

Introduction

Hello, and welcome... we've already focused on developing a risk mindset, and also examined the concept of working with risk... Now, I'm going to suggest to you that it's time to turn more of our attention towards who we're actually involving, in this challenge of working with risk... in order to achieve, let's say clear and particularly confident risk decisions? In order to do this, it will require us to examine how we work with individuals... and also how we work in teams... in order to achieve decisions that will help us to shape our potential for action, that comes out of our risk-taking decisions.

NEXT SLIDE

Let's start by thinking about values... our values influence everything we think... everything we decide... and everything we do... this is going to include an influence over how we work with other people... including our considerations regarding risk, and risk-taking... and how we work with other people in order to achieve clear and confident decisions.

So whether you're the lone wolf... you like working in isolation... Or, perhaps you're part of a group of people you work with... perhaps you feel more satisfied running with the herd... The lone wolf option does have a bit of an attraction to me... certainly in the role of self-employment since 2001... Whereas the idea of going with a herd is more about safety in numbers... And, I'd have to say, personally... I've always been comfortable about not necessarily having safety of numbers... but rather stepping out there, putting some ideas out there... I like to think this Positive Risk-Taking course is a result of that kind of way of thinking and working.

But then, perhaps, you're one of those people who are more nuanced regarding your collaborations... influenced more by the creative needs of the situation... I'm going to make my own claim, that this is ultimately my preferred way of working... seeking out creative collaborations in relation to specific areas of work, or practice development and review projects... So, thinking in terms of my own work... that's my more favoured way of working... there is the lone wolf side... but there are collaborations with particular people... depending on what the needs are, what the circumstances are, what the risk-taking decision might be.

Well... your working relationship will develop, and will have an impact on how comfortable you feel taking risks, in particular circumstances... And I'll be coming back again to this idea of collective decision-making... Your working relationships will also determine how comfortable you feel, working with others in general, or specifically... and this will ultimately be influenced by your values... That level of comfort, working with other people, is something that's a combination of influences and experiences... that you've stored up, pretty much over a whole lifetime.

NEXT SLIDE

Having said that... let's also think in terms of an underlying principle that would be relevant to this idea of working with others... In the United Kingdom, the Department of Health set out a whole series of principles back in 2007... in a publication that's available online... It's about Best Practice in Managing Risk... and I was involved in the discussions informing its development, and some of my risk tools are included in their recognised series of tools that meet the working principles.

One of the core principle's states what you see on this slide... that *risk management should be conducted in a spirit of collaboration... and based on a relationship between the service user and their carers, that is as trusting as possible.*

This is focusing very much in, on that need to develop collaborative working relationships, with the individuals who are in need... those people who need the service... but also with those who are closest to them... the people that provide, or offer, most of their care and support... The challenge for many practitioners though, in this situation, or this type of working relationship... is to openly discuss issues of risk... inquire into historical incidents, or events... and explore the potential for repeat patterns in these behaviours or these activities.

But this can be a very delicate balance... you're often feeling for the earliest opportunity in the relationship, to try and make a start on, what are, very sensitive discussions... It will be important to frame these, in terms of the positive benefits to the individual, of exploring what will often be seen by them, more usually as very negative events.

The 'In-Control' organization, in the UK, have focused a lot around the idea of personalization... person-centred working... They reflect on this area, as far as working with risk and taking risks is concerned... they identify and deliver what they call truly person-centred practice... And their view, is that, this is a process... i.e. personalization... that can help people to be safer... And they suggest this, because, it will focus on abilities and strengths, in a way... that helps to achieve a whole person-centred way of developing a risk assessment... As opposed to the idea of just focusing on, dare I say, a service-centred, box-ticking, bureaucracy... The 'In-Control' organization argue that a more robust risk management system can emerge from this type of approach... And I'm going to discuss it and focus in on it in much more detail... I'll give the strengths idea more attention in Module 4, which, conveniently, is entitled 'Working with Strengths'... and that will come from very much the same value base as what 'In-Control' are putting across.

NEXT SLIDE

So let's move from values... through a principle... to philosophical conflict... However you're working with risk... however you go about it... and particularly, however you go about developing it with other people... it's always going to present some kind of philosophical conflict... When you're put into a position of trying to balance the needs of the individual, with the safety and the protection of others... whether that's the close relatives of a person... whether that was people working with that individual... or indeed, rarely, but occasionally... thinking in terms of, protection and safety of the general public... It's important to recognize that the types of risks that generate these conflicts are rare events...

That's a message that I hope comes through strongly throughout the whole of the positive risk-taking course.

Nonetheless, we must recognize the needs of the individual, in rare circumstances, will not sit easily with either the real, or more often, perhaps, the perceived fears of the public... This idea of public protection... will particularly emerge where they've been presented with media reports... whether they're distorted, or otherwise, of the kind of harm that could randomly happen to anybody.

We have procedural arrangements depending on what kind of business you're working in... for example, in health, social care, whatever your role is... there are procedural arrangements... Examples from healthcare, would be... the interpretations of the Mental Capacity Act, or of safeguarding responsibilities... These kinds of arrangements can often impact on individual liberties... And, while many practitioners will recognize the benefit of supporting service users to learn, particularly through taking risks... well, they may often feel an overwhelming pressure to avoid making errors... this becoming their main priority...

Again, it's something addressed in other parts of the course... we've become more concerned with stopping things going wrong, than we do trying to do the right thing... or move things forward... take the risk... That fear of criticism and blame, leads us to an all too frequent, but maybe understandable, retreat into defensive practice... But, we should also be more explicit about the risks of defensive practice... again, I need to remind you here... a risk averse decision is a good one if it's carefully thought through... but not if it's only there through fear and blame... So the risks of defensive practice, might be for example, the failure to really effectively involve and empower people in the whole conversation around their risk, and their risk taking... ultimately, a failure in working with people!

NEXT SLIDE [IMAGE]

We run the risk of the blame culture... this blame game, completely undermining efforts to work collaboratively with others... We're left in a position perhaps seeking to protect ourselves, in some kind of cloud of negative castigations on others... And here's the image that sums it up... It was his fault... It was her fault... It was their fault... But, it was not me! Always trying to deflect that notion of blame... the concerns for the blame culture.

NEXT SLIDE

Having said that, people who use services, need to be involved in decisions that affect their daily lives... including decisions about risk-taking... I'd have to say, it's widely reported, if you look into the risk literature... the commentary from service users themselves... it's failure that will feature quite powerfully, in those conversations, that people have, when they're reflecting on the use of services or their experience of risk... And, in particular, things will come up like the fear of losing their own independence... and fear of losing their value, or even their place in society... And, a failure to incorporate a rights-based approach... particularly when thinking about risk... will quickly result in people being perceived as sources of risk first... and potentially 'at risk' second... And I'm just suggesting, here... that balance would then be the wrong way around?

So there are questions like... should positive risk-taking be seen as a basic personal right for each individual... And, when you're pondering that question... keep in mind that most of us do actually enjoy a right, to make personal choices, personal decisions... And, when we're thinking about these challenging rights and responsibilities, we should really think about the healthy attributes of collaborative risk decision-making... not just think in terms of positive risk-taking as negligent... high stakes gambling... Most of all, we've really got to engage people, to articulate what their experiences are... what their perceptions of risk are... Because, if we look at the inquiry reports, and the research that emerges around risk... then the reality is, that people, certainly in health and social care... are victims far more than they are perpetrators of risk... Though you wouldn't know that, by reading the research, and reflecting on the literature very quickly.

NEXT SLIDE

The challenge here, is... one of thinking about how we achieve something that is more empowering... If we adopt more of a rights-based approach with people, it is likely to be experienced by the majority, as a more empowering process... And this could be characterized in a number of ways, shown here on this particular slide.

First of all, it's always important to remember information is power... so share it... And that works in all aspects of our lives, not just in terms of risk... and sharing, implies, working with people... An empowering process comes out of empathic understanding, of the personal experiences and perceptions of risk, held by others... not jumping into a professional assessment, of, let's say... it's my role to assess you... this is what your risk is... It's about engaging, and empathically connecting, with the experiences that have been articulated by that other person... in collaborative discussion... particularly trying to get people to talk through risk, in terms of past events... present experiences... and how that might play out in the future... Are we seeing repeated patterns?... how the past, the present, and the future, might link in certain circumstances, with certain risk factors.

This collaborative discussion is about jointly identifying early warning signs... so, if we're thinking about taking risks... have we really held that conversation, about anticipating what could go wrong? How we'd identify that together... Negotiating, again bargaining... but keeping that bargain very much focused on the individual... the person themselves... using person-centred as, the main, focus of the language here... There's certainly an argument to say that we should be focused on relationship-centred working... that this is something that is perhaps a better reflection of reality... it's not trying to set the person up in isolation... an island on their own... In reality, working with people is about relationships... and working together within those relationships.

Importantly, the last point here... this idea of helping people to express their choices, and to receive flexible support around those choices... being responsive... being open with people... to mutual learning, as part of this working relationship, as part of these collaborative discussions.

So, in summary, empowering people really involves good discussion... being aware of choices... listening to priorities... supporting people to make decisions.

NEXT SLIDE [IMAGE]

This image reminds us, that we all need a helping hand occasionally... particularly if we're going to achieve those very challenging, difficult goals... working with people is always going to be better.

NEXT SLIDE [IMAGE]

If you're somebody who is the lone wolf, and wants to work alone... there's always the danger that challenging decisions, taken alone, can look like this... You end up the woman, wide awake at three o'clock in the morning... Because you're constantly pondering over in your mind, that particular decision... the challenges of that decision... the consequences of that decision.

NEXT SLIDE [EXERCISE]

Take some time to reflect on the messages in this video presentation, and ask yourself... are you more of a lone wolf... or do you prefer running with the herd? Are you one of the leaders within that herd... or, are you honestly, happy to just go along for the ride... comfortable in the notion of what the majority think?

What is person-centred working?

Perhaps it is one of the most crucial aspects of working with people in health and social care services, but the concept of *person-centred* can easily become a cliché. Most national or local policy statements accept as almost mandatory that they should reference the importance of 'person-centred' working in one way or another. Of course, it is all about the individual person with their needs, wishes and aspirations... we are very good at saying the words, but are we really that good at putting them into practice?

NEXT SLIDE

Policy-makers have developed many ways of trying to say the same thing; often just appropriating good ideas that service users have already come up with, and not always to good effect. The consistent problem with policy usurping good ideas is the need to bureaucratise them with the intent that they become universal, only for them to become distorted out of shape and lose their originator's intentions. Let's take *recovery* as a case example:

How engaging is *recovery*?

It is a process whereby people can begin to rebuild their own lives after, or alongside, the devastating experiences of illness or disability, and to do it in ways that make sense to them personally. The challenge is one of finding positive and hopeful responses to

what they have personally experienced. However, the renaming of teams as Recovery Teams, or the use of the term *working to principles of recovery* as vague claims when nothing has really changed in the *person's* experience of services, can be misleading. Add to this lists of *recovery markers*, lengthy paper-based formats for developing *wellness recovery action plans*, topped off with a process of measurement through a *recovery star*, and you have a well-intentioned system that can be submerged in protocols and audits in response to the priorities of commissioners and policy-makers. However, the *person at the centre* can be forgiven for feeling their wishes and aspirations are lost in a sea of administration.

Initiators of the concept, and other service users are also at the forefront of challenging where service providers adopt the concept in a less than meaningful way:

“Once recovery becomes systematised, you’ve got it wrong. Once it is reduced to a set of principles it is wrong. It is a unique and individualised process.” (Deegan, 1999).

The power of the concept of *recovery* will be exercised more if left with the service user to interpret for themselves, and less when it is usurped for the image of the service commissioners and providers.

NEXT SLIDE

Does ***personalisation*** provide a more radical option?

The idea is one of genuinely giving people space to say what is important to them, and how they might feel most comfortable in using services. Then challenging the services to respond clearly, flexibly and creatively to what the person says. In this way, people are truly in control of their own assessment and support plan. But, is it in danger of becoming the latest model for taking a great idea and making it as scary and impenetrable for those it is supposed to empower and emancipate?

In the UK, the Department of Health (2006) identified that the implementation of the *personalisation* agenda requires a move from a service-centred approach to the assessment of people's needs and the prescribing of appropriate interventions, to one in which service users and carers assess their own needs and wishes, and say how they want these to be met. However, the complexity of the funding, the employer role, and the occasional reference by some practitioners to scare tactics of the rare events where people are open to exploitation by others close to them, all adds up to a recipe for reasonably wanting to opt out rather than embrace the opportunity.

The counter-balancing arguments are captured by Littlechild *et al* (2011) who suggest *“While few people would disagree that people should exercise choice and control over their lives and receive services which are flexible and responsive, some are concerned that new ways of working may lead to a situation in which already vulnerable people may be exposed to even greater risks.”* [p.155]. Capers (2010) suggests *“Research has shown that shared decision making, when practiced in general healthcare, increases consumers knowledge about and comfort with the health care decisions they make...”*

[However] there are some unfounded concerns about the capacity of persons with mental illness to make informed decisions, discomfort on the part of some mental health care providers at the shift of roles required by shared decision making, unease on the part of some mental health consumers regarding their ability to take the responsibilities offered through shared decision making, and lingering public fear and prejudice around mental illness.” [p.2].

If we genuinely want to work in more person-centred ways the task should be one of maximising the positive reflections stated above, while challenging the complexities and prejudices that could undermine its achievement.

NEXT SLIDE

What does **re-ablement** mean?

As the most recent elucidation of person-centred arrangements in service delivery **re-ablement** (or re-enablement) is perhaps the easiest to be misinterpreted. To most dictionary's it is a made up word, but to commissioners of services it strikes to the heart of what they want to see - throughput. It is about supporting people to achieve their maximum level of physical, psychological and emotional self-sufficiency and independence, ultimately focusing on moving on out of continuous reliance on services for the majority. In this way, it is nothing new, as it is what occupational therapists have been about since their inception during the inter-war years of the 1920's and 1930's.

It perhaps suffers in the analysis of person-centred practice, in that it comes with dictated timescales for achieving the goals to enable discharge on from services. It carries heavy connotations of *doing to*, underpinned by commissioning and audit pressures to meet targets for service delivery; and the idea of negotiated goals still doesn't fit neatly with an egalitarian notion of the service user being in control and dictating the agenda.

NEXT SLIDE

Where does **person-centred planning** fit in?

As with recovery, the concept of person-centred planning emerged from the US in the mid to late 1980's, but specifically linked to learning disability services. The title is very promising in any analysis of person-centred practice, and the evidence for being creative in the means of review in order to accommodate profound communication difficulties bodes well as a model of good practice. There are numerous examples of using pictorial and social means of communication as the focus for reviewing progress (Cambridge and Carnaby, 2005).

However, critics, including some learning disability practitioners, point to a process that raises false expectations in people of things they can't achieve, or needs that services can't meet. They paint a *glass half empty* view of person-centred planning, whereas the real challenge for genuine person-centred practice could be to marry the *glass half full*

with open discussions of how to accept and work with the tension between the real and the ideal.

NEXT SLIDE

The previously mentioned Department of Health document... Best Practice in Managing Risk (2007), did elicit the principle: *“Risk management should be conducted in a spirit of collaboration and based on a relationship between the service user and their carers that is as trusting as possible.”* In essence, this principle, challenges practitioners to attempt to engage people at the earliest possible stage in discussions of risk history, and potential further risks. Whereas, the experience of the vast majority of people in contact with services is that risk assessment is *done on them, not with them*. They are presented with a picture of them at their worst, whether they agree with the assessment or not. Furthermore, risk information carries a great deal of stigma, and it sticks as a headline description of who you are as a person. This is hardly a good starting point for either good working relationships or the idea of person-centred practice.

Anecdotally, many practitioners find risk to be an area less amenable to a notion of person-centred control. They look to the emergence of safeguarding, whereby the focus is more on the vulnerabilities of people, as evidence for the practitioner-led risk assessment and management. They are quick to explain that some service users lack mental capacity and insight to engage in an assessment of risk; and some service users are in denial of the evidence-based reality of what they have done previously in their lives. This will be the case in some instances; and there are also the undeniable professional judgement calls that need to be made that engaging a discussion with someone about risk is likely to elevate the potential for further risk. All of these are considerations that need to be taken into account in the complex processes of engagement and assessment that underpin good quality person-centred care and support. However, these should not be used as a means of denying many people the genuine opportunity to inform and control the whole discussion of risk. The question should be *how do we involve people not whether we should involve people*.

NEXT SLIDE

The principles of person-centred practice... or, person-centred ways of working... can be set out as shown on the next two slides... these bear a significant resemblance to the strengths-based principles, which will be articulated more in module 4: Working with Strengths.

We must focus on what people can do... recognise their own expertise in the experience of their own lives... encourage them to find their own personal creative solutions, rather than relying on our off-the-shelf generalised prescriptions... recognise and celebrate their own learning and capacity to change things... encourage practitioners to accept and respect people’s genuine decision-making processes... recognise that trusting working relationships are at the basis of enabling person-centred working... and that local communities have more to offer, for individual needs, than limited service-centred facilities.

In summary, a person-centred approach is... where the person is placed at the centre of the service and treated as a person first. The focus is on the person and what they can do, not their condition or disability. Support should focus on achieving the person's aspirations and be tailored to their needs and unique circumstances.

A person-centred approach:

- supports the person, at the 'centre of the service', to be involved in making decisions about their life
- takes into account each person's life experience, age, gender, culture, heritage, language, beliefs and identity
- requires flexible services and support to suit the person's wishes and priorities
- is strengths based, where people are acknowledged as the experts in their life with a focus on what they can do first, and any help they need second
- includes the person's support networks as partners.

A person-centred approach should support and enable a person to build and keep control over their life.

NEXT SLIDE [EXERCISE]

Reflect on the main messages set out in this video presentation, and then read two pdf documents located in the resources associated with this module.... Firstly, 'Engaging people in the process of working with risk' sets out 6 considerations that are risk-specific in how we should involve people in this sometimes challenging area of their lives... and then, the 'Reflective Questions' document lists a range of questions for you to benchmark your own practice... Finally, give some thought to what you can change, in both your own practice, and that of the team you may be working in.

Responsible Practice

Working with other people may not always be as straightforward as it sounds, and we need to ensure we treat others with respect... particularly when it comes to being responsible in how we present... accountable for our actions... and always respecting the confidentiality of another person's information... Finally, collaboration also necessitates negotiation, when it comes to the tricky area of agreeing challenging decisions, regarding how we proceed with others, or in support of others.

NEXT SLIDE

Accountability is one of those scary words, for some... it can mean being blamed, if your outlook, and previous experience, is deeply rooted in that of a blame culture... Can there be such a thing as a collective accountability... or, is that merely an attempt to deflect the focus of attention away from individual's, onto some vague amorphous group? However you look at it... you are justifiably accountable for the decisions and actions you take within the scope of your professional title &/or job description... In taking on a particular job role, you should have considered the accountability that is rightfully attached to the position you've accepted... and, as such, you can't subsequently handover that accountability to others, just because you want an easier life of avoiding any blame...

On the other hand, others can't hold you accountable for information you didn't have... that was deliberately, or otherwise, withheld... the things you simply didn't know about at the time a decision went badly wrong... In these circumstances, you must be able to demonstrate you made all reasonable effort to acquire the necessary information that was out there... This is why, in Module 2: Working with Risk... I deliberately built into the design of my risk tools, a prompt for you to note down what information was available to you at the time you were making a specific decision.

NEXT SLIDE

Here are just a few useful questions to keep asking yourself, which may help you clarify your own accountability at the time of making a challenging decision... It would be useful, at this point in time, if you pause the presentation... try and identify a current, or recent situation, in which you're involved in a decision... apply this list of questions to that situation... as with most of my exercises and tools across this course... this list should form an aide memoir, a checklist, for you to draw on when needed!

NEXT SLIDE

Then there is the issue of responsibility... one that I would say is slightly easier to see how it could be a collective shared activity... at least in some situations... Though, remember, we are all working in isolation on occasions, which still require us to make a quick decision!

Individually... we remain responsible for what we do and say in the context of our role... for health and social care practitioners, this will largely revolve around your own therapeutic and supportive input with a person... Some individual practitioner's, may be responsible for the care or support plan... as I am in my brain injury case management role, most frequently... however, care and support plans can also be seen as a collective responsibility with teams... depending on how the functions of a particular team are set up... this is also a level where allocation of workload, and supervision of people, help to provide a context for shared responsibility.

Senior management, in higher organisational roles, also share specific responsibilities... This is where the overall ethos and values of an organisation may be set... and how this develops through policy statements, practice guidance, and also support mechanisms... Authoritarian cultures provide more of a top-down culture of instruction, with clearly delineated lines of accountability and responsibility... Ideally, everyone knows where they are, and what is expected... however, these can also be settings where a blame culture thrives... where fear becomes a defining law of how transactions take place...

Conversely... more open and supportive organisations are places where people are encouraged to take risks... but, within a climate of knowledge sharing and collective responsibility... far from being places where responsibility gets fudged, in my experience people are more confident in their decision-making, more open in their reasoning... making more defensible, than defensive decisions.

At this point, I will ask you to read the pdf document entitled 'Accountability & Responsibility', and reflect on how the two concepts relate to your current position.

NEXT SLIDE

Another issue, that is vitally important to take into account... when we're thinking about working with people... is confidentiality... which can be a significant issue, even a block, in the ability of some people to constructively work with people... Sometimes, it might be an artificial barrier, created by some practitioners, just because it's easier... you know, the *I can't do it because of confidentiality* type of statement... rather than taking on what could be much more challenging discussions... But, used appropriately, it can engage trusting working relationships... It will require much more openness, regarding what we're sharing, and with whom, we're sharing information... In my experience, it tends to become more of an issue where secrecy is involved... whether that's real, or perceived, on the other person's behalf... But, if they do perceive that secrecy is going on... quite often, that's where the concerns about confidentiality tend to become more frequently raised as issues.

Having said that, it's also necessary to be explicit about those occasions... rare events, when we can and should breach confidentiality... where recognized patterns of previous behaviours are developing... or perhaps, where new patterns of a very clear risk are observed... then breaching confidentiality, particularly where there are known likely victims... and these can be identified... perhaps they've even been named... and where discussions are bringing about no change at all, to the intended actions or behaviours... or even discussions result in a complete rejection by a person of the viewpoints of others... In these situations, there could be an immediate need to at least inform the known potential victims... This could be the minimum action... so that they can take their own appropriate action to prevent, or minimize, any of the dangerous consequences... That's the absolute minimum... but, depending on the circumstances, we may indeed have to take much more preventative action... restrictive action.

Confidentiality tends to be more of an issue, when the need to know, and to whom it applies, have not been openly discussed... I want to emphasize that point... because if it's left open to people's interpretation, in these circumstances, many people will tend towards perhaps the more fearful perception... that information about them is going to be broadcast on a much more wide-ranging basis.

NEXT SLIDE [IMAGE]

Here's an image that says... just between me and you... but yeah, just the two of them at that kind of altitude, hurtling towards the ground... they can be having their conversation less likely to be overheard by others... Is this the ultimate in confidentiality? Perhaps it is, but only until they land again...

I'm just giving you an image of two people together... but the more we involve, then confidentiality becomes a bigger concern... bigger issue... a much bigger issue to be acknowledged and discussed.

This whole idea working with people... is not just about engaging an individual... it often involves others... so confidentiality, and how to treat it and best manage it, needs to be uppermost in our minds.

NEXT SLIDE

Negotiation is one of the main functions supporting how we work with other people... whether that is one-to-one, with our clients, patients, service users, students... depending on our area of work... However, negotiation is also at the heart of good teamwork... remembering that working with people frequently involves teams... Either you're a part of a named team... or, we come together contributing our specific skills to a group of people, assembled for a purpose &/or a particular timescale.

Let me share a few thoughts here, about keys to negotiation... Firstly, identifying the key players... Who has a genuine role to play in this particular risk decision... in this particular risk decision-making process? At this point in time, who should be involved... who are the key players... with an understanding of the situation... who can contribute constructively to the discussion... who brings knowledge? Are we all open to listening to the understanding that different people might bring to the situation, that we're deciding about? Where is there scope for compromise... particularly where there'll be differences of opinion... And, when we're talking about positive risk-taking decisions, mark my word, there will be differences of opinion... It requires quite a degree of skill to sometimes try and bring those together... ultimately, into some kind of consensus... Knowing when not to take the risk... Just because we call something positive risk-taking, doesn't mean we always take the risk... it's knowing when not to, in very particular situations.

And that goes back to occasionally seeing where the risk outweighs the benefits... where it outweighs the potential outcome... the positive outcomes... And then, how will decisions finally be arrived at, in this negotiation? Do we have a clearly articulated protocol? It's all well and good, when we can agree, and ultimately come together in some kind of consensus... but, what about when we can't? How do we manage those differences? Who ultimately makes the decision?

NEXT SLIDE [IMAGE]

Is this how negotiation happens in action? Here's a good depiction of how not to negotiate... And I'm sure this image will reflect the experiences of some of you... Personally, I can instantly reflect on a few people, who will remain nameless... who embodied this particular style... and, I'd have to say, it never encouraged or developed me, in any constructive way at all.

NEXT SLIDE [QUOTE]

So the whole idea of empowering processes, and negotiation... of working with people... requires perseverance... Henry Ford sums it up quite well here... as a process, *coming together is a beginning... keeping together is progress... working together is success...* I like how that quote sets out developmental stages of togetherness in action.

NEXT SLIDE

It doesn't happen instantly, and it will have benefits and challenges... The process is never straightforward and simple... It will present us with a need, to weigh up the benefits and the challenges, in each situation... just as in the definition of positive risk taking... we've got to weigh up the pros and the cons of different options... when we're making that decision.

Here, we've got some benefits, and some challenges... Involving people in assessing their own needs, and potential solutions, makes the risk management processes more transparent and honest... There's the benefit... transparency and honesty... which themselves will help promote better engagement.

But, the flip side of that... risk and control may mitigate against this person-centred... this relationship-centred approach... Examples being, that there could be conflicting ways in which different practitioners use, or even understand, the Mental Capacity Act, or the processes of safeguarding, when people are deemed to be 'at risk'.

NEXT SLIDE [EXERCISE]

Once again, I will invite you to go back and read one of the resources associated with this module... the document 'Accountability & Responsibility'... It might also be useful to read over the edited transcript for this particular presentation... How are the ideas of accountability & responsibility articulated in your experience? Whether that is in the form of written policy, or in the ways it seems to play out when decisions are made? Are there any gaps, in relation to your reflections on the messages presented here? How may those gaps be addressed in your local context?

Culture & Race

The negative associations of risk assessment, in relation to race and culture, are widely recognised... for example, in the statistics regarding mental health detention and ethnicity... or, stop & search figures in Police activity... This is an area, like many across this course... that should require a complete course in its own right... so, I apologise for only giving it the briefest of attention here... But, I also acknowledge, as a white male... I'm not the best qualified, or experienced, to be delivering training on this subject... However, it is also not an area of practice I wish to simply ignore...

In very simplistic, but heartfelt, terms... I do feel that the main messages of values, principles and practice of person-centred working, as set out across this course... should be applied to anyone equally, regardless of race, culture, ethnicity, gender, sexuality, or disability... That is a starting point, at least.

I also accept, that the whole concept of risk assessment, and of risk decision-making is culturally determined... What I present here, comes from a white European/N. American tradition... and discrimination, through poorly applied assessment skills, frequently occurs... So, I encourage everyone accessing this course to be very aware of how racial stereotypes

can easily infiltrate the way we practice... and to make efforts to access relevant literature to help you think about the issues... and how you may reflect on how you can change and adapt what you, and the team(s) you are in, do in practice... To this end, I offer a short list of relevant literature as a resource in this module... 'Active listening' is the key skill... a starting point, to help us step back from jumping to conclusions... largely based on discriminatory thinking steeped in stereotypes of race, culture, gender, etc.

NEXT SLIDE

From the race and risk assessment literature... here are the eight key factors that have been researched, and identified from meta-analyses of numerous research papers... to hold increased validity as risk factors in predictive risk assessment... These risk factors have been shown to have great similarity across cultures... but, that still doesn't mean they are similarly appropriate in practice... because, risk item content, most often still reflects the practices, perceptions, norms, belief systems, and behavioural expectations of Western cultures... After all, this is where they were designed... and this is where they were subsequently researched... They rarely take sufficient account that, the risks and needs of people from other cultural backgrounds may be alienated by a western-centric approach to the whole dialogue!

For example... migration stressors, low economic status, and discrimination, will all impact on the Central Eight Risk Factors set out here... when applied to individuals of different cultural backgrounds, subject to very personal triggers that caused them to migrate.

Psychological constructs... such as morality, perceptions of justice, affordance of shame and anger... these will all differ between cultures... Family values of integrity and harmony, social relationships and norms, structured daily life, a sense of individualism, migrant disadvantages in relation to education and employment opportunities... all of these will have cultural differences, much harder to discern if I, as a white male, born and raised in the UK, is doing the risk assessment.

Finally... the use of structured risk assessment instruments, which are generally European-American in origin... have been shown to demonstrate indecisive validity, when analysed across other cultures... though, insufficient studies have been made, to be entirely conclusive about this statement... The main message here, is that we still need to bear in mind our own cultural biases, and our own ethnic background in relation to any person we are working with, or serving.

NEXT SLIDE [EXERCISE]

With a little bit of searching, you will find a wide range of literature on studies of risk and specific racial or cultural groups... I've provided just a small number of sources that you can locate online... try and read at least one of these references.

But, just as importantly, is for us to continually reflect on our own biases and prejudices... however unintentional or accidental they may be... Think about the psychological and family influences that have been briefly raised in this presentation... and try to put yourself into the

shoes of someone who has migrated across part of the world, for whatever reasons... how might their circumstances differ from the way you live day-to-day, as an indigenous person?

Then, give yourself some time, and permission... to identify some of your own biases... some of your stereotypical ideas about how groups of 'other' people might behave and live... are there any ways in which you might conduct a risk assessment that could misinterpret the motivations and customs of someone from a different background to yourself?

Individual engagement

Engagement of the working relationship needs to be seen as a separate and distinct function that requires specific attention in its own right... It can be easy to take engagement for granted and think of assessment as being the first function of a helping process... *The potential success of all subsequent parts of the process may depend on the investment put in from the start into developing this trust...* But working on trust also does not have a defined end point, it is something we must always be paying attention to, and never take for granted...

NEXT SLIDE

Engagement is the process whereby a practitioner approaches a potential service user or client... and/or a significant carer... as the first stage in establishing a trusting working relationship... It is an attempt to build something positive, as a solid foundation for building an on-going constructive partnership... Just remember, that, without a level of engagement, all subsequent functions in the process of helping become biased towards the professional's view... or even redundant, if the person seeks to actively avoid contact, or chooses to spin a load of inaccurate information...

On the other hand, engagement of a positive working relationship can offer something that is intrinsically beneficial, for both the person and the worker, that is entirely independent of any other practical interventions...

NEXT SLIDE

At the outset of my case management career... way back in 1990... I still remember an important question being raised... *do you want to be a travel companion, or just a travel agent?* The distinction is very significant... as a travel agent, you have a limited relationship with your customer, focused on directing them to what might best meet their needs... whereas a travel companion, is someone who is prepared to undertake the journey with the person... a much deeper relationship emerges, with a fuller picture of ongoing changing needs and wishes... For positive risk-taking decisions, my advice to you, is to work towards being that travel companion... as difficult and challenging risk-taking decisions will be made more clearly, and confidently, the stronger that trusting relationship is!

The importance of the first meeting can't be underestimated... so preparation is key... Remember the saying: you don't get a second chance to create first impressions!... mistakes made because of poor preparation can be very difficult to turn around... leaving you on the back foot playing a game of catch-up.

Creating a difference in the person's mind can go a long way to putting them at ease... They may have met many practitioners, or workers, before... and are expecting the same old questions to be trotted out... As a worker, you may feel under pressure to 'get the things done' that the organisation expects of a first meeting... my advice is not to give in to that temptation... treat this first contact as your chance to initiate a partnership, not an interrogation! This is even more important when thinking about launching into the negative language of the risk assessment!

It should be possible to find out quite a bit of information in advance, from others involved with the person, particularly a referrer... then you don't need to bore the person straight away with all of those questions they will probably yawn at, rather than answer... my greatest mentor, the late great Steve Onyett, used to remind me this preparation is about finding 'issues of difference'... which could be to do with race, gender, culture, sexuality, for example... but find ways of discussing these honestly and openly... are there certain customs that you shouldn't interfere with e.g. specific religious and cultural norms occurring on Fridays? Prayers at the Mosque, or preparations for the sabbath...

But, it's not just about difference... use the similarities, if they will open up a conversation, rather than it feeling like an interview... For example, with one of my brain injury case management client's, I discovered before the first meeting that he was Liverpool Football Club mad... and I had an old Liverpool replica shirt because of an interest I've had in the team since childhood (note to the unwise amongst you... Cardiff City are THE team!)... so I wore it to the meeting... I can assure you that one worked... after a lengthy discussion about Liverpool, I was able to ease into other topics pertinent to his needs of case management.

Self-disclosure is a tricky issue for many practitioners... and no more so than on the first contact... The person may already be used to, though not necessarily happy with... the one-sided approach, where the worker questions them, with little or no information exchange the other way... A little self-disclosure can be planned for, as it will create that sense of difference in a person's mind... but, it still needs to feel as if it is spontaneous... and, depending on what materialises, it could well be spontaneous anyway... The key is to be open, to sharing something of yourself, but always to be mentally checking 'why am I sharing this information... how is this helping the development of this relationship?'... you are not establishing this relationship for your own therapy! Ultimately, there is no simple formula to preparation for a first contact... you have to treat every occasion as a unique event... If it is a home visit, you are on their territory, so respect the whole situation in this context... if they are invited to your place of work, prepare a welcoming ambience, as much as you can... check out the psychology literature on counselling and psychotherapeutic skills for different perspectives on this crucially important first contact.

NEXT SLIDE

Depending on your area of work, and even on the organisation you work within... you may feel pressured to getting a 'risk assessment completed on the first contact'... my advice is simply... don't do it! Firstly, the language of risk is not conducive to establishing an immediate trusting working relationship... As such, you can't be entirely confident that the risk

information you've gleaned is even accurate... why would I want to tell you my closest riskier secrets, if you came in to a first contact with me determined to get that part of the job done!?

Then there is the issue already discussed in Module 2: Working with Risk... can you really be doing a comprehensive risk assessment on a first contact? The answer to that is a categorical 'no'... and senior managers and commissioners need to be more accurate with their language of expectations... Based on preparation prior to the meeting, and delicate enquiries and observations during it... you should be able to identify 'some', and I emphasise the word 'some', information contributing to what I see as a risk screen.

However, in my many years of contact with service user representatives... as well as checking out with my own clients... the language of 'safety' is far preferable, and potentially more engaging, than the language of risk... At this point I would like you to pause the video and read the two pdf documents in the resources associated with this module... 'Personal Safety Plans', and then the 'Safety Plan Case Example'.

The Personal Safety Plans document sets out a checklist of questions that have been used to gain the person's own views and experiences of risk... the language is more about being well or unwell, of being safe or unsafe... and, though these can still be tricky areas of exploration in a conversation... they are far more engaging than any language set out in a risk assessment form! The intention behind offering this resource, is to provide prompts for use during that engaged discussion... Meanwhile, the 'Safety Plan Case Example' uses the previously mentioned Sabrina case study as a basis for completing this type of plan... I'm not expecting you to adopt this as a form, that will be a conversation you have with yourself, your team, and possibly your organisation... but if you did, this is an example of how it might look... I will come back to these two documents in the exercise at the end of this video.

NEXT SLIDE

Staying with the concept of engagement, and how it relates to risk... let's just focus for a moment, on the idea of Mental Capacity... which, in the UK, came into being as the Mental Capacity Act in 2005... how does it relate to risk-taking decisions? Well... there are five principles... and these can be based, or even be seen in, what I would say, is a risk-taking context... By and large, the Mental Capacity Act is telling us to be very specific, not generalized, in our attribution to a person... It's much more specific about, getting a person to understand their choices, and the consequences, related to a decision, at a point in time.

Now, of the five principles... firstly... assuming the person has capacity, unless it is established otherwise... I would argue that this principle requires us to start from a risk-taking position... It also encourages more of an enabling approach to people... by recognizing their capability, rather than their disability.

The second principle... that we've got to take all the practicable steps... and that these must be explored, to help a person make a decision... before making a determination that they can't... I'd also say, that this principle starts from a risk-taking position... as again, there is this idea of enabling a person before concluding that the decision-making needs to be managed for them... taking those practical steps.

Thirdly... people with capacity have a right to make unwise decisions... Again, I would say this principle actually presents a clear challenge to put positive risk-taking into practice... where it's appropriate.

Fourthly... if someone is found to lack capacity... to make a decision for themselves... Then the act, or decision subject to the Mental Capacity Act... must be done, or made, in the person's best interests.

And finally... the fifth principle... before the act or decision subject to the Mental Capacity Act is done, or taken... it must be considered whether the aim of that act, or decision, could be achieved in a way that would be less restrictive to the person's rights... less restrictive to their freedoms... the focus is clearly on least restriction!

So I would argue, that there is a strong connection, between how we think about mental capacity, and how we think about risk-taking... These are not mutually exclusive of each other.

At this point, I could track off into the realms of Safeguarding procedures... and even, the Care Act 2014... though they are interesting areas to explore, I don't want this to become a course on UK legislation... I remind you, that from the outset, I want this to be a course of practical utility for you, first and foremost... It would take a whole different course to address the range of legislation and national procedures that might relate to risk... and I'm not your guy for that one!

NEXT SLIDE

So, with that in mind, let's look at AMCAT for a few moments... staying with Mental Capacity... this was a tool designed by others, not me... way back in the early days of the introduction of the Mental Capacity Act... i.e. back around 2005... I just happened to be in regular contact with one of its designers and initiators... and to be quite frank, I just found it a wonderfully practical way to check if I was doing my capacity assessments in line with the principles and purpose of the Act.

Pause this video for a moment... and open up the pdf document in the resources associated with this module, entitled 'AMCAT Audit Tool'... and try not to be put off by that term 'audit'! Without going through all 21 parts of it here... I just want you to read through the series of questions... They are designed to align with the principles set out on a previous slide in this presentation... But, the intention of this tool was for a practitioner to answer these questions for themselves AFTER, and I emphasise the word AFTER, they had conducted an assessment of someone's mental capacity... Essentially, it was a way of checking whether what you had just done, actually conforms to what the Act expects.

Personally, I found it a great cheat-sheet in advance preparation for assessments of capacity, not just a measure after the event! I still use it today... and I hope it is something you will find useful... if you are involved in making assessments or judgements of someone's mental capacity to make decisions, as part of your work.

NEXT SLIDE [QUOTE]

Here is a quote from Carl Rogers that I would like to use while drawing this video presentation towards a close... it reminds me of an attitude that will help me in my preparation for engaging those first contacts... particularly where much of the risk information I might acquire in advance will paint a less than flattering picture of the person I've yet to meet!

Rogers expresses his faith in people, when he said: *When I look at the world, I'm pessimistic, but when I look at people I'm optimistic...* This helps us to focus away from the generalized negativity of what's reported in the world... look at any TV programme, open any newspaper... look at any referral of someone with a risk history! He is clearly expressing a shift, to focus more on the potential positivity of individual people... and that's where good engagement can emerge from.

NEXT SLIDE [EXERCISE]

Looking back over the messages presented in this video... I would invite you to ponder the question that captured my imagination way back in the early 1990's... are you a travel agent, or are you a travel companion? Think about how that question relates to your approach to the concept of engagement... and then identify how you might take on some of the messages from this presentation that might help you become more of the travel companion.

Then, read the pdf document on 'Safety Plans' as a checklist... and also the case example, as an illustration of what it elicits as a form... How can you adopt or adapt this tool into your practice, and possibly into the way your team works with people? What might it add, to your efforts engaging people into conversations about their own risks... and how they may be better able to articulate their own approach to positive risk-taking types of decisions?

Teamwork

I've focused most the attention, in this talk, up to now, on engaging an individual, in risk and in risk-taking discussions... and I need to take the unusual line of admitting an omission during the previous video presentation... I forgot to remind you of a further pdf resource attached to this module... entitled 'Engaging trusting working relationships'... I would like to remind you to read that document at this point, if you haven't already found it... it sets out distinctions between supportive and therapeutic functions, and the means of engaging those roles with individual people you're working with.

Now, having got that omission cleared up... I emphasise that engaging individuals is our primary concern... but in the interests of creative collaboration... challenging, positive risk-taking decisions, will often require the involvement of more than two people... who could, for example, be part of a specific team... or part of a group of people from across teams, across agencies... So, this presentation will focus on elements of teamworking

NEXT SLIDE [QUOTE]

This quote really captures my meaning quite well... no one can whistle a symphony... it takes a whole orchestra to play it.... I'll leave you to ponder that thought, for a moment.

NEXT SLIDE [IMAGE]

This idea of working with teams... ideally, our notion of collective decision-making, looks something like this... Everyone's contributing their specific expertise in some smoothly functioning whole...

NEXT SLIDE [QUOTE]

Having said that... in this quote, Tahir Shah offers a very positive, and big, vision of teamwork... *With an enthusiastic team, you can achieve almost anything...* However, certainly from my consultancy point of view, having done a lot of work involved in training and developing teams... in reality, it requires a lot of attention... a lot of work, on teamworking itself... on the focus and the function of teamwork itself... particularly when we think of the potential impositions and challenges that positive risk-taking decisions will put on teams... I'm sure I don't need to remind you, that we are talking about the type of decisions that can create tension and conflict from opposing views held within the same team.

I'm just, kind of, reflecting back on situations where, yes, there have been major rifts and difficulties in teams... People not easily coming to a similar perspective... say, for example, on how to manage an escalating suicide risk... some people preferring a more restrictive option of hospitalisation... while others in the same team may be looking at the details from a completely different perspective, seeing more of the protective factors, and possibly the safety net of contingency plans within a specific situation... So, this concept of teamwork needs a lot of continuous work on it.

NEXT SLIDE [IMAGE]

Here's an image for you... because, team working with good intentions... but lacking a focus, lacking leadership, lacking effective systems of communication and collaboration... might just end up down the pan... it might just look something like this.

NEXT SLIDE

Having said that... let's take a more positive viewpoint, of what contributes to team effectiveness... my late, but great friend, Steve Onyett, produced an essential book for anyone interested in everything to do with teams... In it, he quoted West, by identifying three contributors to making teams effective in what they do: Team Effectiveness... Mental Health... and Team Viability...

Positive risk-taking will be a challenging benchmark for all three components... as I believe it is a task that needs clear consensus in teams, from simply agreeing about what the concept

is, let alone putting it specifically into practice... It can be a challenge to the mental strength of individual practitioners, and as a result of the potential differences of opinion, to the mental strength of the team... and failed decisions will quickly mount up as a challenge to the viability of a team!

NEXT SLIDE [REFERENCES]

This is the Steve Onyett book I'm referring to... though its based in mental health practice, I do recommend it as a great reference for anyone interested in the research and analysis of all the functions of teamworking.

On the other hand, if you want something focused on the real creativity of one specific team... try my chapter: Funky Mental Health... which describes a decade of assertive outreach practice in an award-winning team, who I supported from initial training through years of practice development and review... I described this work in a chapter contributed to an edited textbook on Assertive Outreach in 2011, and gained permission to include it in my own textbook in 2014.

NEXT SLIDE

Meetings... anybody? Meetings have an important function to play... as part of the effective systems that would be needed to get teamwork functioning well... or do they?

NEXT SLIDE [QUOTE]

This quote from J K Galbraith provides a note of caution, before we plunge into, a lazy call just to have meetings... our first consideration should be not to have meetings just for meetings sake... Because, as JK Galbraith says... *meetings are indispensable, when you don't want to do anything...* when you don't want to achieve anything... And I've certainly sat in many meetings, where the idea of democracy kicks in... so that we can all be chipping in our own two-penneth... with a result that nobody's really taking the decision... we all hope someone else will take up the baton of responsibility!

So good meetings really do require skilled chairing... a clear purpose in its agenda... and encourage an inclusive culture... They need to be time-focused, as well... so that we can focus on achieving timely decisions.

NEXT SLIDE [IMAGE]

Good chairing is vitally important... as this image will perhaps remind us, in its own ironic way... If I say skilled chairing is essential for bringing people together effectively... the tone of the chairperson can set the whole atmosphere... culture... whether we're really working collaboratively, and creatively... or not... whether we're working with people or not.

This woman's not giving me that strong impression that she's really bringing people together... that she's in a position to bring a group together, to make any of those really challenging risk-taking decisions... Though, sadly, this perhaps does represent the feelings

and experiences of many who have had to suffer the interminable meetings, brought together for no clear purpose... Sometimes there was a clear purpose, in the dim and distant past... but nobody quite remembers what it was, or why the whole function has veered so badly off course!

NEXT SLIDE

There will be whole lot of information in the literature, about how not to conduct meetings... and you can ask many service users, what their experience of professionals meetings has been like... but, as a professional... don't hold your breath waiting for any superlatives to be dispensed in your direction! You are just as likely going to get a different picture from the one of effectiveness, that I was suggesting earlier... But, you know, as with all aspects of what we do... we can still learn a lot from how 'not to do' meetings... the opposite of what you see in terms of the messages on this slide, may actually act as a good starting point, in how we should be trying to work with people.

Also, keep in mind, that many of the staff members themselves, would choose not to attend many of the meetings that they actually have to attend... And that says rather a lot, for how well, or how not so well, we're addressing the practicalities of teamwork... and getting people together... getting people working together.

Here's a reflection, based on discussions with a lot of service users, and in some of the literature... the number of times, people as a patient... service user... client... and indeed their carers... have been invited into a situation, where they're greeted, with quite a hostile, intimidating sense of formality.... People sat around... professionals with all of their papers at the ready... reality is, that as professionals, they've already held their own pre-meeting, before this meeting... before they've invited you in... Then to make you feel even less involved... they'll use their professional jargon... supposedly person-centred, relationship-centred... but your pretty much excluded, if you can't buy into, and understand, and use the jargon proficiently... your certainly left knowing your place in the hierarchy... The whole idea though, is that it's supposed to be all about you... though you will feel, and indeed your loved ones, your carers will feel, like you're very clearly the bottom of this hierarchy... and on occasions, with the fidgeting and the shuffling of papers... you might be left feeling that you're surrounded by busy people... who have got places to go... some of them clock watching... needing to be somewhere else... but they might just tick that person-centred box, by getting you to sign some piece of paper.

That's pretty much the plan that's emerged out of this discussion.. that my friends... is how not to hold meetings! But, sadly, that has all-too-frequently, been the experience for people attended meetings about themselves....

NEXT SLIDE

Thinking about positive risk taking... the very focus of this entire course... when it comes to taking the risk, I just want to remind you, that we're faced with very challenging decisions... It's perfectly reasonable, and human, to be fearful of blame... a blame culture... But, I will say, that collaboration will usually achieve more confident decisions.

The individual, particularly if there is an experience, or a perception of a blame culture... might well revert to risk averse decisions... defensive decisions, for the wrong reasons...

A shared decision, can then lead, usually, to more confident action... And, I will suggest to you that in terms of working with people... a cohesive group is more difficult to undermine... than the individual acting alone... That's another reflection on how we might stand up, to the blame culture... collective defensible decision-making! My final thought here... which I will leave for you to ponder... is... would our meetings be more effective and efficient, if they were conducted standing up? Yes, there is evidence that this is the approach taken by some businesses, or leaders... and it does concentrate the mind on the task more sharply!

NEXT SLIDE [EXERCISE]

Teamworking and the use of meetings have been two areas outlined in this presentation, so I would like you to reflect on each, and how they are happening for you currently.

Firstly, read the pdf document entitled 'Teamworking & Team Approach' within the resources linked to this module... then give some thought to the two questions at the end of the document.

Secondly, read the pdf document entitled 'The pros and cons of meeting etiquette', and think how your current meetings match to either of the options set out...