

JRF Programme Paper

Risk, trust and relationships in an ageing society

**UPDATED REVIEW OF
RESEARCH ON RISK AND ADULT
SOCIAL CARE IN ENGLAND**

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This paper:

- Updates an earlier extensive review of research into the incidence and management of risk in adult social care in England;
- Addresses gaps identified in the earlier review, with new studies on the experiences of people with mental health problems or learning disabilities.

The Joseph Rowntree Foundation (JRF) commissioned this paper as part of its programme on risk, trust and relationships in an ageing society, which aims to explore how risk features in the lives of adults who use care and support.

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Executive summary

- This is a limited update of an earlier extensive review of research into the incidence and management of risk in adult social care in England.
- Recent research in the areas covered by this review appears to focus predominantly on the operation and effectiveness of new measures and procedures intended to identify and reduce risk; and also on new challenges in the prevention and management of risk raised by the implementation of personal budgets in social care.
- Some gaps identified in the earlier review have been addressed, particularly by new studies on the experiences of people with mental health problems or learning disabilities. There is, however, still very little research on the experiences of different groups of service users, such as those from Black and Minority Ethnic communities. There is also little research on how users' experiences or professional strategies are influenced by wider socio-economic factors; new research on issues of gender appear to focus more on practitioner rather than service user perspectives.
- Studies repeatedly draw attention to the tensions and dilemmas experienced by professionals in balancing a positive approach to risk-taking with their professional and statutory duties to protect service users. This appears to be a particular issue in relation to personalisation in adult social care.
- Because of the interest in the operation of new measures designed to prevent or manage risk, practitioners' and managers' perspectives tend to dominate recent research. Although robust evidence on the effectiveness of mechanisms such as the POVA list and the use of CRB checks to reduce risk is limited, the available findings suggest that compliance could lead to a reduction in risk. These formal mechanisms may also be superseding earlier greater reliance on professional judgements. However, safeguarding and other procedures are recognised by both practitioners and users to be potentially disempowering. There appears to be little evidence on what constitutes good practice in balancing rights and protection.

Background

During 2007, the Social Policy Research Unit conducted a review of research evidence on the perceptions and management of risk amongst users of adult social care services:

<http://php.york.ac.uk/inst/spru/pubs/205>

The review was commissioned by the English Department of Health. It identified and summarised empirical research evidence on the perceptions and management of risk, including differences within and between different groups of service users, carers and professional staff. It also identified gaps in the available empirical research evidence. The review covered research conducted since 1990 in the UK and included all potential groups of adult social care service users.

The review identified a number of gaps in primary research evidence. These included: mental health service users' views and experiences of risk; the views of different groups of physically and sensory impaired people on risk and its management; the influences of social characteristics like gender, culture and ethnicity on perceptions of risk and how it should effectively be managed; how best to manage risks to psychological well-being; the role of assistive technology in reducing and managing risk; and the risks for people using personal budgets, direct payments and other forms of self-directed support.

In order to inform a new programme of work on Risk, Regulation, Rights and Responsibilities, the Joseph Rowntree Foundation (JRF) commissioned a focused update of this review, to capture research that has been published more recently on a number of specific issues relating to risk.

Focus of review update

Because of major resource constraints, this update is necessarily highly focused. It aimed to identify only empirical research published since 2007 (and, to a more limited extent, research currently in progress). As with the earlier review, the current update concentrated on research conducted and published within the UK.

Within these broad parameters, the update aimed to identify recent empirical research in the following areas:

- Social care service users' and carers' (paid and unpaid) experiences and perspectives on risk, including their perspectives on the balances between positive risk-taking and protection from risk. Any differences between groups of social care users or carers, particularly those from different cultural, ethnic or socio-economic backgrounds, were of particular interest.
- Research evidence on the effectiveness of mechanisms to prevent or reduce risk, including the effectiveness of regulatory mechanisms such as registration with Commission for Social Care Inspection (CSCI)/Care Quality Commission (CQC), adult safeguarding and adult protection processes.
- Evidence on experiences, incidence and the management of risk (both personal and financial) arising from more personalised approaches to delivering adult social care. Such risks may be experienced by publicly-funded personal budget holders and also by people purchasing social care privately. The update sought evidence on a range of potential risks associated with personalisation, whether experienced by service users, carers, employed personal assistants or other paid helpers and service providers.

Methods

Inclusion/exclusion criteria

Building on the earlier review, this update developed the following inclusion criteria:

- Empirical research, literature reviews and unpublished grey literature conducted in the UK. Although the focus was primarily England, relevant research conducted in Scotland, Wales and Northern Ireland was also included.
- Research published since 2007.
- Research involving the main groups of adult social care service users, including older people, disabled people with learning disabilities, mental health service users and working age disabled adults. Gaps identified in the earlier review, including service users from diverse cultural, ethnic or socio-economic backgrounds, were of particular interest.
- Research involving social care services provided by public, private, formal/voluntary and informal sectors and user-directed support services.

The update excluded the following research:

- Non-empirical research, including think pieces, academic or practitioner debate and policy guidance. Reviews of empirical research were considered for inclusion if they met the above criteria.
- Research conducted outside the UK.
- Research published prior to 2007.
- Research on experiences of acute, specialist and/or hospital mental health service users, or their families.
- Research on young people under 16 years old.
- Research conducted in clinical settings or with a primary focus on illness-related risks.
- Research into statistical probabilities of risks arising in health or social care settings.

Database searching

Three bibliographic databases were searched:

- Applied Social Sciences Index and Abstracts (ASSIA).
- Social Policy and Practice.

- Social Care OnLine.

These are the most common and widely-used applied social science databases that, between them, were considered likely to contain most relevant recently published and 'grey' research literature in the fields of sociology, social policy and social care.

Search terms

The research team decided that separate search terms and associated search strategies would be developed for each of three main topic areas: service user and carer experiences; regulation; and personalisation. The search terms for each of these three topic areas were refined after running a couple of preliminary searches. Appropriate Boolean search terms and conventions were employed that were compatible with the structure of each of the three databases.

1. *Service user and carer experiences*

- user views;
- service user;
- carer*;
- domiciliary care*;
- community care*;
- home care*; and
- care at home.

2. *Regulation*

- adult safeguarding;
- safeguarding (not children);
- quality control;
- regulation; and
- protection.

3. *Personalisation*

- personalisation;
- personal budget*;
- direct payment*;
- self-directed support;
- direct purchas*; and

- private purchas*.

Each of these search terms was combined with the term 'risk' and the combined terms were individually searched – for example 'risk and user views', 'risk and adult safeguarding' and 'risk and personalisation' were searched for separately.

A total of 327 records were identified through this search process. Their title details and abstracts were entered onto an Endnote database.

Following up identified references for inclusion and retrieval

The research team employed a multi-stage process of inclusion and exclusion. The first step involved two researchers reading all 327 titles and abstracts and deciding, independently of each other, whether each abstract met the review inclusion/ exclusion criteria. The two researchers then compared their decisions and drew up a list of those references where both were agreed the full article should be retrieved. Any differences of opinion were resolved through discussion. If it was unclear from the title and abstract whether a reference met the review's inclusion criteria, it was retained at this stage and retrieved. A total of 66 full papers/articles/reports were retrieved.

However, once the full papers had been retrieved, it was quickly apparent that a few did not in fact meet the review's inclusion criteria (e.g. the research was conducted outside the UK, though this had not been apparent from the title and abstract). For a few other papers, more detailed reading was required to confirm whether they met the study inclusion criteria (for example, to confirm that the paper focused on social care or reported empirical research rather than policy commentary). This led to the exclusion of 11 further references, leaving 55 papers remaining.

The two researchers then read all 55 papers and, on the basis of this, excluded a few more papers as they did not meet the review's inclusion criteria. A final total of 49 papers were identified as relevant and were retained for review.

Data extraction

The next step involved extracting relevant information from the included papers and entering this information onto the Endnote database. Given

the limited time available, it was not possible to record in detail the aims, content and conclusions of the included papers. The following details for each paper were recorded, using free text summaries:

- Whether it focused primarily on user/carer experiences, regulation and/or personalisation (some papers fell into more than one category).
- The type of research – whether it involved original empirical research, a literature review or grey/unpublished literature.
- The primary aim of the study.
- The methods used, including:
 - User group(s) involved;
 - Sample size(s);
 - Whether qualitative, quantitative methods or both were employed; and
 - Whether the study was published in a peer reviewed journal. Because of time limitations, it was decided to use peer review, to which all papers accepted for publication in academic journals are subject, as a proxy indicator of scientific quality.
- Relevant main findings.

In addition, a limited amount of selective hand-searching was undertaken; this concentrated on very recently published research that appeared most relevant to the aims of the review. In these instances, the list of references at the end of the paper were scrutinised and relevant references added to the Endnote database and retrieved.

Searching websites

The following websites were also searched, in order to identify any 'grey' or very recent research that had not yet appeared in academic journal publications:

- ESRC;
- National Institute for Social Care and Health Research (Wales);
- Research into Practice for Adults (RIPfa);
- Social Care Institute for Excellence (SCIE);
- Age UK;
- Carers UK;
- IRISS (Scotland);
- Mental Health Foundation;
- SCOPE; and
- Scottish Social Research.

A number of references to research reports that met the review inclusion criteria were identified. However, because of shortage of time, we were not able to retrieve and read these. Those references and their web addresses that appeared relevant to the review were added to the Endnote database and are listed in the Appendix.

Overall results

The research included in this review is diverse. Because of the limited time available, it has not been possible to provide a detailed synthesis of the retrieved studies. We have instead provided short summaries of the range of research studies retrieved within each of the three main topic areas of user/carer experiences/views, regulation and personalisation. These summaries include the user group or type of carer covered; the type of study; and the quality of the study.

These summaries are followed by a short overview of the main findings of the studies included under each of the three topic headings and a indication of the gaps in evidence that appear to remain.

Numbers and types of research papers retrieved

Table 1 shows the numbers of articles reporting original empirical research and literature reviews. No grey literature met the review's inclusion criteria.

Table 1 Types of research evidence included in the review

	<i>User and carer experiences</i>	<i>Mechanisms and regulations</i>	<i>Personalisation</i>
Original empirical research	8	23	8
Literature review	4	9	4
Grey literature	0	0	0

Table 2 shows how many articles in each of the three topic areas were peer reviewed (as a proxy indicator of research quality). It also shows how many of the articles reporting original empirical research were based on qualitative or quantitative findings (some studies employed both types of data).

Table 2 Methods and quality of research included in review

	<i>User and carer experiences</i>	<i>Mechanisms and regulations</i>	<i>Personalisation</i>
Studies using qualitative methods	7	19	8
Studies using quantitative methods	2	6	0
Literature reviews	4	9	4
Studies that had been peer reviewed	10	27	11

Table 3 shows the number of articles which focused on particular groups of service users (and/or related staff); many covered more than one user group. Some articles reported findings for adult service users in general; these are included in the category ‘user group not specified’.

Table 3 Main user groups covered by research

	<i>User and carer experiences</i>	<i>Mechanisms and regulations</i>	<i>Personalisation</i>
Physical and sensory impairments	3	2	2
Mental health	7	7	3
Learning disabilities	4	6	2
Older people (including dementia and Alzheimer’s)	5	9	3
Family carers	2	0	1
User group not specified	2	3	0
Frontline staff	1	10	7
Managers	0	8	7

Service users', carers' and practitioners' experiences

Description of articles

Two-thirds (eight) of the 12 articles focusing on the views and experiences of service users, carers and/or practitioners reported original empirical research studies. The remaining third were literature reviews.

Amongst the original empirical studies, qualitative research methods predominated, in particular interviews which were often in-depth. One study also collected diary information from participants. Only two papers reported studies that included quantitative methods; one of these combined quantitative and qualitative methods. Of the 12 papers focusing on service user and carers' experiences, only a minority (three) were not peer reviewed; two of these three were literature reviews and the third reported an empirical research study.

Among this group of studies, the focus was more frequently on users' rather than carers' or practitioners' experiences. Of the 12 references identified, only two included the experiences of family carers. Of the research on service users' experiences, the two most frequently covered groups were people with mental health needs (seven) and older people (five). However, it was not always clear how far these studies reported only the views of people with mental health needs and how far the views of other people, especially mental health service practitioners, also featured in the reported data.

The experiences of people with learning disabilities were reported in four studies and the experiences of people with physical/sensory impairments in three studies. However, the four studies examining risk and adults with learning disabilities also included people with physical and/or sensory impairments and mental health problems. The focus of these studies was therefore on the experiences of people with a range of disabilities rather than the experiences of one specific group. Those studies (four) that did concentrate on the views and experiences of a single specific group focused on people with mental health needs.

The views of Black and Minority Ethnic service users were not reported specifically in any of the 12 studies of user, carer and/or practitioner experiences. When the views of Black and Minority Ethnic users were mentioned, these were as part of a wider group, such as older people or mental health service users. Ethnicity in addition, was not the focus of any of the 12 papers; nor were the interactions between risk and gender, or between risk and wider socio-economic differences such as poverty, addressed in research on users' or carers' experiences of risk and risk management. Only one study examined how gender affected practitioners' assumptions and practice.

The next section reports the main findings from recent research on the experiences and views of service users and carers (the carers were mostly family carers).

People with mental health problems

Three empirical studies and one literature review focused on people with mental health needs and their views and experiences of risk. In a small scale qualitative study, Hoong Sin *et al.* (2009) documented how people with mental health needs are particularly at risk of experiencing abuse and/or violence compared to other groups, including other groups of disabled people. Reasons for this were found to be complex, with wider social factors (such as socio-economic position, gender and ethnicity) interacting with each individual's mental health problem. A key finding reported by Hoong Sin *et al.* (2009) was the prevalence of 'low level' instances of abuse. These were often ignored or taken for granted by others, but were found to limit the lives of people with mental health needs because of the strategies they adopted for avoiding abuse, which largely involved avoiding social situations. Service users' attitudinal barriers to reporting abuse were also noted. To address these problems, Hoong Sin *et al.* (2009) advocated moving to a rights-based approach, premised on greater awareness of the risks that people with mental health needs face alongside their need for protection. Whitelock (2009) also highlighted the need for a more empowering approach to supporting mental health service users. Focusing on their experiences of safeguarding, Whitelock (2009) documented how people with mental health needs felt disempowered by the current safeguarding system and the perceived paternalism of professionals. Although a relatively small-scale study, Whitelock advocated an approach to safeguarding that balances autonomy with protection, enabling service users to make risky decisions

while still protecting their safety. Despite the different focus of these two studies, both emphasised the importance of people with mental health needs being consulted and involved in discussions and decisions with professionals.

The importance of social workers' practice and judgements in shaping users' experiences of risk was also raised in other studies. Reviewing the literature, Ray *et al.* (2008) noted the importance of social workers sustaining a sense of autonomy and control on the part of older people with a range of mental health needs (including for example, depression); and balancing this against their professional roles in helping these service users recognise and accept their needs for protection and/or care. However, concern was voiced that even when social workers did involve users in judgements about risk, professional prejudices could often guide their decisions. It was not always clear from the research included in Ray *et al.*'s review whether this concern was raised just by service users or by other people (such as front line staff) as well. However, when practitioner views were reported, Ray *et al.* noted that gender could also play a role with males being viewed as posing more risks to other people. In mental health, issues of race and gender were also interwoven, with black males with mental health problems particularly associated with risk and danger. Poor risk assessment procedures (such as inaccurate record keeping) were considered to facilitate greater professional subjectivity, which could in turn perpetuate prejudice.

The importance of balancing independence with protection was also discussed from service users' own perspectives. Reporting a very small study of people with short-term memory problems resulting from alcohol misuse, Keady *et al.* (2009) found they used techniques such as writing 'personal reminders' to prevent disorientation and/or becoming lost and thus helped to retain some personal autonomy and independence from other people in their everyday lives.

People with learning disabilities

Only one study examined the experiences of people with learning disabilities and risk (Hoong Sin *et al.*, 2010); this was part of a wider study exploring how people with learning disabilities and mental health needs experience risks of abuse and/or violence. The experiences of people with learning disabilities in this study shared many similarities to those people with mental health needs. People with learning disabilities were similarly

found to face increased risks of abuse, compared to other groups of disabled people; and the threat of abuse similarly structured their lives as they sought to avoid risky social situations. Under-reporting of abuse was also highlighted. In addition to moving to a more rights-based approach as noted above, Hoong Sin *et al.* (2010) emphasised the importance of collaborative working and shared guidance between different agencies working with people with learning disabilities.

Older people

Two studies reported older people's experiences of risk. Bornat and Bytheway (2010) analysed three older people's life-stories for their experiences of risk and risk management. These stories included the use of technology, such as having a personal alarm to manage falls and seek help; and discussed complex personal adjustments and life re-assessments resulting from ageing and increased frailty (such as undertaking housing adaptations). The study highlighted older people's own assessments of risk and the strategies they themselves adopted to manage and avoid risk. The second study focused on people who had suffered abuse from other people and were therefore reacting to risk. Mowlem *et al.*'s (2007) research identified the factors that had facilitated or inhibited 39 older people in reporting the abuse they had experienced. Barriers included not knowing how or where to report abuse and not being taken seriously when doing so. Recommended ways to address these problems included increasing professional awareness of elder abuse and developing an accessible, non-judgemental 'first port of call' to report abuse.

Mixed groups of service users

Amongst the three references discussing the experiences of several different groups of service users (including older people, disabled people, people with learning disabilities and people with mental health needs), two were literature reviews. Both focused on experiences of risk in the context of personalisation and self-directed support (Carr and Robbins, 2009; Carr, 2011a). Carr and Robbins (2009) study provided a general overview of how personal/individual budgets were working in practice, while Carr (2011a) focused on risk enablement and safeguarding in the context of self-directed support. A shared theme in both reviews was the important role that staff views and judgements can play in assessing risk and determining which service users might be considered at risk. These

judgements could prevent some service users being offered self-directed support. Carr and Robbins (2009) noted that low take-up of personal budgets could reflect the barriers created by social workers' attitudes, especially their perceptions of users' vulnerability and of users' capacity to consent to and then manage a personal budget. These concerns were subsequently expressed in terms of the need to balance risk and protection.

In contrast, service users themselves were reported to value approaches that managed to 'safeguard their own self-determination'. Carr's (2011a) literature review highlighted the important role social workers can play in helping service users to identify potential risks and consider risk taking, whilst also safeguarding users by reporting any abuse. Carr (2011a) concluded by advocating the need to align personalisation and safeguarding processes more closely.

The third study explored the impact of day centre closure as experienced by 20 disabled people. Although risk was not a main focus of this article, Roulstone and Morgan (2009) highlighted how former day centre users faced the danger of 'enforced' isolation as they sought alternative daytime activities through self-directed support. These activities were often 'safer' and more home-based, with increased dependence on family carers.

Family carers

Two studies examined the experiences of family carers (Arksey and Morée, 2008; Walker *et al.*, 2007). Arksey and Morée's (2008) comparative study of England and the Netherlands explored the experiences of carers seeking to combine paid work with caring responsibilities. The focus of this paper was on financial risk, especially carers' risks of increased material hardship. More state support (financial and employment) in both countries was advocated.

Walker *et al.*'s (2007) study explored carers' experiences and concerns about the safety of 89 people with Alzheimer's who lived at home. The study found that carers were often risk-averse and provided intensive supervision of the people with Alzheimer's, with many carers initiating their own measures to keep the person safe. Spouse carers received virtually no help with these supervision tasks; other family members received some limited help. Carers felt that, as levels of impairment increased, risks also

increased and this led them to introduce increased safety measures. The importance of providing practical help and support to carers in these situations was advocated.

Effectiveness of mechanisms to prevent and reduce risk

Description of articles

Thirty-two articles reported on mechanisms to prevent and reduce risk. Over two-thirds were based on original empirical research; the remainder were literature reviews.

The majority of original empirical studies used qualitative methods, although six were based at least in part on quantitative research. All but one article reporting original empirical work was peer reviewed (as a proxy indicator of research quality). Of the nine literature reviews, five were peer reviewed.

The empirical articles were based predominantly on data from interviews with social care frontline staff and managers; reviews of case files; or other routinely collected data such as referrals to the Protection of Vulnerable Adults (POVA) list. The majority of empirical articles and literature reviews reported findings relating to frontline staff and managers. A number of articles also reported at least some findings about people with mental health problems, people with learning disabilities and older people (including those with dementia or Alzheimer's disease). Many articles fell into more than one of these categories.

The majority of the research findings related to perceptions of frontline staff or managers about the difficulties they face in balancing their duty of care with people's rights to take risks. Only a minority of studies focused on the *effectiveness* of mechanisms to prevent or reduce risk.

Evidence on the effectiveness of mechanisms to prevent or reduce risk

Two studies (Hussein *et al.*, 2009; Stevens and Manthorpe, 2007) analysed referrals to the POVA list. The earlier of these studies reported that the ways in which referrals were dealt with were in danger of being

seen as a subjective 'person approach' rather than a more objective 'system approach'. With a 'person approach', unsafe acts are seen as arising from individual error, with counter-measures focussing on disciplinary actions such as naming, blaming and shaming. In contrast, a 'system approach' takes account of the employment and working conditions of social care staff and how these can contribute to human error. The authors argued that the POVA scheme would continue to reflect a 'person approach' unless there was more routine use of appropriate contextualising information in making decisions about workers' suitability to work with vulnerable people. They concluded that 'reducing abuse of vulnerable people is likely to be maximised' (p.293) if the POVA scheme could be incorporated within a 'system approach'.

A further concern was that the existence of the POVA list could generate unreasonably high levels of reassurance about protection against risk, despite the high turnover of care workers and the list's dependence on self-regulation. Hussein *et al.*'s quantitative study of all POVA referrals over a two and a half year period found that around two thirds were made after some level of contact with other agencies, often the (former) Commission for Social Care Inspection (CSCI) (or the Care and Social Services Inspectorate in Wales). The actual level of contact was not known, but may have ranged from the simple reporting of an incident to detailed investigation of an allegation. Hussein *et al.* recommended that detailed advice about when and how to involve other agencies in POVA referrals would be helpful.

Another important finding was that employers had complied with the statutory duty to refer to POVA those alleged to have abused. One of the study's conclusions was that this compliance appeared to confirm the success of government policy, in that the POVA scheme had helped to promote social justice by reducing the risk of abuse.

An article by Nageen (2008) reported on the first phase of a study about the effectiveness of using Criminal Records Bureau (CRB) checks in staff recruitment as a way of reducing risk. Seventy-seven per cent of organisations sampled allowed people to start work and have contact with vulnerable adults before receipt of a CRB disclosure. This level of risk was justified by ensuring that these new recruits worked under the supervision of a senior staff member, although no evidence was collected in the study about whether this supervision actually happened. It was also found that

only one of the thirteen sampled organisations had been audited, despite the CRB Code of Practice stating that audits should be undertaken. This paper did not report any explicit conclusions about the effectiveness of CRB checks in reducing risk. The second phase of this study (not reported) aimed to use vignettes and decision-making analysis software to determine which pieces of information recruiters would need from a CRB disclosure in order to make a recruitment decision, and the rationale surrounding their decisions.

One other empirical study assessed a mechanism to reduce risk. Elvidge and MacPhail (2009) evaluated a local initiative whereby older people in residential care or nursing homes were visited jointly by an adult protection co-ordinator and a contracts officer. The context of these visits was not entirely clear. However, the process included a tour of the home; an opportunity to talk to residents, relatives and staff; and an audit of documents. The initiative was reported to be successful in leading to the early identification of potential risks and in providing information to service providers on how to improve service quality and take appropriate action to reduce any potential risks. The article did not specify the types of potential risks that were identified early, although the documentation that was audited included falls and other risk assessments, accident records, weight charts and nutritional assessments, and storage of confidential information.

A short review by Manthorpe (2007) of an international literature review of good practice in risk assessment indicated that risk assessment tools in social work tended to be valued above professional judgements. Risk assessment tools were increasingly used but led to a reduction in subjective judgements and fewer opportunities for developing relationships between social workers and people using services. The review also found that, despite a strong lobby from service users to promote positive risk taking, professionals' fear of blame meant they tended to assume people at high risk of causing harm to others needed high levels of services, and vice versa. In another reference to risk assessment tools, Richards *et al.* (2007) reported on a study of social workers' decisions about risk taking in older age. This qualitative study employed a vignette of a woman who was reluctant to seek help after a fall. There were variations in how health and social care practitioners assessed the quality of social support available in the vignette; these variations were found to reflect individual practitioners' assumptions about

social engagement in old age, and the roles and responsibilities of families, rather than research-based evidence. The authors concluded that more standardised guidance and tools, to be used in reflective practice alongside experiential knowledge, would be helpful in supporting health and social care professionals to make such decisions.

Several other studies commented on the effectiveness of mechanisms to reduce risk but did not systematically evaluate them. These included Cambridge *et al.* (2011), who explored patterns of risk in referrals to adult protection because of the alleged sexual abuse of people with learning disabilities. Cambridge *et al.* concluded that adult protection monitoring data held by local authorities was a useful source of risk management information; this data was most useful when detailed case characteristics were included. Comparability between local authorities' adult protection databases was also considered important and could be improved. Variability in action to prevent abuse was reported by CSCI (2008). CSCI suggested that the organisational and management 'building blocks' to prevent abuse were not consistently in place. These 'building blocks' included access to advocacy; a well-informed workforce operating within a zero tolerance culture; a sound framework of confidentiality and information-sharing across agencies; good access to universal services; combined needs- and risk-assessments; and service provision that gave prominence to safeguarding as well as the promotion of independence. Killick and Taylor's (2009) review of professional decision-making found that the opinions of adult protection workers about the effectiveness of intervening to manage risk were an important factor in deciding about responding to allegations of abuse. In addition, professionals were reported to struggle with complex ethical dilemmas, particularly when the victim did not want an investigation.

Finally, analysis of two local authorities' adult protection data from 1998 to 2005 showed that more cases were identified than in earlier years (Mansell *et al.*, 2009). The authors concluded that this increase reflected the increased attention to the development and implementation of policies relating to safeguarding and abuse, rather than actual increases in the numbers of adults abused. Although the paper gave other details on the numbers and types of alleged abuse, it did not comment on the effectiveness of local authority adult protection databases in reducing the risk of abuse.

Balancing duty of care with rights to take risks

A number of articles reported on the difficulties experienced by frontline staff and managers in balancing their duty to protect people from harm with the rights of those people to live independently and take risks.

A number of studies have found that many staff feared the consequences of enabling people to take risks. Such fears arose from concerns about litigation (McDonald, 2010; Taylor, 2008a); worries about the impact on organisations' reputations (Carr, 2011a); previous experiences (Richards *et al.*, 2007; Penhale *et al.*, 2007); and from risk-averse cultures (Brown, 2010; Carr, 2011a; Killick and Taylor, 2009; Warin, 2010). Specifically in relation to organisational risk, Carr's (2011) review suggested that a disproportionate emphasis on protecting organisations from the potentially adverse consequences of risk could undermine the capacity to identify safeguarding issues and enable positive risk taking.

Reporting on a very small empirical study of safeguarding in mental health, Whitelock (2009) advocated a rights-based approach to safeguarding, underpinned by the involvement of mental health service users. In striking a balance between autonomy and protection, Whitelock suggested that people should have the right, and be supported, to make risky decisions when they have capacity, but retain the right to be protected when things go wrong. In addition, she suggested that the definition of vulnerable adult should be changed to take account of fluctuating conditions and circumstances and whether or not the individual *feels* vulnerable. This approach would necessitate regular, on-going re-assessments, something that the national evaluation of individual budgets (IBs) (Glendinning *et al.*, 2008) reported as an area of concern. In the IB evaluation, care co-ordinators and managers felt 'risk enablement panels' (where they existed) were rarely clear about arrangements for monitoring once an individual budget-funded support package was in place. Linked to this rights-based approach, McDonald (2010) reported that social workers felt that since the Mental Capacity Act 2005 there had been a movement away from the rights-based approach in which they had been trained, towards an actuarial approach in which risks were quantified in accordance with agency recording procedures. Furthermore, where inter-agency responsibilities were involved, decisions were more likely to be made using a legalistic approach in which an important driver of decisions was that they were defensible.

Findings from the national IB evaluation (Glendinning *et al.*, 2008) suggested that balancing risk with safeguarding was challenging. A specific proposal raised by care co-ordinators and care managers was that making explicit any differences in perspectives about needs and outcomes between themselves and services users, their families or advocates could help identify areas of risk which might otherwise remain hidden. Identifying risks, however, is only part of the problem; dealing with risks may throw up additional challenges. Clarke (2009), for example, found that practitioners were more willing than the families of older people with dementia to enable risk taking and see this as a positive way of maintaining the older person's quality of life.

One of the main findings of a review of mental health and social work (Ray *et al.* 2008) was that best practice guidelines encourage positive risk assessments undertaken by multi-agency, multi-disciplinary teams in an open culture. However, Ray *et al.* found that professional guidance on how to balance older people's needs for protection with upholding civil rights in situations where people lacked capacity was patchy. Concerns were also raised that subjective judgements about risk resulted in gendered decisions; specifically, both male and female social workers were more likely to judge male clients (particularly black males with mental health problems) as at risk of causing harm to other people; female social workers perceived more clients to be risks to themselves or their children.

In contrast to findings about the difficulties of balancing rights and risks, some independent and statutory sector care staff have been reported to feel that the definition of vulnerable means they have authority to take protective measures on behalf of the vulnerable person (Parley, 2011). In this qualitative study, duty of care was felt to be associated with authority and power, and was seen as lending positive support from 'the powers that be' to act in the best interests of vulnerable service users, sometimes without involving them. In this study, protection from risks overshadowed rights.

Information sharing and cross-boundary issues

Some research studies highlighted confusion by frontline staff and managers about rights. For example, managers at all levels working with people with mental health problems were reticent about sharing information with family carers and, as a result, withheld information from them (Gray *et al.*, 2008). This reticence arose from professionals' lack of

training and guidance in carers' rights and could have adverse effects, such as worsening service user/carer relationships, that potentially increased risks. There was also evidence of poor understanding of the Mental Capacity Act 2005 and its implications for sharing data (Harbottle, 2007). Harbottle explored the experiences of safeguarding managers in case conferences. She found that managers felt ill-prepared for chairing conferences due to a lack of training, skills and knowledge about confidentiality, particularly when to share information and when to refuse to share on the basis of patient confidentiality. Harbottle's research also showed that managers were confident about achieving an agreed outcome when a victim of abuse lacked capacity, but were anxious about achieving agreed outcomes when a victim's rights to take risks conflicted with the case conference's ideas about their best interests. Gorczyńska and Thompson's (2007) evaluation of independent mental capacity advocates (who advocate on behalf of people who lack mental capacity, especially those who have no family representative) found there was no clear definition or common inter-agency expectation of the advocate's role. This research, however, was undertaken prior to the Mental Capacity Act 2005, so this shortcoming may have been reversed.

A review by Hoong Sin *et al.* (2010) of abuse against people with learning disabilities also found confusion related to cross-boundary working. Specifically in relation to the 'No Secrets' guidance promoting multi-agency partnerships to prevent and deal with risk and abuse, they reported a lack of joined up working; partnerships were often dominated by criminal justice agencies to the detriment of others organisations. Confusion over the 'No Secrets' guidance had also led to a vacuum of responsibility and blurring of roles between criminal justice and other agencies. The researchers recommended more shared protocols and guidance to improve joint working across organisational boundaries. This was also a conclusion of a multi-country review of professional decision making on abuse of older people (see Killick and Taylor, 2009). A report by the Commission for Social Care Inspection (2008), however, found that social care professionals in localities with strong local partnerships were less inclined to see the need for new powers or guidance to improve safeguarding; the latter were more important in places where some organisations were felt to be abdicating their responsibilities. Social services managers were reported to be playing a central role in fostering collaboration, especially with primary care and the police (Manthorpe *et al.*, 2010).

Three literature reviews (Kalaga, 2007; Faulkner and Sweeney, 2011; Carr, 2011a) all suggested that the public and service users (as well as staff) should be educated about the risks of abuse. The arguments for this wider approach were that raising awareness amongst adults at risk of abuse and the general public through publicity campaigns could help people to develop skills to protect themselves, although publicity would need to be different for different groups. Risk enablement training as an integral part of the self-directed support agenda more generally was advocated by Carr (2011a), who also found that risk enablement practices were not yet well evaluated.

Issues specific to particular user groups

Although the majority of papers included in this section covered issues relating to both professionals and service users, or to more than one user group, a few issues related particularly to people with mental health problems, people with learning disabilities, or older people.

For example, a report by CSCI (2008) showed that people from Black and Minority Ethnic communities and those with mental health problems were under-represented in safeguarding referrals. It suggested that more needed to be done to make sure those without trusted friends or family were helped to get better outcomes. Hoong *et al.* (2009, 2010) also showed that people with mental health problems and those with learning disabilities were more likely to report abuse to a third party, but not to the police. This stemmed from perceived physical, attitudinal and procedural barriers to reporting incidents, and a lack of interagency working or appropriate responses from the criminal justice system. While three in four people who made an official report of abuse had already reported it to family, friends or other professionals, it was not clear how many people did tell their informal social networks about abuse and relied on this step alone to prevent matters from escalating (2008).

A problem arising for people who lack mental capacity is that independent mental capacity advocates can find themselves advocating on behalf of both the abused and the alleged abuser, if there are insufficient staff available (Gorczyńska and Thompson, 2007). There can also be a lack of time for the abused and the advocate to get to know each other prior to case conferences.

Marsland, Oakes and White (2007) attempted to identify early indicators of abuse of people with learning disabilities in residential homes. They found six groups of indicators: behaviours, actions and decisions of managers; behaviours and attitudes of staff; behaviours of other people with learning disabilities; isolation; service design, placement planning and commissioning; and the quality of the environment. These indicators were highlighted because of their visibility to external people (and hence their potential to be used as early warning devices) and because they could also help the individuals concerned to overcome barriers to early reporting.

For older people, an important research finding was that they may withhold information about the risks they experience, because they feel this could reduce their ability to maintain their independence (Carr, 2011a). This possibility was supported by a study by Clarke *et al.* (2009), who found that older people who reported risks or abuse tended to be removed from a risky environment rather than the risks themselves being removed. Research by Warin (2010) also found that, following a serious local incident, more people than previously were being placed in residential care as a protective measure. These findings show how older people can be disempowered and have their rights removed in efforts to protect against risk.

A single paper reported research into the potential safeguarding implications of traumatic brain injury (see Mantell, 2010). In addition to some of the general issues reported in the preceding sections, this study also emphasised the importance of treating each person as an individual (and thus avoiding generalisations); and of recognising that people had life experiences and social networks prior to the injury. Involving people with traumatic brain injury in decisions about risks was recommended as good practice and could help draw on these experiences.

Experiences, incidence and management of risk arising from policies and processes relating to personalisation in adult social care

Description of articles

Amongst the 12 references identified discussing issues around personalisation, two thirds (eight) reported original empirical research. The remaining third were literature reviews.

All of the eight original empirical studies employed qualitative research methods, including semi-structured interviews, diaries and observation. Three studies were single case studies. None of these eight original empirical studies used quantitative research methods. However, some of these studies provided only very limited (if any) details of the methods employed. Only one of the 12 papers was not peer reviewed (a proxy quality indicator); this was a literature review.

The focus of the recent research on personalisation was predominately on the perspectives and/or views of practitioners rather than service users or family carers. Seven of the 12 references included the perspectives of managers and six of frontline staff, whereas only one reported the views of family carers. Service users' views were also under-represented, with only two studies including the views and experiences of people with physical and/or sensory impairments, people with mental health needs and people with learning disabilities. Older peoples' views featured slightly more often, in three studies. However, as noted above, some of the research, especially some of the literature reviews, gave few details about the types of participants included in the studies.

Amongst the 12 references identified, four discussed the same study (Glendinning *et al.*, 2008) – the National Evaluation of the Individual Budget (IB) pilot programme (IBSEN). The four references that drew on IBSEN included the study's final report (Glendinning *et al.*, 2008); a study summary (Manthorpe, 2008), a literature review focusing on the study

(Gilbert and Powell, 2011); and an article discussing the experiences of adult protection lead officers in the IB pilot sites (Manthorpe *et al.*, 2009).

Tensions surrounding risk and personalisation

Three studies (Kettle *et al.*, 2011; Heath and Phair, 2009; Glendinning *et al.*, 2008) highlighted the potential of personalised and outcome-based approaches to individual service planning in facilitating a more positive discussion of risk and risk taking with social care service users. For example, in Kettle *et al.*'s (2011) study of one Scottish local authority's early implementation of personalisation and service provider co-production, opportunities for service users to have more control in setting their own goals and taking risks were noted. These were in contrast to more traditional care management approaches, which the authors considered may not have encouraged such a positive approach to discussions of risk. IBSEN similarly documented how service users who had been offered an IB reported feeling in greater control of their lives than those who continued to use standard social care services.

However, a number of tensions surrounding risk and personalisation were also identified. These were documented by five studies (Manthorpe *et al.*, 2009; Glendinning *et al.*, 2008; Taylor, 2008b; Henwood and Hudson, 2007; Henwood and Hudson, 2008). Key tensions focused on competing agendas and priorities in everyday practice for practitioners, with staff trying to balance greater choice and control for service users, as advocated by personalisation, against their own 'duty of care'. Risks of over-regulation in the course of ensuring protection and safeguarding were recognised as having the potential to undermine opportunities for service users to manage risk themselves. For example, Henwood and Hudson's (2008) study of staff in three local authorities implementing IBs found that staff were unsure how to support service users actively to take more responsibility and control of their own care whilst, as practitioners, ensuring vulnerable service users' safety.

Research into the early implementation of personalisation, through the piloting of individual budgets, found that policies of personalisation and safeguarding were not well aligned. Manthorpe *et al.*'s (2009) interviews with the adult protection lead officers in the 13 IB pilot sites found they had played a peripheral rather than central role in IB implementation. The need to adopt a new approach to risk assessment in personalisation and self-directed support was also noted by Henwood and Hudson (2007) in their

earlier review of initial implementation experiences amongst a small group of local authorities.

The importance of shifts in staff and organisational culture as an integral part of a move towards greater personalisation was noted by Glendinning *et al.* (2008). To facilitate these changes, Glendinning *et al.* (2008) highlighted the need to explore the perspectives of all those involved, including care managers, service users and their families. Each could have different perspectives, some of which could conflict. Such discussions could also help to identify potential areas of risk. The importance of developing clearer risk management policies was also identified in Carr's (2011b) literature review.

More generalised views and assumptions can also shape approaches to assessing and managing risk. Taylor (2008b) reviewed evidence for the slower take-up of direct payments amongst people with mental health needs, compared to other groups of adult social care users. The importance of social workers' awareness of wider public attitudes towards people with mental health needs was noted, particularly practitioners' fears of being judged by others as negligent if people with mental health needs were encouraged to take more control of decisions and take more risks as they assumed greater control of their own care. Taylor (2008b) suggested that these ideas could influence how frequently people with mental health needs were offered direct payments compared to other groups of service users. The danger of 'risk averse' social work practice, especially among people with mental health problems, was similarly noted by Carr (2011b).

Organisational issues and practitioner questions

Research has identified a number of questions that remain unresolved, particularly concerning the roles and obligations of local authorities towards people using individual or personal budgets. For example, the IBSEN study (Glendinning *et al.*, 2008) raised questions about who was responsible for the on-going monitoring of risk and risk assessment once a support plan had been agreed and IB-funded services were in place. Better guidance for care co-ordinators, more information for IB holders and building risk management into support planning processes were all recommended as helpful. Manthorpe *et al.*'s (2009) article reporting interviews with adult protection lead officers in the 13 IB pilot sites also raised 'safety net' issues. If a care package broke down, who was

responsible and who should provide care and/or protection for the individuals involved? Would local authorities have the resources to step in?

Other studies raised questions about where responsibilities for different aspects of financial abuse lay (Gilbert and Powell, 2011; Henwood and Hudson, 2007; Henwood and Hudson, 2008; Rowlett and Deighton, 2009). Practitioners and managers voiced concerns about risks of financial abuse by people using IBs or personal budgets. Staff in Henwood and Hudson's (2008) study of implementing personalisation in three local authorities were concerned that IB holders might use these funds to purchase inappropriate types of support. Staff felt they had a duty to prevent the inappropriate use of public funds, but were unclear how to do this.

Risks associated with service users

Although the IBSEN study found that service users who had been offered IBs generally felt more in control of their lives, a number of potential risks were nevertheless identified. These included the threat of exploitation and risks of physical, emotional and financial abuse. Practitioners were concerned that personalisation could leave some already vulnerable people potentially more isolated and unprotected in the community; receiving inappropriate or unregulated care; or abused by unscrupulous personal assistants. The latter anxieties arose because when service users directly employed their own personal assistants, especially family and friends, CRB and POVA checks were often not conducted. In addition, practitioners interviewed in the IBSEN evaluation voiced concerns that service users could risk poorer services if they spent their IBs inappropriately or chose unsuitable people to act as personal assistants. The latter fear was based on service users' perceived lack of knowledge and/or ability to employ a suitable person or be a good employer. The risk of family and friends financially exploiting service users was also expressed by staff, although this was often based on anecdotal evidence (Glendinning *et al.*, 2008).

As noted above (Taylor, 2008b; Carr, 2011b), there was evidence of inconsistency in practice between different groups of service users, with some groups, especially people with mental health problems, not offered IBs or direct payments as often as other groups of service users. This was because of the perceived risks associated with mental health service users.

In contrast, Roulstone and Morgan (2009) highlighted a different set of risks. In their study of 20 disabled people facing day centre closure and moves to self-directed support, concerns were raised that service users would face 'enforced individualism' resulting from increased social isolation dependence on family, as disabled people were guided towards 'safe' daytime activities.

Risk associated with carers

A number of risks for front-line care workers may arise from personalisation (Manthorpe *et al.*, 2009; Glendinning *et al.*, 2008; Henwood and Hudson, 2008). These were attributed to the new opportunities for employment as personal assistants by people holding their own personal budgets. Such employment was frequently insecure and unregulated, leaving personal assistants potentially vulnerable to financial exploitation. For example, in the IBSEN study local authority staff noted that this type of employment could lack entitlements to sick leave and/or pay, pensions and statutory holidays (Glendinning *et al.*, 2008). An absence of employment protection safeguards (eg trade union representation) was also noted. The possibility of complex relationship changes were raised by adult protection leads, particularly if service users began to employ family and friends (Manthorpe *et al.*, 2009). Monetary exchange could also add a new and more complicated dimension to relationships between service users and those they chose to employ.

Discussion

This review of recent research on risk has been carried out within a very narrow timescale. Although clear and systematic approaches to searching, retrieving, deciding on inclusion and extracting data have been employed, the review is far from comprehensive. Had more databases been searched, it is possible that further recent studies would have been found. The time available for data extraction and synthesis was particularly constrained. It has also not been possible to conduct a fine-grained appraisal of the robustness or generalised nature of the research included in the review; publication in a peer review journal was used as a simple indicator of scientific quality.

Most of the recent research reviewed here appeared to employ predominantly qualitative research methods; in relation to all three clusters of topics, studies involving quantitative methods were in the minority. A range of qualitative research methods are highly appropriate for accessing opinions, feelings and assumptions, particularly when, as with research involving social care professionals, actual practices may not be wholly consistent with policy guidelines. However, qualitative studies may be limited in how generalisations can be applied. Unfortunately, it was not possible within the time available to assess how far the studies investigating organisational processes, such as those investigating the effectiveness of mechanisms to prevent or reduce risk, were based on representative samples of local authorities or practitioners and hence could form the basis for robust generalisations.

The earlier (Mitchell and Glendinning, 2007) review of research evidence on risk and adult social care conducted for the English Department of Health found major gaps in primary research evidence. These gaps included: mental health service users' views and experiences of risk; the views of different groups of physically and sensory impaired people on risk and its management; the influences of social characteristics like gender, culture and ethnicity on perceptions of risk and how it can best be managed; managing risks to psychological well-being; the role of assistive technology in reducing and managing risk; and the risks for people using personal budgets and direct payments. A few of these gaps have been partially addressed; the current update found one or two recent studies each on the experiences of people with mental health problems or learning

disabilities, on older people and on carers. It also found a number of new studies on the implications of introducing personal budgets and a greater emphasis on the challenges of managing risk in the context of user-controlled decision and support in adult social care practice.

However, other major gaps remain. Thus there still appears to be very little research examining the experiences of some groups of social care service users, particularly those from different Black and Minority Ethnic communities; indeed, one study found that BME users and carers were under-represented in referrals to adult safeguarding teams. As with the earlier risk review, this update found little new research examining whether, and how far, attitudes towards risk and practices to manage risk might vary according to wider social factors such as the gender, cultural identity or socio-economic status of either service users or professionals. The exception was one review (Ray *et al.*, 2008) that identified gender and ethnicity as factors in professionals' approaches to assessing and managing potential risk among people with mental health problems.

The update identified a few new studies on older people's attitudes towards risk (although one of these was based on only three cases) and on carers of older people with dementia. As with the earlier risk review (Mitchell and Glendinning, 2007), this more recent research found that carers tended to be more protective and risk averse than the older people they supported, particularly when carers were actively involved in managing potential risks for a person with Alzheimer's. One new finding from recent research indicates that there is a general failure to recognise this role and little support is offered to carers with these responsibilities (Walker *et al.*, 2007).

More broadly, practitioners' perspectives and experiences appear to dominate the recent research on risk and its management, particularly in the context of personalisation. A number of recent studies have documented the widespread concerns of practitioners about how to balance their duties to promote the positive risk taking that is implicit in moves towards self-directed support with their responsibilities to protect both vulnerable people and the wider public from undue risks. These tensions appear to be shaped both by professional concerns and by awareness of the organisational and reputational consequences of unregulated risk-taking. It seems that professionals may internalise wider public concerns (for example, about risks relating to people with mental

health problems) and these may shape their practice. Additional new areas of professional concern arising from the implementation of personal budgets are the risk of public funds being used fraudulently or inappropriately, if inadequately supervised; and of personal assistants being exploited by personal budget-holders who fail to offer good terms and conditions of employment. At the same time, recent research examining the perspectives of both practitioners and some groups of service users (particularly those with mental health problems) found that risk management procedures, for example those involving adult safeguarding processes, can be experienced as disempowering because they limit users' choices, both directly and indirectly. However, the research included in this update does not appear to identify evidence of any increases in the actual incidence of poor management of personal budgets, risk or abuse more generally arising from increased personalisation and self-directed support.

Overall, there appears to be widespread uncertainty and a lack of evidence in how professionals can best support different groups of services users in positive risk taking. One specific gap identified in recent research is the need for evidence on how to support people in identifying and managing risks when their symptoms and abilities fluctuate. This may be a particular problem for some groups of people with mental health support needs, but can be relevant for other groups with fluctuating conditions as well.

A number of studies included in this update have focused on the operation of new procedures and mechanisms to reduce risk, such as the POVA list, CRB checks, risk assessment tools, implementation of the 'No Secrets' guidance and wider safeguarding processes. However, few of these studies appear to have provided rigorous evidence of the effectiveness of such mechanisms in preventing or reducing risk. Indeed, some implementation problems apparently remain, particularly in sharing information and adopting common approaches to risk management across professional and agency boundaries. Nevertheless, the research suggests that formal mechanisms such as these may be superseding earlier reliance on professional judgements. It is not clear how far any shift towards a greater use of formal procedures and away from professional discretion is experienced by service users. Is it more empowering because clear minimum thresholds of risk and protection are involved; or less so

because of the greater difficulties of challenging organisational rather than individual risk assessments and decision making?

Finally, one surprising and troubling finding from recent research concerned the risk of low-level abuse experienced by people with mental health problems and learning disabilities. Both these groups of service users reported that such experiences shaped and constrained their daily activities as they sought to avoid exposure to abuse, often by not going out or avoiding particular social situations. This low level abuse may have been below the thresholds addressed by formal safeguarding and other risk management processes. Alternatively, it is possible that those who experienced it failed to report it. Some recent studies have revealed the barriers to reporting abuse experienced by older people, those with mental health problems and adults with learning disabilities, who assumed they would receive poor responses from the police and criminal justice systems. As in the earlier research review, one recent study found older people could also be deterred from reporting abuse because of the fear of losing their independence. These findings suggest that responses to potential risk or abuse are still perceived as involving removing a vulnerable person from a risky situation, rather than addressing the situation itself. These conclusions justify the calls in some of the recent studies for greater awareness among the general public of the risks of abuse to people who are older, ill or have disabilities.

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Stevens, M. and Manthorpe, J. (2007) Barring 'inappropriate people'? The operation of a barring list of social care workers: an analysis of the first referrals to the protection of vulnerable adults list, *Health and Social Care in the Community*, 15, 4, 285-294.

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Walker, A.E., Livingston, G., Cooper, C.A., Katona, C.L.E. and Kitchen, G.L. (2007) Caregivers' experience of risk in dementia: the LASER-AD study, *Ageing & Mental Health*, 10, 5, 532-538.

Warin, R. (2010) Safeguarding adults in Cornwall, *Journal of Adult Protection*, 12, 2, May, 39-42.

Whitelock, A. (2009) Safeguarding in mental health: towards a rights-based approach, *Journal of Adult Protection*, 11, 4, November, 30-42.

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Appendices

Relevant reports identified from websites but not included in the review:

Barry, M. (2007) 'Effective approaches to risk assessment in social work: an international literature review'. *Research Findings*, 31/2007, from www.scotland.gov.uk/publications/2007/08/07090727/0

The need for a review of approaches to risk assessment was identified as part of the 21st Century Review of Social Work (2006a) (Changing Lives). It suggested that the social work profession was lacking in confidence, under utilised its workers' skills, had become increasingly risk averse, stifled autonomy and lacked appropriate support. One of the key areas for change identified in Changing Lives was the need to develop a new organisational culture and approach to risk management and risk assessment which promoted excellence. The Scottish Executive Education Department commissioned the Social Work Research Centre at the University of Stirling to undertake an international literature review on risk assessment across the three main areas of social work expertise: criminal justice, community care and child protection. The main objectives of the review were to examine:

- The key differences in risk assessment approaches between the three categories of community care, criminal justice and child protection and what are the implications of such differences for a common language and understanding of risk assessment between and within the various professions.
- How risk is defined, assessed and applied in practice - what actuarial tools for risk assessment are available to social work, which ones are used and why, and how differing practices are justified.
- How information is shared between agencies and with users on risk assessment.
- To what extent organisational culture and organisational learning impact on risk assessment and management techniques, processes and outcomes.
- The implications of the varying approaches for future policy and practice in Scotland - including the development of nationally-agreed risk assessment tools and procedures, learning from mistakes, staff training, professional

autonomy, the need for a common understanding and language of risk assessment, inter-agency co-operation, user protection and public safety.

- This report offers an international review of the literature (including referred journal articles, policy documents, books and commissioned reports) within predominantly English-speaking countries about risk assessment in social work. The literature review includes an analysis of key research, policy, previously undertaken literature reviews and other relevant documentation primarily in the UK, North America, Australia and New Zealand.

Evans, S. and Montgomery, C. (2010) 'A study of social worker's views on the barriers to promoting positive risk-taking for young disabled adults', from

www.socialwork.ed.ac.uk/esla/practitioner_research_projects/projects/east_lothian

www.socialwork.ed.ac.uk/_data/assets/word_doc/0006/56157/PRP_Final_Report_-_Final_Version.doc

This report details the aims, methods and key findings of a practitioner research project undertaken by social work practitioners from East Lothian Council. This is one of a number of local authority projects that has been completed in partnership with the University of Edinburgh on the subject of engaging with involuntary service users.

In this report we introduce the concept of positive risk-taking with reference to young disabled adults, and relate it to the topic of engaging with involuntary service users. A summary of the relevant legal and policy issues is followed by an explanation of the rationale for seeking social workers' views on this subject, along with an outline of the methodology adopted for the study. Finally, the findings of the study – the barriers and potential solutions to the promotion of positive risk-taking as perceived by the social workers consulted – are presented, together with suggestions about the relevance of these findings for policy and practice.

Foundation, T. and Stirling, U.O. (2011) 'Altrum Risk Research Project', from
www.thistle.org.uk/riskresearchproject/adultprotectionresources

The Altrum Risk Research Project, based at Thistle Foundation, aims to increase knowledge of the decision-making skills required in risk assessment within the social care sector.

The objective of the project, led by Altrum and delivered by Thistle Foundation and the University of Stirling, is that social policy will better reflect the views of disabled people who access services.

Mackay, K. (2011) 'Exploring how practitioners are working with risk after the implementation of the Adult Support and Protection (Scotland) Act 2007', from
www.dass.stir.ac.uk/research/projects/show_project.php?id=121

This 16-month joint practitioner/academic research project study was developed in partnership with East Dunbartonshire, Falkirk and Perth and Kinross Councils. The project started in October 2009 and explores processes around risk assessment and decision making, intervention and outcome from the perspectives of practitioners and some of the people who were seen as being at risk of harm. It has the additional benefits of improving social work practitioners' research skills and contributing to knowledge exchange.

Penhale, B. (2009) 'Adult protection and risk among older people with mental health problems'. *Older People's Mental Health Today: A Handbook*, from
www.pavpub.com/p-88-older-peoples-mental-health-today-a-handbook.aspx

Other websites which **may** contain relevant material:

- www.nischr-crc.wales.nhs.uk
- www.kent.ac.uk/scarr
- www.mentalhealth.org.uk/publications
- www.ageuk.org.uk
- www.ripfa.org.uk
- www.esrc.ac.uk
- www.iriss.org.uk

This paper was commissioned as part of the JRF programme on [Risk, trust and relationships in an ageing society](#), which aims to explore how risk features in the lives of adults who use care and support.

The Joseph Rowntree Foundation has funded this research paper as part of its programme of research and innovative development projects, which it hopes will be of value to policy-makers, practitioners and service users. The facts presented and views expressed in this paper are, however, those of the author and not necessarily those of JRF.

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