

MY LIFE, MY RISK

PROFESSOR CHARLOTTE CLARKE



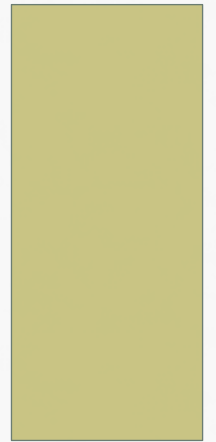
WORKSHOP IN OUTLINE

1. What do we mean by risk?
2. What's so hard about risk management?
3. How can we understand risk differently?
4. How can risk taking enhance quality of life?
5. How can we do risk management differently?

INSTRUCTIONS!!

- You need 2 or more pieces of post-it note paper
- And a pen!
- On each side of paper you will need to write a symbol and a few words...
- There is very little space and little time – so write small, think quick!!
- This is fun – but important 😊

PART 1



MARY & FRED

MARY & FRED

Carers
help Mary
bed

MARY & FRED

Carers
help Mary
to bed

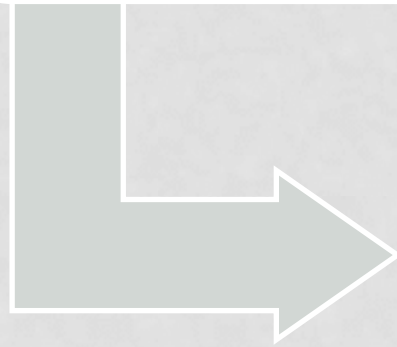
- No evening time together

MARY & FRED

Carers
help Mary
to bed

- No evening time together

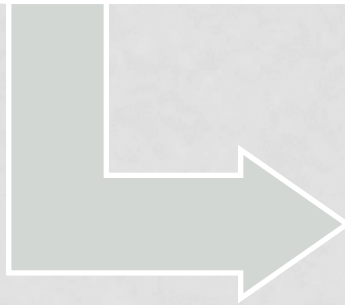
Move
house



MARY & FRED

Carers
help Mary
to bed

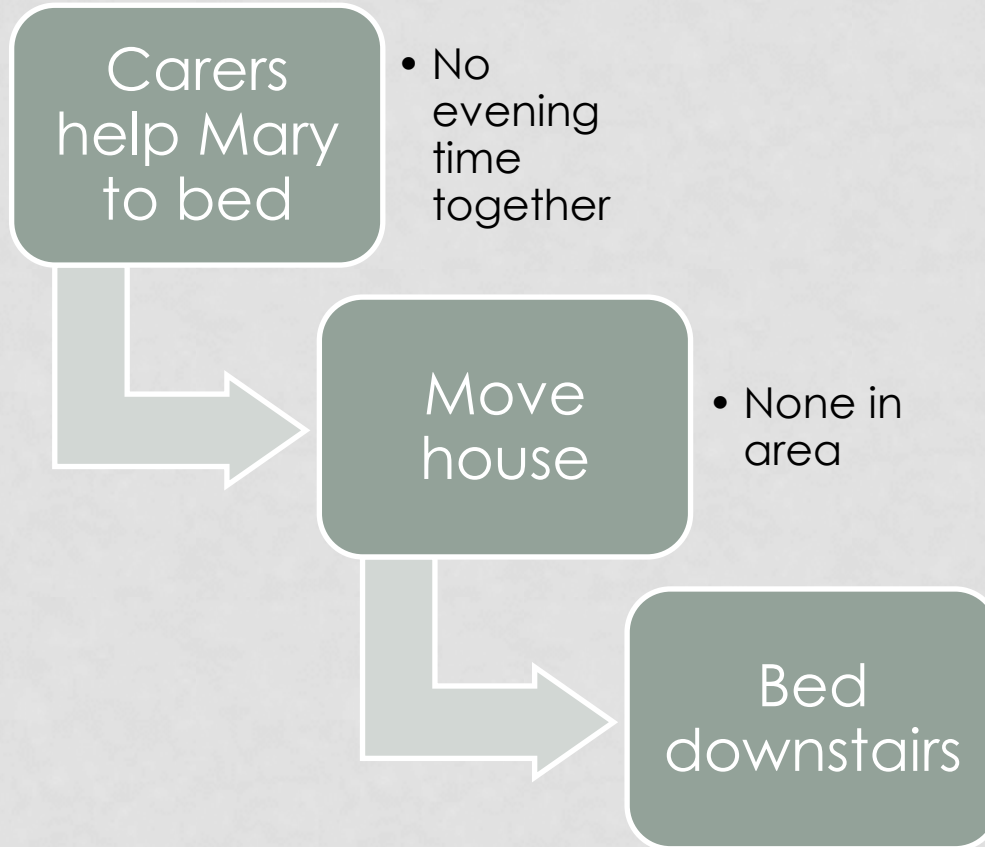
- No evening time together



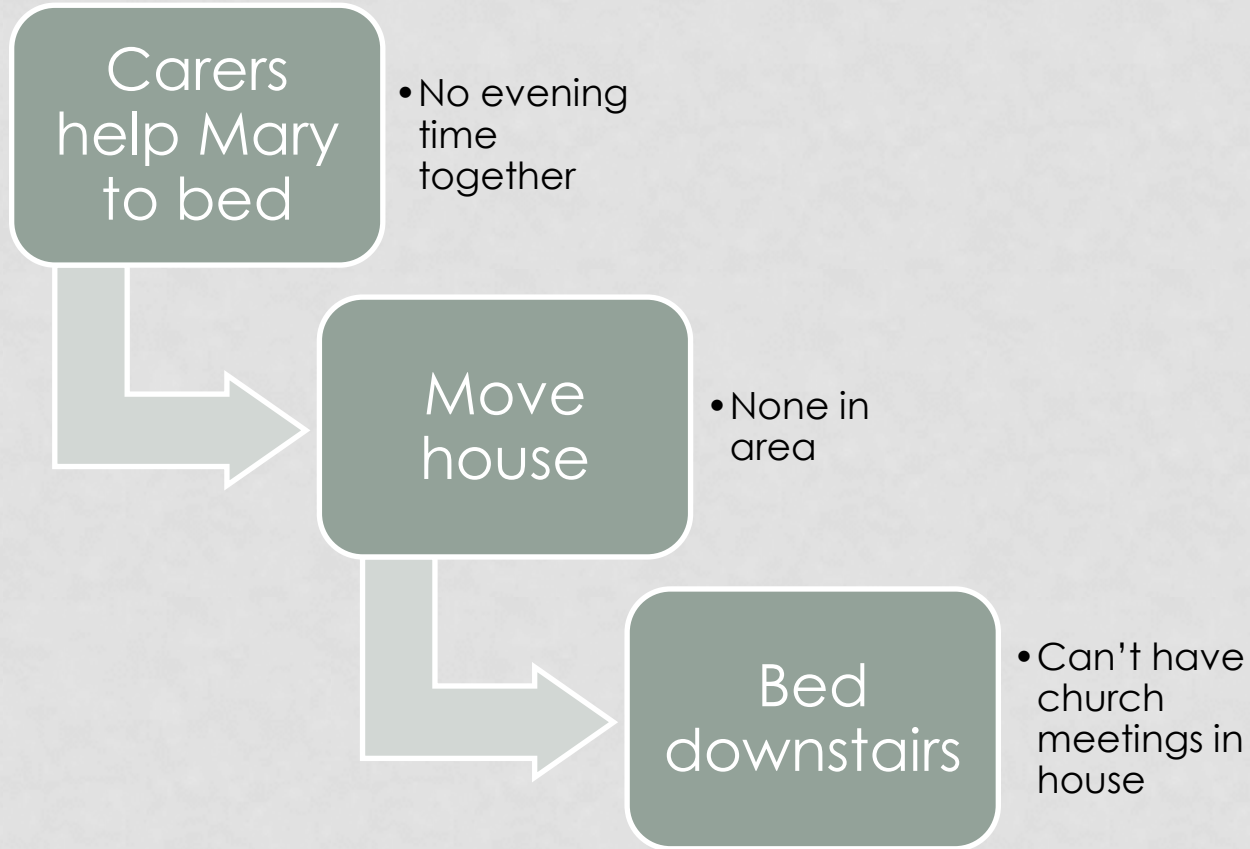
Move
house

- None in area

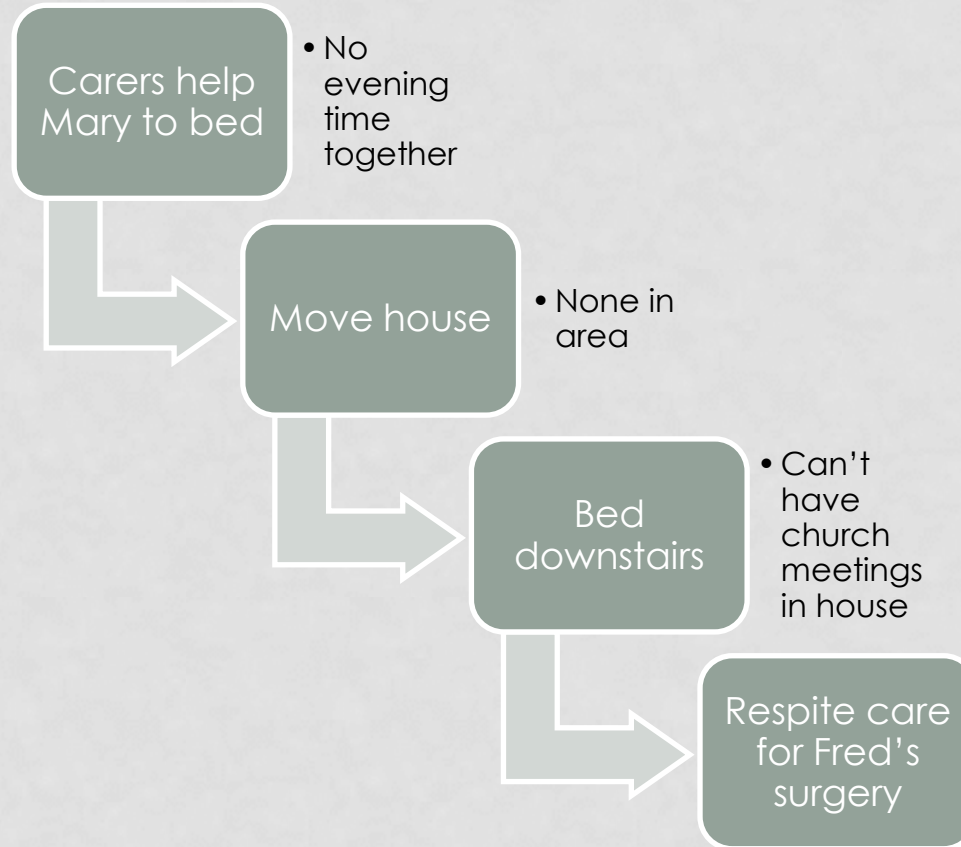
MARY & FRED



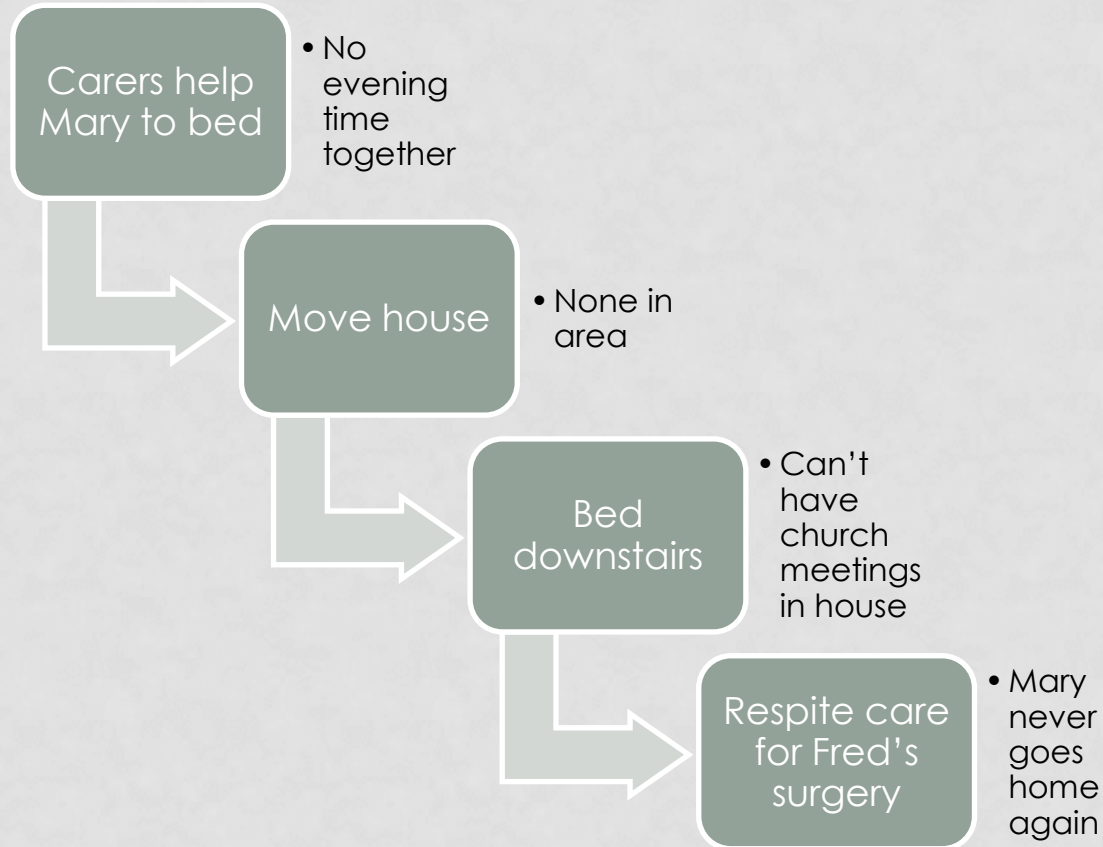
MARY & FRED



MARY & FRED

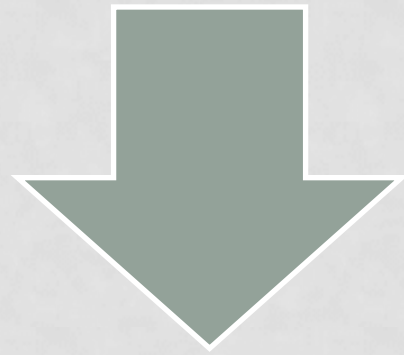


MARY & FRED



APPROACHES TO RISK

- An objective approach, quantifying risk by calculating the statistical *probability* of particular (and usually adverse) events occurring
 - Risk calculation is based on the belief that we can make objective, rational judgments (as opposed to intuition or guesswork) about whether or not an adverse event is likely to happen by calculating the event's statistical *probability*.
- A subjective approach, focusing on what risk *means* to different people
 - Influenced by culture, power, regulation, questions about 'in whose interests'.



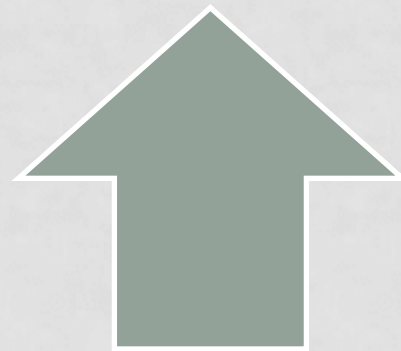
Risk / Harm
management

Vulnerable
people

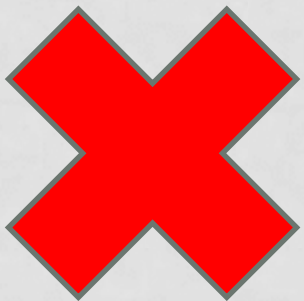


Risk enablement /
positive risk taking

Vulnerable
situations



IF SOMEONE ASKED MY
ADVICE ABOUT WHAT
RISKS AND DILEMMAS
THERE ARE FOR PEOPLE
LIVING AND WORKING WITH
DEMENTIA
I WOULD SAY ...



DILEMMAS IN RISK MANAGEMENT IN DEMENTIA CARE

CLARKE, KEADY, WILKINSON



STUDY 1

- Questionnaire survey in England, Wales and Scotland concerning risk management practices.
- 46 responses obtained.
- Responses to:
 - “Providing services for any client group can create risk dilemmas in which service providers find themselves with difficult decisions to make about care. Please describe some of the risk dilemmas that you and your organisation are faced with – you may use (anonymous) case examples to describe these”.

RISK & INDEPENDENCE

- *“Encouragement of independence always results in increased risk to the individual”*
- *“Perceptions of what constitutes acceptable risk can often be problematic between managers, staff and family carers – family carers need to keep the person with dementia ‘safe and looked after”*
- *“Quality of life versus safety, such as walking about the home – activities the resident enjoys”*
- *“Restraint and restriction of personal freedom are a daily dilemma”.*

RISK & RESOURCE

- *“Keeping people at home when there isn't a residential resource available”*
- Lack of resources, especially in terms of staffing, can *“prevent effective and constructive risk taking”*
- *“We have 1:1 care and focus on what each individual client wishes to do, for example, we had a male client who became extremely restless if he was unable to go outside, we are in the fortunate position that he was able to leave the building any time with a volunteer for an enjoyable walk around the park”*

ORGANISATIONAL RISK MANAGEMENT

- Health and safety legislation *“can inhibit proactive practice as nurses fear litigation”*
- *“Difficulties about making decisions about care and the dilemma regarding appropriate representation (no real advocacy service available)”*
- *“There is a tendency by purchasers to remove the person rather than the 'risks' involved. Clients are disempowered and their rights as citizens denied due to medicalising dementia and collusion of social services.”*

KEY MESSAGES

- In day to day decision making situations, the dilemmas faced by many of the respondents concerned balancing independence and autonomy with exposure to potential harm.
- Maintaining safety and protection from harm is, in the view of some respondents, insufficient.
- The dilemmas faced by practitioners and service managers in risk assessment in dementia care are indeed complex, and profoundly influence the nature of care available to people.

STUDY 2

- Collaborative learning group, addressing risk management in dementia care
- Approx. 20 practitioners

SEEKING CERTAINTY

- How to respond in situations fraught with uncertainty!
- How to work with complexity
- Risk-adversity: 'tick-box' thinking
- Enabling 'risky' activities
- Risk repair – by practitioners & people with dementia

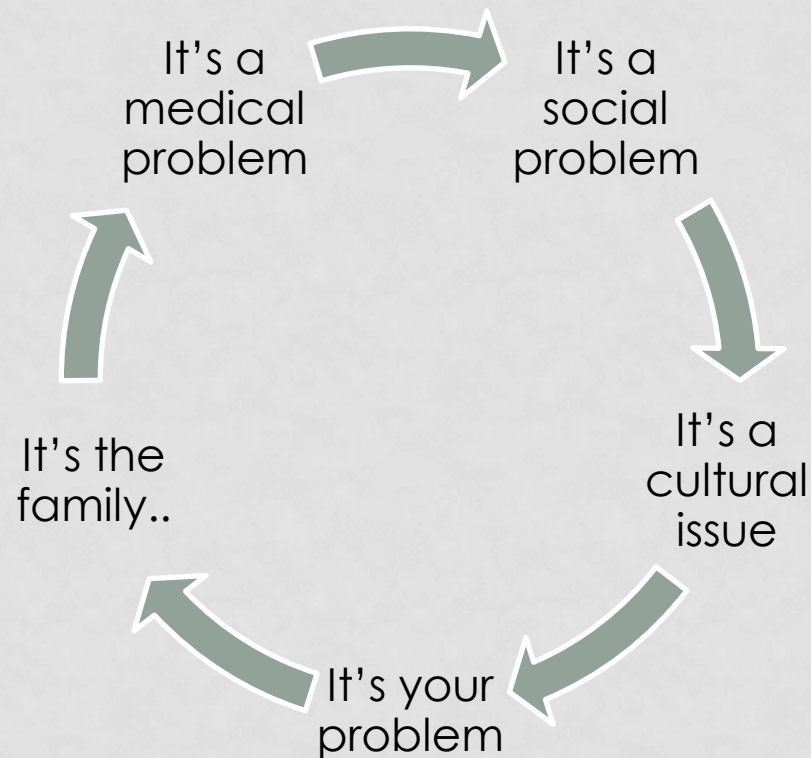
JUDGMENTS

- Making judgments – being judged
- Making judgments for fear of being judged
- Working with multiple views of the ‘right’ thing to do
- How to gather and interpret information to inform judgments
- Keeping the person central for person-centred care



TEAM WORKING

- Conflicting views between colleagues, between professions & between sectors

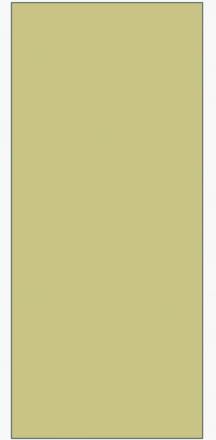


RISK – SCOPE OF RESPONSIBILITIES

‘Risks are inherent in social care, as in everyday life. Those leading and governing a service manage the risks in their service in a systematic way which is embedded in a culture focused on the safety, welfare and quality of life for people using the service.’

Health Information and Quality Authority 2013)

PART 2



ROLES IN RISK MANAGEMENT

(ALASZEWSKI ET AL 1998)

- Risk is a hazard
 - and the practitioner is a **hazard manager**
- Risk is potentially empowering
 - and the practitioner is a **risk facilitator**
- Risk is a dilemma
 - and the practitioner is an **dilemma negotiator**

EXAMPLES OF YOUR ROLE AS:

- A HAZARD MANAGER
- A RISK FACILITATOR
- A DILEMMA NEGOTIATOR



TWO MOTHERS

TWO MOTHERS

'My mum, while she still had some mental capacity, said to me:

So what if I go out. If I get lost, someone will help me home. If I walk in front of a bus so be it let nature take its course.

We put Mum's physical safety ahead of her freedom. She is now in a Care Home.

We felt we had no choice 😞.'

<http://forum.alzheimers.org.uk/showthread.php?63715-Risk-averse-carers-hasten-dementia-decline>

RISK: QUALITY OF LIFE OR PHYSICAL SAFETY?

- Creating 'silent harms' (Clarke et al 2011)

RISK: QUALITY OF LIFE OR PHYSICAL SAFETY?

- Creating 'silent harms' (Clarke et al 2011)
- Managing risk by attending to physical safety only can lead to (Titterton 2005):
 - Ignoring other needs
 - Denying right to choice and self-determination
 - Loss of a sense of self-esteem and respect
 - A form of institutionalisation with loss of individuality, volition and increase in dependence
 - At its worst, can lead to abuse of vulnerable people.

برائے ہماری شناخت کیلئے رکے

PLEASE IDENTIFY
YOUR SELF

MAINTAINING WELLBEING FOR OLDER PEOPLE

- Re-narrating life
- Social networks
- Having a purpose
- Finding a meaning to day to day life

Vulnerability of individual,
social or physical environment



Being perceived to be **'At Risk'**



May result in heightened surveillance,
altered freedoms, altered place of 'home'

Lay-Professional Time Framing



Time reference
back
Person privileged

Time reference
forward
Dementia
privileged

Clarke C.L. & Heyman B. (1998) *Risk Management for People with Dementia* In:
Heyman, B. (ed.) *Risk, Health and Healthcare: A Qualitative Approach* Chapman & Hall,
London.

Lay-Professional Time Framing

Information 'elicited'
about the person

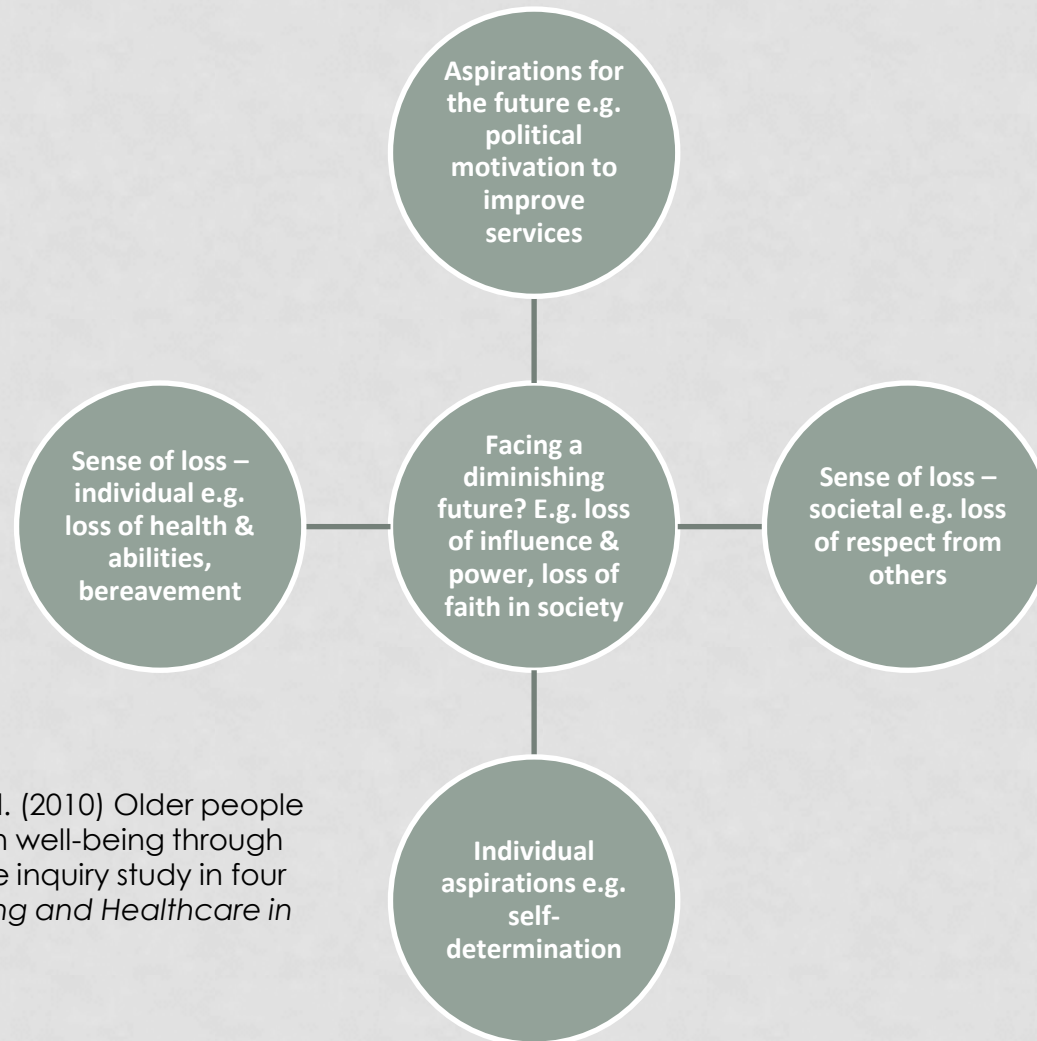
Information 'provided'
about dementia



Time reference back
Person privileged

Time reference
forward
Dementia privileged

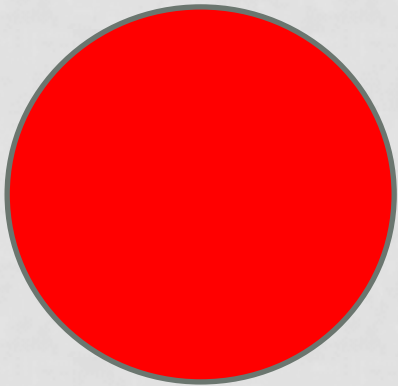
TEMPORAL ACCOUNTING: BALANCING LOSS AND ASPIRATION



Moyle W., Clarke C.L. et al. (2010) Older people maintaining mental health well-being through resilience: an appreciative inquiry study in four countries. *Journal of Nursing and Healthcare in Chronic Illness* 2;113-121.

- The dual-ality of risk
 - Harm vs. enhancing QoL
 - 'Subject of society' vs. providing leadership
 - Individual 'at risk' vs. 'society as risk'
- Temporal accounting
 - Changing 'life goals'
 - Diminishing concern for self & enhancing concern for community / society

IN ORDER TO PREVENT
SILENT HARMS,
I WOULD ADVISE A
COLLEAGUE OR FAMILY
MEMBER TO...



TAKING A RISK?

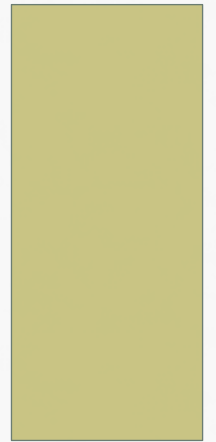
‘Quite simply, risk taking is sometimes a duty.

Not taking a risk can be bad professional practice.

Often the real problem is that too few, not too many, risks are taken.’

Carson & Bain 2008

PART 3



PRINCIPLES OF A LEGISLATIVE FRAMEWORK

(CARSON & BAIN 2008; CLARKE ET AL. 2011)

1. When undertaking a risk assessment, the law may specify the criteria to be taken into account.
2. The law requires you to consider whose values are to be taken into account in assessing risk.
3. Consider your own professional responsibility under the law of negligence: make decisions and act in a way that is demonstrably consistent with what a responsible body of your colleagues would do.

OUTCOMES VS PROCESS??

A good process will,
hopefully very infrequently,
still lead to harm being incurred.

SUPPORTING QUALITY OF LIFE THROUGH POSITIVE RISK TAKING

- Enable people to manage uncertainty rather than create certainty - to avoid unnecessary dependence and risk avoidance
- Effective advocacy of the views of the person with dementia – involve them in decisions about risk taking or risk avoiding
- Ensure that assessment includes psycho-social and emotional wellbeing as well as physical safety
- Ensure that there is good communication within and between services.
- Review regularly – people and contexts change!

FRAMEWORK FOR RISK ASSESSMENT & MANAGEMENT (CLARKE ET AL 2011)

1. Identify risks in the life-context of personal biography & everyday life
2. Identify risk perspectives
3. Weighting of risks
4. Identify current and past strategies for managing risks

PERSONAL RISK PORTFOLIO

(NOTHING VENTURED, NOTHING GAINED. DH 2010)

| | | | |
|----------|-------------------|--|------------------|
| High QoL | | | |
| | | | |
| | | | |
| Low QoL | | | |
| | High risk of Harm | | Low risk of Harm |

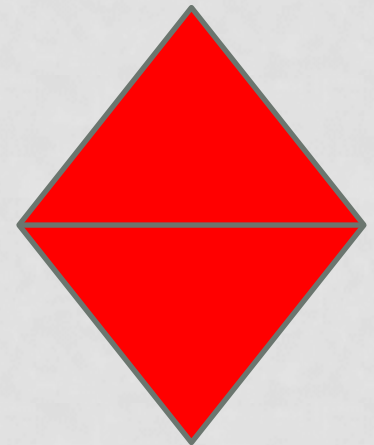
-  Stop
-  Substitute
-  Balance carefully
-  Continue

THINK OF A CURRENT RISK ISSUE FOR
SOMEONE LIVING WITH DEMENTIA.

ASSESS WHETHER TO:

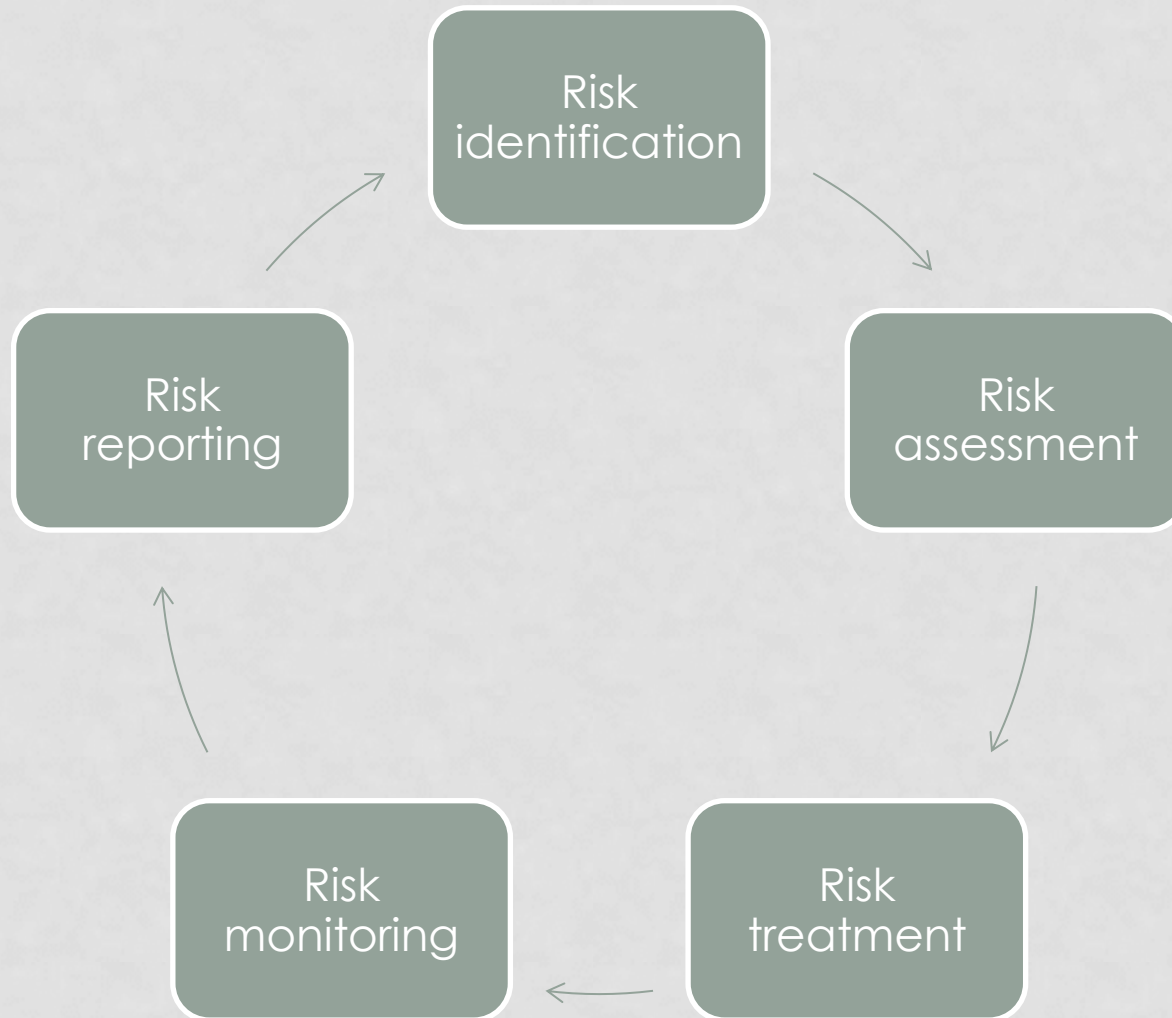
- CONTINUE
- BALANCE CAREFULLY
- SUBSTITUTE
- STOP

WHY? HOW?



RISK MANAGEMENT CYCLE

(HEALTH INFORMATION AND QUALITY AUTHORITY 2013)



NO EASY ANSWERS!

‘There is a delicate balance to draw between empowerment, safeguarding choice and managing risk.’

Addendum for Dementia Risk / Benefit Assessment and Management Tools (DHSSPSNI 2010)

SOME VEXING ISSUES

- The role of protection - A mandate from society?
 - Which both enables and disables?
- Maintaining independence vs engaging in risky behaviours?
 - Risk experts – self management and non-compliance?
- Who assumes / relinquishes responsibility for protecting safety / promoting autonomy?
 - Individualisation of responsibility?



RISK MANAGEMENT IS ONE OF THE
MOST COMPLEX ASPECTS OF
PROFESSIONAL PRACTICE

AND ONE THAT CAN HAVE AN ENORMOUS
IMPACT ON QUALITY OF LIFE

