financial aspects, and the use of 'fiscal intermediaries' (third party budget holders) was understood to be a clear option for everyone (Doty et al, 2007; Schore and Foster, 2007). The personal budgets were 'offered in lieu of traditional Medicaid-covered services' (Doty et al, 2007, p 378) and were only allowed to meet 'health and disability related [social care] needs, not to cover general expenses or luxury items' (Doty et al, 2007, p 383). This meant that budget holders could only spend their allowance on personal care and home support. Finally, systems were in place to allow budget holders to employ relatives that was seen as vital for the success of the scheme (Schore and Foster, 2007), but 'states only authorize

personal assistance [spend] that a person's unpaid caregivers cannot [reasonably be expected to] provide' (Robert Johnson Wood Foundation, 2007, p 16).

This extract from a paper on the CCDP demonstrates how risk is managed through multi-level agreements and systems to regulate personal budget spending:

> It is mandatory for counselors to review program participants' purchasing plans to assure that all intended purchases of goods and services were within state guidelines. If any planned purchase seemed questionable, the counselor was to inform the participant that state officials needed to decide. (Doty et al, 2007, p 385)

8 Overarching themes from the research

Three themes emerged from an analysis of the research identified for this report. These relate to where risk identification and management seems to be focused on person-centred practice, including self-directed support and personal budgets:

- corporate level
- practitioner level
- service user level

The research relating to each level is explored under the appropriate heading. They are listed in order of focus and quantity of existing research. The majority of literature identified for this review was about organisations and practitioners, with only a small minority investigating issues for people using services.

8.1 Corporate level

The corporate level relates to how a whole organisation responds to the challenge of providing choice and control at the front line, ensuring that practitioners, people who use services and carers are enabled to take positive risks while staying safe. It covers how the sorts of risk associated with direct payments, care and support planning and management, self-directed support and personal budgets are managed by local authorities.

8.1.1 Policy and practice coherence: personalisation and adult safeguarding

Although both aspects of adult social care share fundamental principles about being person-centred, empowering and enabling independence, it is becoming increasingly clear that there is a mismatch between the implementation of adult safeguarding and personalisation:

> Social care policies and adult protection policies, although they exist for the intended benefit of the same groups of people, have developed within completely separate paradigms. (Fyson, 2009, p 6)

Research suggests that, as a result of systems not always joining up, fragmented guidelines and working practices may pose a risk for the effective implementation of personal budgets (Preston-Shoot, 2001; Brown and Scott, 2005; Henwood and Hudson, 2007; CSCI, 2008; James, 2008; Manthorpe et al, 2008a). A similar situation has been noted for person-centred planning empowerment and health and safety policies, where research has shown that 'most agencies had both empowerment and health and safety policies, but the two were rarely integrated' (Alaszewski and Alaszewski, 2005, p 189). Researchers have asserted that 'it is important that a common approach is adopted and a uniform approach agreed' (Alaszewski and Alaszewski, 2005, p 191). A literature review on harm prevention and intervention for adults also concluded that there could be confusion over who was responsible for what when it came to risk management and safeguarding in general (Kalaga et al, 2007).

A more coherent approach to safeguarding, risk management and personalisation is being examined at national policy level (DH, 2009); at present a legislative framework is only available for direct payments and has not yet been widely understood for personal budgets, resulting in caution from some local authorities (Rowlett and Deighton, 2009). At local authority level, research is showing: 'It is imperative that better understanding and awareness of adult protection are built into social care systems from the outset, yet it is far from clear that this is happening in relation to self-directed support and personal budgets' (Fyson, 2009, p 7). This situation was highlighted in the IBSEN study findings where 'adult protection leads' knowledge of adult protection systems and processes in some sites was not being used consistently in individual budget implementation' (Manthorpe et al, 2008a, p 13).

Some critics are concerned that this lack of coherence and integration may pose a risk in itself (James, 2008); it is certainly something that will influence frontline practice:

> Essentially, a range of different commentators remain concerned that this way of working [personal budgets] could expose individual service users, often deemed 'vulnerable', to risk of financial exploitation or of designing support that leaves needs unmet. Certainly, evidence to date suggests that much more needs to be done in order for current adult protection processes to engage fully with the personalisation agenda. (Glasby and Littlechild, 2009, p 164)

This finding is reflected in the results of the recent consultation on the review of the *No secrets* adult safeguarding policy, summed up by a respondent who recommended that integrated guidance was needed:

> ... it should look at positive risk assessment and monitoring and safeguarding all in one. Do not separate them, because each is only part of the picture. (DH, 2009a, p 29)

Adult protection leads who were interviewed as part of the IBSEN research identified several ways to safeguard people that have been developed for direct payments and which could be extended for personal budgets:

- firming up of adult protection policies: in one council, an additional internal policy had been developed to link with the existing adult protection document; in another, identifying some of the safeguards that social workers and care managers would have to follow was under regular reviews of expenditure
- identifying any risk factors for abuse and how these could be recognised in an individual's support plan
- preparing a guide for social workers about co-working issues, protection and risk management
- preparing an information pack for service users about Criminal Records Bureau (CRB) checks and the Protection of Vulnerable Adults (POVA) List to ensure they are fully informed

- using support brokers to assist individuals with their employment responsibilities, CRB checks and POVA List
- asking service users to confirm that they have understood the CRB process and agree to it – for use when an employee was a friend
- incorporating direct payments into adult protection training
- developing audit trails. (Manthorpe et al, 2008a, pp 7–8)

Key messages for organisations on risk assessment from the evaluation of the adult social care self-directed support network were as follows:

- Recognition that a new approach to risk assessment is required if self-directed support is to develop
- Risk assessment is a vital aspect of the self assessment questionnaire process. In looking at the needs people have, the outcomes they wish to achieve, and the means for meeting those, risk assessment is needed to identify risks and to mitigate these as appropriate. This will not remove all risks, but it should ensure they are identified and managed.
- There are also risks for local authorities in reputation. These risks can only be reduced if local authorities ensure there is good public awareness of the objectives and processes of self-directed support, and that risk assessment procedures are in place to support people making their life choices.
- There are also some financial risks in developing self-directed support. The lighter touch approach to monitoring needs to be balanced with the requirements of legitimate audit trails and accountability for public money. In short, monitoring needs to be in proportion to risk and will require new and more flexible arrangements.
  (Henwood and Hudson, 2007, pp 8–9)

Finally, *Safeguarding adults: A consultation on the review of the No secrets guidance* highlighted how essential support systems are for personal budget implementation and risk management:

> … generally when [people begin] thinking about self-directed support and if things go wrong. This may not include abuse; the support it was argued should be offered irrespective of whether abuse was suspected or whether it was related to some other breakdown in support or working relationship. Importantly, respondents wanted clear policies about what should happen when safeguarding issues arise and self-directed care may be terminated abruptly. (DH, 2009a, p 34)

Equally important are reviews of personal social care and support packages to monitor any safeguarding issues as well as outcomes. Developing new financial structures, proportionate auditing, communication and professional relationships are also important.

8.1.2 System barriers and risk-averse frontline practice

Research evidence suggests that in the development of approaches such as personal budgets and self-directed support, risk-avoidant and defensive practice at the front

line is often geared towards protecting organisations from potential financial and reputational risks. This focus, rather than the promotion of choice and control for the individual, may compromise how personal budgets are offered and administered (Alaszewski and Alaszewski, 2005; Taylor, 2006; Cambridge, 2008; Hall and Jennings, 2008; Kunkel and Nelson, 2008; Glasby and Littlechild, 2009). Taylor notes that 'the emphasis of many risk management policies is on risk avoidance, but may be driven more by the needs of the organisations than of service users and staff' (Taylor, 2006, p 1413), and Glasby and Littlechild note that:

> ... there is evidence to suggest that some local authorities have responded to perceived risk by adopting very strict and rigid policies that deter potential direct payment recipients and undermine the flexibility that this way of working is meant to deliver. This seems to be particularly the case when designing audit and reporting processes, which can sometimes be over-prescriptive and disproportionate to risk. (Glasby and Littlechild, 2009, p 161)

The audit and administration systems associated with direct payments can focus skill and resources on managing 'financial' risk to the organisation. This is often mechanistic and out of proportion. This may impact on staff capacity to work with people who use services to identify and manage risk (Ellis, 2007; Rowlett and Deighton, 2009). One study indicated how 'insufficiently robust mechanisms for auditing expenditure were the major source of resentment. They were not only potentially time consuming, but jeopardized the professional-client relationship by embroiling social workers in debt collection' (Ellis, 2007, p 411). In order to improve the quality of practitioner contact and communication with people using personal budgets, 'Denmark has embarked on a programme of 'de-bureaucratisation' . This allows frontline staff to spend more time in direct contact with people who use services and less time on administration' (Glendinning, 2009, p 46).

Research evidence suggests that in effective approaches to risk assessment 'professional autonomy and recognition of the skills and experience of workers should not be dismissed in favour of administrative convenience or managerial back covering' (Barry, 2007, p iv), yet one study into care manager assessment practice and documentation showed that practitioners were controlling decision making in order to avoid risk to the organisation, and recognised care plan documentation as a 'legal safeguard that could be useful in minimizing professional and corporate risk' (Foster et al, 2006, p 131). Therefore, the care plan 'may be less than systematic in recording data on issues of significance to the service user, including some issues that may be crucial to aspirations of service users but are not recognised as such by practitioners' (Foster et al, 2006, p 131). The authors of this piece of research concluded that 'an ideological shift that seeks to reorient front-line practice towards personalised social care simply through offering new mechanisms for enhanced choice and user involvement is not sufficient to ensure implementation of policy in line with such values' (Foster et al, 2006, p 126).

8.1.3 Organisational system change and practitioner confidence

Professional anxieties about change in unsupportive or incomplete organisational infrastructures can translate into risk-averse or controlling frontline practice:

'defensive practice borne of an urge among practitioners to protect themselves or their agency' (Preston-Shoot, 2001, p 12). This is particularly true for social care practice that implies 'a transfer of power and responsibility for managing risk away from services and organisations to individuals, service users and families' (Mitchell and Glendinning, 2007, p 299). For the UK, the emphasis on total system transformation and organisational culture change is extremely relevant for the effective implementation of personal budgets and associated risk enablement practice: 'for organisations to become more person-centred, new methods of working at the macro- as well as micro-organisational level are required' (Cambridge, 2008, p 107).

With reference to the implementation of the CCDP, US researchers observed that 'when organisations possess managerial trust, goal clarity, less red tape and less political oversight, they tend to engage in more [positive] risk-taking behaviour' (Hall and Jennings, 2008, p 700). Researchers from the US 'Dollars and Sense' personal budgets programme for people with mental health problems identified concern about risk being used as a factor for resisting change, and suggest that there needs to be 'a fundamental rethinking of the system from a consumer perspective' (O'Brien et al, 2005, p 173). UK practitioners and researchers assert that, as with other approaches to personalisation in adult social care (Jackson, 2008), the risk management associated with personal budgets and self-directed support cannot develop as a 'bolt on' to existing systems (Kunkel and Nelson, 2006; Glasby, 2008; Manthorpe et al, 2008a). Research has shown that this development has already limited the use of direct payments: 'in spite of the many positives, a key limitation of direct payments is that such a liberating way of working has often been bolted on to traditional and unresponsive systems' (Glasby, 2008, p 1). Key UK commentators are hopeful that 'with the development of personal budgets, this [perception of risk to staff role and identity] probably becomes less of an issue, since self-directed support transforms the system as a whole and may therefore be perceived as less of a 'bolt-on' than was the case with direct payments in some areas of the country' (Glasby and Littlechild, 2009, p 165).

The IBSEN research which focused on safeguarding and system change concluded that the management of risk and risk perception should be addressed as part of overall organisational change management, with frontline practitioners, people who use services and carers being part of the discussion (Manthorpe et al, 2008a). This finding is strongly supported by a literature review on consumer-directed support for older people, that concluded that:

> Implementations of CDC [consumer-directed care] programs have to be designed collaboratively with all major stakeholders making use of change management strategies. They have to include a clear definition of risk management boundaries and an agency's duty of care, staff training and program marketing strategies. (Ottmann et al, 2009a, p 72)

Similarly, the international evidence base on good practice in risk assessment in social work concluded:

> ... organisations involved in risk assessment and management have to adopt a participative, holistic and proactive approach which allows dialogue between workers, users and managers and organisational flexibility and performance incentives. (Barry, 2007, p iii)

8.2 Practitioner level

The practitioner level relates to how frontline practitioners and first line managers are providing choice and control alongside ensuring the safety of people using services. This includes how decisions are being made about risk as part of person-centred assessment and support planning and how practitioners should be trained and supported by local authorities and organisations to implement self-directed support and personal budgets, including direct payments.

The evidence so far suggests that practitioners working within fragmented systems where risk management strategies are focused on protecting the organisation are less likely to feel confident and supported in their practice. They may fear blame or liability or be confused about balancing safeguarding duties within the context of personalisation. This can then compromise their capacity to work in a risk-enabling way at the front line and may restrict their ability to focus on exploring risk and safeguarding with the individual using the service.

8.2.1 Balancing empowerment and intervention

Research is clearly showing that the most effective way to manage risk and enable positive risk taking is to work closely with a person in their own context in order to negotiate the levels of risk enablement and safeguarding that are appropriate for that particular individual. This is consistent with self-directed support, which provides a framework for this approach. The US CCDP research showed that care managers had difficulty in balancing professional intervention and empowering approaches and that 'the choice and control that care managers believed consumers should have did not outweigh their concern about possible risks' (Kunkel and Nelson, 2006, p 4).

Similar issues have been raised for the UK context (Taylor, 2006; Ellis, 2007) and have been further identified as a conflict between 'accountability for resources and professional advocacy' (Cambridge, 2008, pp 105–6). One UK author has noted that practitioners often find themselves in the role of 'frontline manager gatekeepers. This results in continuous risk assessment but actually very little time to sit down and work directly with clients in thinking and planning ways to address the risks users have identified in their own lives' (Postle, 2002, quoted in Mitchell and Glendinning, 2007, p 71). However, US research showed that 'what really made consumer directed support appropriate for a client or how it affected them really depended on the clients' unique characteristics and circumstances' (Kunkel and Nelson, 2006, p 6).

8.2.2 Relationship-based working

There is evidence to suggest that working within systems designed to protect organisations against fraud can prevent social workers from identifying and managing risk with individual personal budget users . Further, general evidence on effective

approaches to risk assessment in social work suggests that 'the relationship between worker and client is essential to effective working and yet is being eroded by the language and politics of risk' (Barry, 2007, p iv). This is a core principle of self-directed support. Understanding the individual, their support networks and socioeconomic circumstances has been found to be an effective way of understanding risk, particularly in relation to people with learning disabilities who are getting person-centred support: 'experienced workers are using more of an enhanced form of care management to contain ongoing situations of risk, coupled with skilled casework and family mediation to mend the rifts that could be mended. In short they were engaged in what used to be called 'social work'' (Brown and Scott, 2005, p 216). The emphasis here is on getting to know the person well enough to understand their family situation, their friends and social contacts as well as their community in order to assess the strength of wider support networks as 'often ... difficulties can be traced to ongoing tension and ruptures in family relationships, to the paucity of their collective resources and their community's lack of social capital. It is these social factors that have eroded relationships and alliances' (Brown and Scott, 2005, p 210) and potentially put a person at risk.

Other research into individual planning and adult safeguarding has shown that high trust relationships are crucial and anything that undermines these relationships (for example staff turnover or questions of perceived professional competence) is likely to reduce person-centredness' and therefore heightened the risk of support becoming inadequate (Grant et al, 2002, quoted in Brown and Scott, 2005, p 211). The recent consultation on UK adult safeguarding policy clearly showed that for people using services, 'understanding what made them safe required understanding them as people – understanding their personalities, their experiences, their family relationships, their wishes for the future and their past histories of choices' (DH, 2009a, p 16).

Research from both the UK, US and Australia stresses the importance of the quality and consistency of the relationships that people using services and their carers have with frontline practitioners when identifying and managing their own risks (Stalker, 2003; O'Brien et al, 2005; Kunkel and Nelson, 2006; Schore and Foster, 2007; Manthorpe et al, 2008a; Mustafa, 2008; Ottmann et al, 2009b). For example, families participating in a five-year study of consumer-directed care for people with disabilities in Australia 'singled out the importance of the good relationships they had established and [the] personalised customer service' (Ottmann et al, 2009b, p 471), and trusted relationships were identified as a success factor for the scheme. Good quality, consistent and trusted relationships and good communication is particularly crucial for emerging practice in self-directed support and personal budget schemes. As one parent carer attested in a case study account: 'we do want self-directed support but we still expect good quality services so our sons and daughters can be truly in control...' (Anon, 2008, p 22). One of the factors that lessens this is the administrative approach to risk identification and management which can result in:

> ... a mismatch between the complexity of people's circumstances and the apparent need for services to be delivered within the context of labeled categories which lack sensitivity to diversities that influence people's

> experiences, their access to services and the services they may (or may not) receive. (Bowes and Daniel, 2010, p 228)

In a proposed model of 'person-centred care management' that includes individual risk enablement, Cambridge emphasises 'the care manager getting to know the person and the development of a supportive working relationship' (Cambridge, 2008, p 105). Research on identifying and reducing elder abuse has shown that 'if a carer and the individual who is being cared for do not get sufficient support from service providers, such as regular contact meetings to discuss any issues they may have with the care, identification of any abuse ... is more likely to be undetected' (Mustafa, 2008, p 40). Similar sensitivity to the detection of issues of abuse or other difficulties was built into the US CCDP and counsellors were trained to detect any problems with abuse, neglect or fraud: 'Cash and Counseling programs oversaw consumer safety through regular counselor contacts with consumers by telephone and in person. Subtle behavior changes or other cues during telephone contact would prompt a home visit by a counselor' (Schore and Foster, 2007, p 464). As a result of this approach, 'program counselors reported very few cases of neglect or fraud' (Schore and Foster, 2007, p 462). Elsewhere, the 'structured conversation' assessment approach in preventive home visits for older people in Denmark has been found to be effective in detecting risks such as social isolation and particular events which may affect the individual (Hendriksen and Vass, 2003).

The importance of knowing the person, their relationships and circumstances has been emphasised in research on self-directed support for older people, as has the role of the voluntary sector, community resources and peer support in safeguarding:

> Older people and especially more frail, socially isolated elders should have access to adequate safeguards. Potential risk factors for abuse, neglect, and greater levels of anxiety include:
>
> - the need for more paramedical help
> - more complex needs
> - less stable provider relationships, and
> - lack of support from family and friends.
>
> An enabling risk management process may be necessary to balance client's risk and protective factors and determine appropriate social supports.
>
> A 'circle of support' program as well as peer and volunteer support should be considered when care recipients prefer less agency involvement. (Ottmann et al, 2009a, p 5)
>
> Research on ethnicity and elder abuse in the UK has shown the particular importance of being sensitive to culture, listening and communication when assessing risk. It also highlights the important role that black and minority ethnic voluntary sector services play in facilitating people to report and manage abuse and neglect (Manthorpe and Bowes, 2010).

8.2.3 Training and awareness

Staff training and awareness has an important role to play in effective risk enablement in personal budget schemes. Counsellors working in the US CCDP had specialist risk management and abuse detection training as an integral part of the programme. UK research into older people, personalised care and risk management has also shown that staff require specialist training to recognise and address patterns and incidents of abuse (Mustafa, 2008). Elsewhere it has been noted that: 'The recent Cornwall and Orchard Hill inquiries into abuse of people with learning disabilities pointed out that systematic abuses occurred despite the fact that the great majority of staff were well-meaning – they were simply unaware that practices were unsafe or abusive' (Anon, 2008, p 22).

The IBSEN study demonstrated the need for specialist training and awareness raising in order to implement personal budgets and promote choice and control for individuals (Manthorpe et al, 2008b). It showed the clear need for linking with adult safeguarding. The majority of IBSEN pilot sites recognised the need for 'communication and awareness raising events and activities for the wider local authority and/or partner organisations [which] reflected recognition of the need for a significant cultural shift to enable [personal budgets] to be successfully implemented and to address the concerns of staff, particularly around risk' (Manthorpe et al, 2008b, p 7). But again, the emphasis is on how staff can be supported to be part of system and culture change, rather than 'bolt on' training for staff working within an unchanged system:

> The interviews with those who hold responsibilities for training suggest that some of the challenges [with personal budget implementation] ... similarly relate to problems in changing the culture of current social work and care management practice.... These are therefore not simply matters of addressing knowledge or skill deficits. Surrendering control over elements of social care support is reported as being difficult for many professionals; and changes in accountability around risk may need substantial reorientation. (Manthorpe et al, 2008b, pp 10–11)

Crucially, the IBSEN study showed that 'initial training may help distinguish whether roles are supportive, along the lines of counselors or consultants, or whether they focus on monitoring and scrutiny' (Manthorpe et al, 2008b, p 12). Research is already beginning to show that risk management and enablement for the individual using a personal budget is more likely to be supported by the former approach, as shown in the US literature, and demonstrating how relationship-based working can be effective in identifying and managing individual risk. Over-reliance on risk assessment tools has been shown to 'replace rather than inform professional judgment' (Barry, 2007, p iii). Social workers need to be able to develop risk management strategies and safeguarding processes in partnership with the person using services as part of the personal budget and support plan (DH, 2009a).

8.2.4 Who is defining risk?

There is evidence to show that practitioner views of risk often differ from risks that are meaningful to people using services and the terms used to express risk can also differ (Ryan, 2000; Stalker, 2003; O'Brien et al, 2005; Manthorpe and Bowes, 2010). Some research has shown that practitioners turn to colleagues rather than the person using the service to explore issues of risk (Taylor, 2006).

For people with mental health problems access to the type of choice and control offered by self-directed support may be compromised by received practitioner fears about risk and 'danger' (Mitchell and Glendinning, 2007), and the fact that self-determination for this group can be viewed 'as a privilege to be earned rather than a basic human right' (O'Brien et al, 2005, p 73). There is a small body of research concerning people with mental health problems and risk relating to personal budget schemes. One study found that people using mental health services do not necessarily use the same 'risk' terminology or have the same understanding as practitioners, but have their own unique, individual approaches to and understandings of risk (Ryan, 2000). Similarly, a piece of research on safeguarding and older people from black and minority ethnic communities showed that people did not identify their situation or experiences with 'official' language (Manthorpe and Bowes, 2010). Others have noted that there is often a 'mismatch between how people define themselves and public stories about the category or group they happen to be in when encountering services' (Bowes and Daniel, 2010, p 228).

Research relating to the implementation of direct payments for people with mental health problems has highlighted the fact that some people are not offered the option because of professional risk perception and risk-avoidant practice (Spandler and Vick, 2005; Arksey and Kemp, 2008). It has also emphasised the need for practitioners to be supported and skilled enough to be able to negotiate some elements of support they may deem as 'risky' but which the person using the service would find helpful (Coldham and Spandler, 2005; Spandler and Vick, 2006; Spandler, 2007). One study concludes that 'forward planning tools such as advanced directives, independent planning and advocacy services should be developed to ensure that service users are fully supported to make and implement their own decisions' (Spandler and Vick, 2006, p 113).

Overall, research on risk and social care has shown that 'if users are really to be empowered … they must be allowed to identify factors that present them with risks, as well as the risks they are prepared to take, users' views of risk will also vary according to how much choice and control they think they have' (Stalker, 2003, p 225).

8.3 Service user level

The service user level relates to how people using adult social care services experience choice and control while staying safe as part of the self-directed support and personal budgets process. This includes how people who use services identify their own risk and safeguarding issues, and are supported to take positive risks as part of person-centred assessment and support planning.

Although the research base suggests that personal budget schemes can work well for people who use social care and support services (Carr and Robbins, 2009), specific research focusing on how people using those services and their carers perceive and manage risk is lacking (Stalker, 2003; Mitchell and Glendinning, 2007). However, evidence on good practice in social work risk assessment shows that:

> ... users should be seen as equal partners in the process and outcomes of risk assessment and management, giving greater respect to [their] views, rights and needs.... (Barry, 2007, p iii)

There are questions about whether current approaches to identifying and managing risk in adult social care consider the individual, their unique circumstances, life history and perspectives on risk and safeguarding:

> ... the subtlety of these interconnections appears not to be matched by current models of protection, which are fragmented across the lifespan according to divisions imposed by convention, social policy [and] convenience. (Johnson et al, 2010, p 301)

Research suggests that current statutory arrangements are not supporting older people to report abuse or neglect. For example, none of the four per cent of respondents who had experienced abuse or neglect in a UK study of 2,100 older people mentioned adult protection systems, although 30 per cent had reported instances to a social worker (AEA, 2007). Older people from black and minority ethnic communities are especially unlikely to seek help from statutory services, as research showed that 'if help was sought outside the family it was thought most likely to be sought from the black and minority ethnic voluntary sector, perceived as able to respond more effectively than statutory services' (Manthorpe and Bowes, 2010, p 259).

8.3.1 Being in control and staying safe

As discussed previously, research has shown that some people who are using social care and support (particularly older people) will take risks but not disclose them in order to maintain a sense of independence and control (Mitchell and Glendinning, 2007), something which indicates the shortcomings of existing practice for individual 'risk enablement'. The report of In Control's Third Phase showed that 'in the domain of feeling safe more than half [of people in receipt of a personal budget] (58%) reported no change after being on a personal budget' (Tyson et al, 2010, p 140), which suggests that the individualised approaches to risk enablement and staying safe in self-directed support can work well for people. A similar proportion of social workers also reported no change in risk management activity with people were given personal budgets. The evaluation of the Australian Attendant Care Program (ACP) direct funding pilot showed the importance of providing 'access to an experienced ... official familiar with all ACP options responsible for responding to participants' questions and managing, assessing and preventing risks to support and financial management' (Fisher and Campbell-McLean, 2008, p vi), indicating the need to maintain consistent channels of communication, to provide good information and a responsive approach to people using personal budgets and self-directed support.

The recent report on the consultation on the review of *No secrets* reveals a clearer picture of how people who use services perceive risk and indicates what they would find supportive in safeguarding and risk enablement in the context of personalisation:

> … there was a very clear message from people that they wanted to be able to choose what they thought was right for them. Many reported they were offered 'safety' often at the expense of other qualities of life, such as dignity, autonomy, independence, family life and self-determination – and many older people and people with learning disabilities said this was a very high price to pay. (DH, 2009a, p 16)

The report also emphasises that:

> One of the strongest messages from the engagement with non-professionals was that safeguarding must be built on empowerment – on listening very carefully to the voices of individuals who are at risk, and those who have been harmed. Without empowerment, without people's voices, safeguarding did not work. (DH, 2009a, p 31)

The consultation response showed that people want support to deal with difficulties in their own way. This included 'help with information, options, alternatives, suggestions, mediation' (DH, 2009a, p 18) and, as one respondent said, 'You can't be kept totally safe from abuse. But I need to know what to do or who can help' (DH, 2009a, p 15). Informed choice is seen as vital for empowering approaches to safeguarding, with personal budget holders having access to information and advice about safeguarding, employment, legal aspects, reporting, peer support and accredited people and organisations.

The consultation findings on enabling approaches to managing risk while promoting choice, control and independence are also echoed in a piece of user-led research carried out as part of the development of a safeguarding and personalisation framework for the South West Region (Richards and Ogilvie, 2010). Among other things, the research concluded that:

- People can be reluctant to report abuse due to their anticipation of the response. Having a person they know and trust would help, and authorities may need to find ways of building relationships so that people believe staff will act appropriately.
- A large majority did not approve of misuse of local authority funds by other service users, but some felt that such people should still be able to direct their care choices, either through the local authority or third party, or with closer checks
- Peer support groups received strong support, provided that they are run well and do not turn into 'gripe sessions'
- Telephone helplines and known/named professionals or peers were felt to be the best methods of obtaining information
- The question of whether personalisation meant greater risk received no consensus of opinion, although people obviously feel there are currently risks under both systems. (Richards and Ogilvie, 2010, pp 14–15)

8.3.2 Training, awareness and reporting

There is some evidence, including that from the IBSEN study, that training on abuse awareness and where to get support is important for people using personal budgets or self-directed support (Manthorpe et al, 2008a; Mustafa, 2008). The same has been found to be true of carers and families of people in receipt of personal budgets (Ottmann et al, 2009b). There are recommendations that people receiving direct payments or personal budgets and their carers and families should have some awareness training in safeguarding, how to identify abuse and who to contact: 'the development of mechanisms that will safeguard families who face crisis points is essential for the sustainability of consumer directed support models' (Ottmann et al, 2009b, p 475). As noted earlier, for people from black and minority ethnic communities, access to community and appropriate advocacy organisations is vital for this type of support (Bartnik, 2003; Manthorpe and Bowes, 2010).

The IBSEN researchers noted that:

> Stakeholders in the USA, such as consumer groups and representatives, perceived consumer training as the most effective way of reducing the risks of exploitation and fraud, though they were alert to the danger of over-complicating schemes designed to provide flexibility.... Ways of equipping people using services to prevent abuse are not so commonly evidence-based in the UK, where external regulation has been the prominent method of deterring actual and predicted harm. (Manthorpe et al, 2008a, p 12)

The role of risk prevention as part of self-directed support is one that is emerging from the literature. Effective risk prevention for individuals will be enhanced if people using the service, their carers, families and friends are enabled to assess, identify and report risk and safety concerns during the process and as part of the support plan. Some authors have argued that:

> ... new forms of social care provision, involving personalisation and self-directed support are emerging to meet the policy goal of early intervention and prevention and it may be timely for prevention and safeguarding to be linked. (Manthorpe and Bowes, 2010, p 260)

A preventative approach to risk should also consider risk of loss of independence and control as a consequence of risk-averse practice that may mean that someone is left without appropriate care and support. More broadly the former Disability Rights Commission argued that 'disabled people and their organisations should seek out, highlight and oppose risk-averse policy and practice, in particular where this constrains disabled people's independence and opportunities and where it results in a clear waste of resources' (DRC, 2005, p 17). In keeping with this recommendation, an international research review showed that:

> Traditional risk management approaches tend to undermine the decision-making processes underpinning consumer directed support arrangements and need to change. Agencies should consider implementing an enabling risk management approach (focusing on how something can be done, rather than on whether

something can be done) that directly involves consumers. (Ottmann et al, 2009a, p 72)

9 Enabling risk and ensuring safety: what is happening in practice?

This section describes several practice examples showing how risk enablement while ensuring safety is being approached in local authorities and at different organisational levels. The examples given are emerging practice and have not yet been evaluated, but they still show how promoting independence, choice and control and enabling positive risk taking can be balanced with duty of care and ensuring people stay safe. They demonstrate how local authorities can approach the implementation of self-directed support and personal budgets in ways that empower individuals while ensuring risks are managed and responsibility is clear.

As well as outlining the structure and function of the risk enablement panel, some core principles have been identified as important for underpinning practice. These include the development of innovative approaches to support both staff and people using services. In addition a 'safeguarding and personalisation framework' is introduced and the importance of the role of the social worker is discussed.

9.1 Risk enablement: principles for person-centred practice

> Risk decision making is often complicated by the fact that the person or group taking the decision is not always the person or group affected by the risk. (Neill et al, 2009, p 18)

The traditional social care model has been identified as no longer being suitable for developing person-centred practice and supporting choice and control for people using services and their carers (Rowlett, 2009). This model affects the way the local authority has understood its duty of care. Local authorities have assumed that they can best fulfil their duty of care for the wellbeing of those in need of social care by retaining direct control over the type and amount of care that each individual receives' (Rowlett, 2009, p 338). However, personalisation means rethinking and restructuring to recognise that 'the local authority can best discharge its duty of care for the wellbeing of those in need of social care by doing everything it can to enable individuals to make free and informed choices about the social care services they want to access' (Rowlett, 2009, p 346).

As the research evidence examined for this report suggests, a transformation of local authority culture and systems is needed to put people, rather than processes, first. Those involved with developing positive approaches to risk taking with people with learning disabilities have emphasised the need for 'person-centred thinking'. This includes a move from risk assessment being a 'tick box' exercise, as 'the person and those closest to them bring a distinctive brand of knowledge to bear on the assessment of risk' (Methven, 2009, pp 26–7):

> While a person-centred approach is crucial, social care providers must also foster a culture of positive risk-taking, in contrast to the current risk averse culture that predominates. There must be recognition that, for risk management to be effective and empower individuals, a partnership must exist between the

> person being supported, their unpaid circle of supporters and staff paid by the support provider … the organisation must demonstrate that it will support staff who take positive risk. (Methven, 2009, p 25)

Traditional approaches to risk have meant that practitioners often focus on what might go wrong rather than positive outcomes from taking risks. Such traditional risk management has been characterised as technical approaches which 'lose the person' who is treated 'as an object to be assessed by the 'experts' rather than as an agent in their own lives, part of a family, community and society, with legal rights and choices' (Neill et al, 2009, p 19). In order to develop risk management practice for personalisation, it is recommended that 'learning and experiment rather than rule based processes' (Power, quoted in Neill et al, 2009, p 20) should be developed.

Some core principles that foster person-centred, positive risk taking while maintaining safety have been identified (Bates and Silberman, 2007; Neill et al, 2009):

- Involvement of people who use services and those who are important to them – this includes people who form the individual's informal 'circle of support' who are involved from the beginning to gather information, to define what the risks are from the individual's point of view and to discuss ways to enable and manage the identified risks.
- Positive and informed risk taking – this is built on a strengths-based approach to the person and looks at creative ways for people to be able to do things rather than ruling them out.
- Proportionality – this means that the time and effort spent on managing a risk should match the severity of that risk. The approach should also explore the consequence of not taking the risk in question, such as loss of autonomy or restriction of choice.
- Contextualising behaviour – this means knowing about the person's history and social environment, their previous experience of risk, what has and has not worked in previous situations.
- Defensible decision making – this means recording a clear rationale for all the decisions made and the discussions that led to the decisions, including reference to the relevant legislation such as the Mental Capacity Act or the Human Rights Act.
- A learning culture – this requires a commitment to ongoing learning and the use of reflective practice for people working at the front line.
- Tolerable risks – this involves negotiating and balancing issues of risk and safety to identify what is acceptable for everyone (the individual and others including the community) on a case-by-case basis.

More broadly, the following practice points have been identified for local authorities and social care providers:

- make explicit their encouragement of staff to explore what's important to the people they are paid to support, and to take managed risks to make progress
- make it clear in risk management policies that staff engaged in reasonable risk taking are acting under their employer's instructions

- provide sincere, swift and whole-hearted support for staff when positive risk-taking results in injury or harm. (Methven, 2009, p 27)

Finally:

> ... any positive approach to risk must include the basic principles of person-centred approaches:
>
> - keeping the person at the centre
> - treating the family and friends as partners
> - focusing on what is important to the person
> - an intent to build connections with the community
> - being prepared to go beyond conventional service options
> - and continuing to listen and learn with the person. (Neill et al, 2009, p 18)

9.2 A safeguarding and personalisation framework

ADASS and the South West Regional Improvement and Efficiency Partnership have developed a *safeguarding and personalisation framework* with safeguarding and personalisation leads, people using services and other key partners, such as the police and user-led organisations, who are involved with implementing self-directed support and personal budgets (Richards and Ogilvie, 2010). It shows the positive results of stakeholders working together and the framework incorporates a person-centred, preventative approach. It accounts for the fact that services often only intervene at points of crisis rather than being geared towards prevention and therefore do not always include the development of natural support and community involvement which are 'effective ways to guard against abuse' (Richards and Ogilvie, 2010, p 3). There is also a recognised need to 'bring together all staff working on safeguarding, and staff and service users and key partners developing personalisation and self-directed support in order to discuss issues and concerns' (Richards and Ogilvie, 2010, p 3). This is something that has already been highlighted in the research examined for this report.

The outcomes and recommendations of the stakeholder discussions informed the development of a simple framework designed to support person-centred risk assessment and management in conjunction with self-directed support. It is a 'live document' which can be reviewed and modified as learning happens, but the core aims are to:

- identify guidance and good practice which both empowers and protects people who use services within the self-directed support process
- ensure that safeguarding is built into personalised approaches and is not a separate process
- make the discussion about and ownership of risk explicit
- support joint and supported decision making
- identify points in the self-directed support process where risk assessment and management are particularly significant

- Include a user perspective which identifies ways to support and empower service users to make informed choices and better protect themselves. (Richards and Ogilvie, 2010, p 4)

Because the issue of risk enablement and safeguarding is a corporate issue the framework is structured in a way that incorporates the process at various levels throughout the organisation. This mirrors the levels in the research evidence: corporate, practitioner and individual service user:

1 High level business process – outlines the self-directed support business process. At each stage it identifies where it may be appropriate to link into the safeguarding process. You can check whether your processes are integrated and aligned.
2 Risk assessment – Identifies issues relating to risk that you will need to consider when undertaking a self-directed assessment for a personal budget. Provides links to relevant national and local guidance, policies and tools to enable you to develop guidance, policy and improve practice. It prompts you to think whether there are further actions you should be taking.
3 Risk management – Identifies issues relating to risk management that you will need to consider when developing a support plan based on a personal budget and in particular where the service wishes to use a direct payment. Provides hyperlinks to relevant national and local guidance, policy and to improve practice. Allows you to check whether there are further actions you should be taking. (Richards and Ogilvie, 2010, p 7)

The full framework document is available for download from www.dhcarenetworks.org.uk/_library/Resources/Personalisation/SouthWest/SPframework_jan_2010_with_links.doc

9.3 The role of the social worker

As the knowledge about risk management and self-directed support grows, the importance of social work skills is highlighted. Self-directed support is not just an administrative exercise, but requires the sort of support, empowerment and communication skills offered by trained social workers. Evidence shows that many still want the support of experienced social workers 'when they feel most vulnerable, to manage risks and benefits, and to build their self-esteem and aspirations so that they can take control or make difficult decisions' (Putting People First Consortium, 2010, p 2). For example, older people who are directing their own support and using a personal budget have been found to value and benefit from the specific professional support that a social worker can offer (Carr and Robbins, 2009). The research examined for this report shows the importance of professional social work for providing the type of empowering, relationship-based support required both by personalisation and adult safeguarding:

> ... seeing the individual in the context of family, friends and community, and reflecting their hopes and fears for their own future is where social work can bring an important contribution to the work of the team. (Putting People First Consortium, 2010, p 2)

The social worker therefore has a crucial role to play in the type of family mediation and community building work which has been identified as important for wider risk prevention and combating the sort of isolation which may put people at risk (Tyson, 2010). For person-centred support, social work 'becomes more important where people do not have natural circles of support in place – perhaps because they have lost touch with their families, for example' (Methven, 2009, p 27). In terms of social work risk assessment skills, it has been emphasised that 'competent and confident risk assessors have never forsaken practical creativity for simplicity and an off-the-shelf answer' (Methven, 2009, p 26).

The evaluation and learning from In Control's implementation and development of the self-directed support and personal budget process in Hartlepool found: 'social workers make an important contribution at each step, particularly when individuals are in difficult circumstances or when they lack friends, family or other natural support' (Tyson, 2010, pp 20–1). In particular, the evaluation has clearly highlighted the importance of the social work role for addressing risk enablement and safeguarding issues during the support planning process:

> Social workers ... are trained to help people assess, manage and take appropriate risks, and as local authorities move away from excessively risk-averse policies and procedures, social workers are well-placed to assist with more person-centred ways of managing risk. (Tyson et al, 2010, p 69)

9.4 Self-directed support and staying safe: the In Control perspective

As noted earlier, In Control has suggested that consideration of positive risk taking and safeguarding needs to be an integral part of the self-directed support process, including support planning and review and decisions on how best to manage a personal budget. In Control has argued that self-directed support has the potential to make people safer than traditional social care and support services because, among other things, it:

- provides a model for responding to complex cases of vulnerability and abuse where careful risk management and person-centred practice are essential
- creates a framework for preventing abuse by strengthening communities – connection with friends, neighbours and other local people who know and care about us are usually the best way to stay safe and we should strengthen those connections. (adapted from Tyson et al, 2010, p 73)

While risk enablement as part of support planning and review is critical, In Control recommends that local authorities should also 'review their formal safeguarding procedures with these issues in mind as they think about the role and remit of their workforce' (Tyson et al, 2010, p 73). Further they recommend the following points for risk enablement and safeguarding and particularly highlight the importance of the social worker role:

- Clearly define the role and responsibilities of professional social work staff and others in terms that reflect the positive role they play in risk enablement for individuals, and for the detection and prevention of abuse.
- Make it clear that it is the responsibility of all staff to be aware of adult and child protection procedures and to provide alerts through the agreed channels with appropriate urgency.
- Make it clear that suspected or actual incidents of abuse will be investigated and potentially prosecuted by the police and criminal justice system.
- Set out the important role that professional social workers have in many situations, especially in instances where criminal prosecution is viewed as inappropriate. Social workers are well equipped to work alongside the police to solve complex social and family issues, and to bring into play the gentler measures through planning and problem solving approaches.
- Play a part in the creation of a no-blame culture – one which provides a collective response to abuse and does not scapegoat individual members of staff. (Tyson et al, 2010, pp 73–4)

The In Control *Supporting safely* guide for all those involved in supporting people using self-directed support and personal budgets outlines some key things to consider:

- When you are providing care and support to someone, you must think about health and safety issues for yourself, the person you are supporting and anyone you might come into contact with while you are providing support.
- Identifying risks: the person you are supporting should be very specific about anything harmful that they think might feasibly happen given their particular circumstances, paying special attention to any problems that have occurred before.
- Responses to risks: you need to work with the person you are supporting to think about anything you could reasonably do to reduce or remove any risks that have been identified. Think about all the possible responses and be imaginative.
- Evaluate the options: you need to think carefully through the potential consequences of all of these responses in turn with the person you are supporting. Consider whether he response does actually reduce risk, and making sure that in doing so, you are not compromising their independence. It will help to talk these issues through with other people who know the individual well, and any professionals who might be able to provide advice or guidance, such as the person's social worker or a health professional. It is important that the person you are supporting is enabled to weigh up the pros and cons of all the possible courses of action being considered before any final decisions about how the risk is to be managed are made.
- If you have been involved in these discussions, it is important that you keep a record of this thinking and decision making process, so that you can refer back to it if anyone questions why you are taking the approach that is eventually decided upon to manage any risks. (In Control, 2010, p 5)

9.5 Risk enablement panels

An essential part of the support planning role is to consider acceptable levels of risk … [there are] a number of different options for carrying out this activity, depending on each individual's particular situation and what level of decision making support they require. Possible options … range from a light-touch approach, through risk enablement panels, to a full adult safeguarding process. (Rowlett, 2009, p 353)

Risk enablement panels are a way of helping with challenging or complex decisions that may occur as part of the support plan validation process. The emphasis is on supporting positive risk taking while maintaining duty of care and decisions are made in a shared and informed way, with transparent, shared responsibility. According to In Control's Hartlepool study, Hartlepool also see their panel as 'a learning set for cultural change' where perceptions of risk can be explored and risk-averse practice challenged (Tyson, 2010, p 15).

Local authorities which have been at the forefront of establishing self-directed support and personal budgets as part of standard social care and support, such as Essex, Oldham, Stockport, Manchester, Hartlepool and Newham, have set up risk enablement panels as part of developing a culture that is more accepting and enabling of risk.

In their risk enablement policy, Essex County Council recognise that:

> … a major inhibiting factor in achieving good outcomes for people in relation to choice and control is operating in a regime where there exists a fear of putting the organisation at risk, both financially, in terms of public relations, reputation or in breach of the law … [therefore] it is important to spend time with the service user to develop a good support plan with a completed risk assessment. High quality and clear information is required to help people make informed choices, with the use of appropriate intervention and advocacy services for those with language or sensory needs to ensure the best possible outcomes. (Essex County Council, 2008, pp 8, 10)

9.5.1 Aims

Risk enablement panels can facilitate best possible outcomes, including safeguarding. In their factsheet on self-directed support and personal budgets for people using services, Oldham say that 'the purpose of the risk enablement panel is to discuss, record, and minimise the risk and share the responsibility of the decisions taken' (Oldham Council, 2009, p 2).

In Control, along with participating local authorities, have developed a template terms of reference and procedure for the establishment of risk enablement panels. They outline the aim as being:

> … to provide a forum for full and frank discussion and resolution of serious concerns relating to the positive management of identified risks highlighted in an individual's support plan. When there is a significant or perceived substantial risk,

> it will provide a forum for a shared decision making process leading to the support plan being agreed which ensures that the individual will be enabled by the support described to remain healthy, safe and well, and where the local authority will be seen to have discharged its legal duty of care. (Tyson et al, 2010, p 158)

Emphasising the importance of multi-agency and multi-professional working, particularly with adult safeguarding, Essex say that the specific role of the risk enablement panelis to:

- deal with disputes arising from the escalation process as part of validation
- co-ordinate risk management across adult social care and potential links with other directorates
- provide a forum to support service risk co-ordinators and other key stakeholders in a 'blame free' learning environment
- monitor developments nationally in risk management, considering their relevance to the council
- provide a forum to consider how risk management can support corporate initiatives
- ensure effective co-ordination and promotion of other risk management options such as health & safety, insurance, business continuity, emergency planning and disaster recovery. (Essex County Council, 2009, pp 15–16)

9.5.2 Objectives and purpose

The In Control template gives the objectives of a risk enablement panel:

- to ensure a consistent approach is taken to considering complex decision making, where the risk to independence or safety is balanced with the risk of not supporting the individual's choices
- to come to a shared responsibility when dealing with complex risks between the local authority, its clients, their carers, providers and staff
- to ensure there is a written record of discussions and decisions. (Tyson et al, 2010, p 158)

Essex County Council are clear that all the other processes should be in place as part of support plan validation to identify, enable and manage risk and to highlight and respond to any safeguarding issues. They say that risk enablement panels should only be convened in exceptional circumstances and do not have the authority to provide extra resources to manage risks:

> The Risk Enablement Panel will provide a forum to consider identified risks and mitigating actions where these cannot be resolved during the normal process of assessment, support planning, validation or review. It is anticipated that it will operate only in exceptional circumstances as part of the stage of validation where disputes occur and cannot be resolved and will be convened as required. (Essex County Council, 2009, p 14)

In Control also make it clear that:

> ... the panel will not act where Adult Protection/Safeguarding Procedures or Multi-Agency Public Protection Arrangements (MAPPA) take precedence [and that] the Mental Capacity Act provides essential guidance as to how to facilitate and support informed decision making for individuals who have difficulty communicating, or for whom there are issues around capacity to make decisions. (Tyson et al, 2010, p 158)

In their policy document Essex County Council outlines the purpose of the risk enablement panel:

- to guide, advise and support individuals, (including third parties) to minimise risks and manage complex risk situations, including cases involving differences of opinion
- to seek positive solutions and outcomes for individuals and resolve issues regarding the sharing of risk between individuals, third parties and the organisation
- to ensure that no individual is left to make a difficult decision without support and that the Council can demonstrate it has fulfilled its duty of care around the support of people who use services
- to provide a forum where staff at different levels of the organisation can share risk decision making where there is concern about the level of risk
- to take the final decision on issues involving risk, in conjunction with senior managers where necessary
- to promote a consistent approach to managing complex risk decision making. (Essex County Council, 2009, p 14)

9.5.3 Membership

In order to involve all those concerned with the support planning, risk management and safeguarding for an individual, In Control have advised that the following people should make up a panel:

- the individual and/or their advocate
- any carers requested by the individual to represent them, or who the panel consider to be affected directly by the decision being considered
- an independent chairperson, ideally drawn from the local Safeguarding Adults Board
- the local authority Safeguarding Adults lead
- the social worker/care manager responsible for the case and/or their team manager
- any relevant multi-disciplinary staff, such as social worker/care manager or health professional
- any relevant specialists involved such as a consultant psychiatrist or criminal justice advisor
- a note taker
- a contingency list of staff that can deputise for primary panel members. (Tyson et al, 2010, pp 158–9)

Oldham Council have said that:

> Membership of each panel is made up of specialists who have relevant experience and knowledge. For example, where health agencies are involved, there is a relevant representative from the Health Service. This encourages multi-disciplinary and multi-agency discussion and decision-making. It also encourages partnership working. (Oldham Council, 2007, p 2)

9.5.4 Referrals

In Control recommend that the panel can be requested by anyone involved in signing off a support plan after all other attempts to reach a decision with the individual have been exhausted. They make it clear that 'it is important the individuals and their representatives are made aware of the panel's existence and role when being given information about the support planning process' (Tyson et al, 2010, p 159). Hartlepool Borough Council risk enablement panel will consider cases where 'there is a large discrepancy between proposed cost and those of existing services' (Tyson, 2010, p 15).

Oldham Council have outlined their referral policy and process:

> A referral to the Risk Enablement Panel is made after discussion with the appropriate Team/Line Manager when a service user has a complex risk assessment requiring multi-professional discussion.
>
> Service users may be referred to a Risk Enablement Panel if they:
>
> - have complex health care needs
> - have complex challenging behaviour
> - need complex risk assessments involving family, carers, or the community
> - require physical intervention
> - have risks in relation to moving and handling
> - have health and safety issues
> - require isolation
> - have forensic needs
> - need to be assessed due to ethical dilemmas around individual care
> - have a paid carer, adult placement or volunteer who has had a criminal records bureau (CRB) check that has returned issues for discussion. (Oldham Council, 2007, pp 3–4)

In Essex examples of referrals to the risk enablement panel would include the following:

- Does the individual have capacity to consent to the decision regarding the potential risk?
- Are the risks to the individual such that cannot be resolved through care planning or normal safeguarding or POVA processes
- Could the risk cause endangerment to other people (third parties)?
- Could the risk expose the council to political or reputational risk

- Legal and regulatory issues – including the status of measures in a support plan or compliance issues
- Suspected fraud
- Risks arising from the availability of services or facilities
- Risks that are not specific to the individual or their support plan but relate to wider organisational issues, including potential service failure or the suitability of equipment or facilities.

Financial or budgetary risks that cannot be resolved through the validation process. (Essex County Council, 2009, p 15)

9.5.5 Decision making and outcomes

In Control recommend that the meeting is conducted and decisions are made in a supportive, open and inclusive way. The chair's role is to explain and oversee the process, enable the individual or their representative to present their case to the panel and to facilitate constructive discussion. This discussion should enable the individual or their representative and panel members to 'fully explore and understand the issues and for potential consequences of any decision to be identified and explained' (Tyson et al, 2010, p 159). The chair will help broker an agreement with reference to the local authority's duty of care and any relevant legislation (such as the Human Rights and Mental Capacity Acts). All processes and decisions should be fully recorded as risk enablement panels need to have written records to support transparent decision making and shared accountability.

Importantly, the individual must be made aware of the consequences of not abiding by the decision. This should be communicated to them in an appropriate way so they can make fully informed choices.

Oldham note the importance of working with adult safeguarding to make fully informed shared decisions, including how to deal with instances of fraud, theft or financial abuse:

> Where any risks to a service user identified fall within the scope of the [local Safeguarding Vulnerable Adults] Guidelines, they should be addressed under those guidelines. Where risks to an individual are identified that fall outside the scope of the protocol and that cannot be addressed within the normal process of support planning, the matter should be referred through the Validation process to the Risk Enablement Panel. The Risk Enablement Panel will work closely with the Safeguarding Team where necessary to reach their decision on how to manage the risk. (Essex County Council, 2009, p 17)

9.6 Lincolnshire County Council: personal budgets, risk management and organisational transformation

The literature search for the research in this report identified a case study showing how a local council used corporate risk management strategies to deliver improvements through the increased uptake of direct payments and personal budgets. As part of its social care transformation process Lincolnshire County

Council used risk analysis and management as a tool to support the development of a simpler, more flexible approach to direct payments and personal budgets (Rowlett and Deighton, 2009). In analysing the existing processes, the authors found that problems were arising from inaccurate ideas about risk that focused on protecting the organisation from financial fraud. Because of this 'an unworkable [audit] system had been put in place' (Rowlett and Deighton, 2009, p 135). Working within this complicated system took up a large amount of staff resources. This meant that staff could not focus on risk issues relating to individuals, such as safeguarding and ensuring that social care outcomes were met. 'In agreeing to remove the unnecessary and ineffective controls [senior decision makers] were actually reducing, not increasing, the authority's exposure to risk' (Rowlett and Deighton, 2009, p 136).

The organisational change evaluation showed that:

> ... by focusing on working with staff and service users to prevent problems, direct payments staff report that there are now fewer problems to be resolved and frontline staff have identified a number of cases of potential misuse of funds as a result of having closer links with individuals.... This demonstrates that the principle of building closer relationships instead of relying solely on intensive paperwork checks does appear to be making it easier to identify and address misuse of funds. (Rowlett and Deighton, 2009, p 142)

The new system also incorporated other ways of identifying fraud:

- paid carers asking for finance checks for the service users who employ them
- new bank account checks have highlighted problems that have led to more detailed finance checks and identified areas of concern about specific direct payments, which can then be addressed and resolved. (Rowlett and Deighton, 2009, p 142)

The case study highlighted the importance of managing anxiety about risk and exploring views on risk in a corporate way, with all stakeholders. It also emphasised the need for support services which are capable of providing appropriate levels of support and negotiated risk management on a case-by-case basis. This allows individuals to use their direct payments most effectively to meet their chosen outcomes. Finally, the new system was subject to an evaluation, which showed 'significantly improved performance [in the take up and management of direct payments] alongside cash savings.... After moving the priority from funding issues to ensuring safety and achievement of outcomes, the new process is still more effective at identifying and addressing misuse of funds than the original approach' (Rowlett and Deighton, 2009, pp 141–2).

10 Conclusion

Despite the lack of research on perspectives of people who use services and carers, the evidence examined has shown some clear messages and conclusions. The systematic literature review of US, UK and Australian research on consumer-directed care for older people with complex needs (a group for whom this approach is not always seen as suitable) clearly outlines some key factors for good practice in implementation for all groups:

> Self-Directed Care programs should have a system-wide focus and address systemic, educational, and cultural concerns as well as community involvement issues. The successful implementation of Self-Directed Care hinges on:
>
> - Well-designed and clear policies on risk management, duty of care, and client review procedures. These need to balance agency and worker responsibilities with the aspirations of their program and its participants for self-directed care and support.
> - Thorough staff training and organisational change management prior to implementation. This should address ageism in professional culture and concerns of older care professionals around abuse, neglect, fraud, exploitation, contractual agreements, the capacity of older people; and realistic workload assessments.
> - A review and continuous improvement process should be in place to improve care outcomes. (Ottmann et al, 2009a, p 3)
>
> The emerging evidence base appears to support the underlying principles of safeguarding and self-directed support, as described by In Control: 'Individual adults who use social care and support services and/or their carers should be able to make their own decisions and take risks which they deem to be acceptable to lead their lives their way' (Close, 2009, p 1).

The findings here on how frontline practice is influenced by corporate approaches to risk management support a key recommendation from the Department of Health's 2007 guidance on risk and supported decision making:

> A major inhibiting factor in achieving good outcomes for people in relation to choice and control is operating within a regime where there exists a fear of putting the organisation at risk, both financially, in terms of public relations, reputation or in breach of the law. The most effective organisations are those with good systems in place to support positive approaches rather than defensive ones. The corporate approach to risk that an organisation takes overwhelmingly influences the practices of its workforce. (DH, 2007a, p 3)

It is clear that if frontline practitioners are overly occupied with protecting organisations from fraud, this will impact on the capacity of those practitioners exercising their duty of care at the front line. This means that practitioners are less able to engage with individuals to identify safeguarding issues and enable positive risk taking. Defensive risk management strategies or risk-averse frontline practice may

result in individuals not being adequately supported to make choices and take control and therefore being put at risk.

Practitioners need to be supported by local authorities to incorporate safeguarding and risk enablement into relationship-based, person-centred working. Good quality, consistent and trusted relationships and good communication is particularly crucial for good practice in self-directed support and personal budget schemes.

> What is regarded as 'risky behavior' and whether a risk is worth taking can be viewed very differently by service users, their carers and practitioners. Research has also highlighted the need for practitioners to listen [to service users] and their informal carers, to recognise and value the importance of subjective interpretations of risk and, when assessing and planning management strategies, to place these in the wider socio-economic context of each service user's personal and family life. (Mitchell and Glendinning, 2007, p 90)

> Rather than try to calculate the incalculable, social workers need to regain their former status as experts in uncertainty. They should develop mutually trusting, respectful relationships with their clients, make fine judgments about risk and dare to work creatively and innovatively. (Stalker, 2003, p 228)

People using services need to be able to define their own risks and be empowered to recognise and identify abuse, neglect and safeguarding issues with the support of frontline staff. People need clear information and advice about what to do if they have concerns. This should be a core part of self-directed support, including assessment and regular outcome review. This need has been emphasised in the context of the review of *No secrets*, where the consultation document stressed:

> The concepts of empowerment and of self-determining adulthood, of ensuring that the individual is at the centre at every stage, of risk assessment and risk management with (not for) service users were stressed by many respondents. Care management processes and workforce skills, we were told, needed to be refocused on communication, empowerment and enabling people to take considered risks. (DH, 2009a, p 31)

As self-directed support and personal budgets become implemented, innovative practice showing how risk enablement while ensuring safety is being developed. Risk enablement practice has not yet been evaluated, but still shows approaches to promoting independence, choice and control and enabling positive risk taking while maintaining the balance with duty of care and ensuring people stay safe.

Risk enablement panels are beginning to emerge as a way of helping challenging or complex decisions that may arise as part of signing off a person's support plan. They show how local authorities can approach the implementation of self-directed support and personal budgets in ways that empower individuals while ensuring risks are managed and responsibility is clear. The emphasis is on shared decision making that supports person-centred frontline practice and improves practitioner confidence. Duty of care decisions can be made in a shared and informed way, with transparent, shared responsibility.

One indication of a supportive system is one which clearly incorporates self-directed support with safeguarding policy and practice, with abuse detection and risk enablement training for both staff and people using services, particularly self-directed support and personal budgets. Practitioners need to be supported by local authorities to incorporate safeguarding and risk enablement into relationship-based, person-centred working.

From the research and practice evidence examined here, it appears that risk enablement in the context of self-directed support and personal budgets (as well as adult safeguarding) must be an integral part of the adult social care transformation process, rather than as a 'bolt on' solutions to existing systems which do not place the person using the service at the centre. Change and transformation must include all stakeholders – people using services, their carers, friends and family, frontline practitioners and safeguarding staff:

> The effective integration of safeguarding and personalisation contains the seeds for a transformation of care, not just the prevention of abuse and neglect. (Warin, 2010, p 42)

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Useful resources

For more practical resources and practice examples go to the *Putting people first* Toolkit at www.dhcarenetworks.org.uk/Personalisation/Topics/Browse/Risk/

Putting People First website: www.puttingpeoplefirst.org.uk

SCIE At a glance 05: *Mental Capacity Act 2005*

SCIE personalisation resources: www.scie.org.uk

The Essex County Council Risk Enablement Policy can be found at: www.dhcarenetworks.org.uk/_library/Resources/Personalisation/SouthWest/Essex_PPF_Risk_Enablement_Policy.pdf

The In Control Risk Enablement Panel template terms of reference can be found at: www.in-control.org.uk/DocumentDownload.axd?documentresourceid=1246

The Newham Council risk enablement panel referral form can be found at: www.dhcarenetworks.org.uk/download.cfm?file=..%5Csecure%5Cem%5Cevents%5C419%5CRisk_Enablement_Panel_Criteria__v3doc.doc

The Oldham Council Policy and Procedure for Referring Cases to a Risk Enablement Panel can be found at: www.dhcarenetworks.org.uk/_library/Resources/Personalisation/Personalisation_advice/Oldham__Risk_Enablement_Policy_and_Process.pdf

About the development of this product

Background

The IBSEN study and the subsequent government response, SCIE RB20 (on personal budget schemes), and the Partners' Council showed that risk management within personal budgets (which allow service users to commission their own care) was a key area to explore and evidence. Users told us that the risk averse culture in social care services could be used to restrict their choices.

Scoping and searching

Scoping and searching took place in June 2008, and was updated in March-June 2009, following a pause to allow the imminent publication of key material (including IBSEN study and the government response). Policy papers were included.

Research briefing methodology

SCIE research briefing methodology was followed throughout (inclusion criteria; material not comprehensively quality assured; evidence synthesised and key messages formulated by author): go to http://www.scie.org.uk/publications/briefings/files/researchbriefingguidance2009.pdf for a full description: but this was published as a report purely because it exceeded allowable length of research briefings.

Stakeholder involvement

Author is a topic expert. Project drew on Partners' Council consultation (day's conference). Project was overseen by Personalisation Project Advisory Group (including users and carers).

Peer review and testing

The Personalisation Project Advisory Group (including users and carers) steered production and peer reviewed product and key messages, as did safeguarding and self-directed support experts.

Enabling risk, ensuring safety: Self-directed support and personal budgets

This report highlights emerging findings from research and practice regarding risk taking and safety in the implementation of self-directed support and personal budgets. The aim is to highlight evidence of what may help or hinder risk enablement and adult safeguarding in the context of promoting independence, choice and control, and to provide examples of how practice is developing.

This publication is available in an alternative format on request.

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