

GBWCT POLICY



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CLINICAL RISK ASSESSMENT & MANAGEMENT

The management of risk, in a therapeutic setting, is an ongoing process involving and identifying the potential for harm to participants, staff and the public.

While risk can never be eliminated, the role of the organisation is to ensure participants' risks are assessed and managed to safeguard their mental health and well-being.

1.0 Purpose

This policy is based on the belief that all GBWCT participants should expect that their clinical risk will be appropriately assessed and managed to aid their progress within a framework which ensures a thorough and consistent high standard of assessment.

2.0 Policy Details

The management of clinical risk should be a process which includes the participant and/or their parent/guardian where applicable. It is important to work together in identifying potential risks and implementing an agreed management plan to limit risks and use the participants own strengths to promote their wellbeing.

Assessment needs to be individual to the person's own context for behaviour patterns or situational responses. Specific previous history of risk behaviours needs to be described as accurately and as fully as possible.

Risk behaviours should be considered in the context of recency, frequency, severity and patterns of behaviour.

3.0 Procedure

Risk assessments and Risk Management Plans (RMP) should involve:

- Engagement and the building of a trusting relationship with the participant and key worker
- Discussion and consultation with all members of a multidisciplinary team (external and internal)
- Structured professional judgement supported by the best evidence and information available in order that the best decision is made at the time
- A stepped approach and use of agreed risk tools for participant, which reflects the level of detail or specialist intervention required

- The RMP should include a summary of all relevant risks identified, formulations of the situations in which identified risks may occur, and actions to be taken by GBWCT staff and the participant in response to crisis

Principles of best practice:

- Making assessments based on a thorough understanding of the individual participant and their social context, knowledge of the participants own experience, and professional judgement
- Risk management should be conducted in a spirit of collaboration and based on a relationship between the participant and their key worker that is as trusting as possible
- Risk management must be built on recognition of the participants strengths and should emphasise ongoing wellbeing
- Risk management involves developing flexible strategies aimed at preventing any negative event from occurring or, if this is not possible, minimising the harm caused
- Risk management should take into account that risk can be both general and specific, and that good management can reduce and prevent harm
- Knowledge and understanding of current available mental health or other services is an important component of risk management
- Risk assessment is integral to deciding on the most appropriate level of risk management and the right kind of intervention for the participant
- All staff involved in risk management must be capable of demonstrating sensitivity and competence in relation to diversity in race, faith, age, gender, disability and sexual orientation
- Risk management must always be based on awareness of the capacity for the participant's risk level to change over time, and recognition that each participant requires a consistent and individualised approach

Principles of *positive* risk management:

- Working with the participant to identify what is likely to work
- Paying attention to the views of family/whanau and others around the participant when deciding a plan of action
- Weighing up the potential benefits and harms of choosing one action over another
- Being willing to take a decision that involves an element of risk because the potential positive benefits outweigh the risk
- Being clear to all involved about the potential benefits and the potential risks
- Developing plans and actions that support the positive potentials and priorities stated by the participant, and minimise the risks to the participant or others
- Ensuring that the participant, and others who might be affected are fully informed of the decision, the reasons for it and the associated plans
- Using available resources and support to achieve a balance between a focus on achieving the desired outcomes and minimising the potential harmful outcome

Clinical assessments of risk and risk management plans:

Following completion of the clinical assessment of risk, a care plan which includes risk management needs to be developed. This is the documented evidence to show what action is to be taken to both reduce the level of risk and/ or take positive risks, including what action needs taking in the event of a crisis or emergency arising. Such a plan should identify the responsibilities of the participant and key workers in contributing to the recovery process.

Where no clinical risk is identified, either to the participant or to others, no further detailed risk assessment will be necessary unless the clinical presentation of the participant changes and as such the clinical risk assessment would be reviewed.

Ongoing Risk Management:

- Should a participant's risks/ needs change, an up to date assessment must be carried out and documented
- The care plan must also be updated to reflect new risks/needs
- The updated plan must be communicated to the participant, parent/guardian, and other external professionals as required (with participant consent)
- A review of the participant's clinical risk assessment may be conducted at any time and anyone involved with the participant can request a review
- In the event of any dispute concerning the clinical risks identified, the matter must be brought to the attention of the GBWCT Manager for resolution

Specifically, a review of the clinical risk assessment should occur:

- At enrolment, or exit from the service
- At a point of referral to an external provider
- Change of nominated key worker
- Significant event, i.e. non-participation or loss of contact with service, self harm, or suicide attempt
- Mental health deterioration/change in mental state/increased hostility to others
- Change in legal status of the participant
- Change in diagnosis, care plan, medication, or significant life circumstances etc
- All changes to the RMP will be documented in the client record

4.0 Risk Assessment Criteria

Recency of risk (how recent)

Both previous and most recent incidents must be considered when assessing risk, the more recent the incident, the greater the potential risk.

Frequency of risk

the more frequent the incident, the greater the potential risk 'frequency' of risk can help to inform early warning signs, trigger factors and patterns.

Severity of risk

The seriousness of an incident describes the highest level of harm possible when an event occurs, contextual with known trigger factors, patterns and past behaviour.

The risk assessment must consider all of the following factors (for the complete list, please see the GBWCT Therapeutic Risk Assessment Tool):

- Aggression and Violence
- Self Neglect and Vulnerability
- History
- Current thinking and behaviour
- Contextual issues
- Participants view of risk
- Protective factors
- Service Aspects
- Family/whanau/others view of risk
- Other risks

Sample risk assessment criteria

- Use of substances – resulting in a change in behaviour
- Symptoms of major physical illness/disability or chronic pain
- Evidence/expression/thoughts of planned intent to ‘harm/injure’ self/others, and/or previous violent episodes
- Avoidant or secretive behaviours
- Suicide risk, i.e. previous attempts on their life, or suicidal ideation, i.e. threats or provisions made for events after death, family history of suicide, and/or having access to the means to attempt suicide
- Recent significant life events
- Cognitive or memory impairment of either a deteriorating and or fluctuating nature
- Chronic depression or other major psychiatric diagnosis
- Refusal to eat/drink/take prescribed medication
- Socially withdrawn or isolated
- Relationship problems
- Poverty, low income/unemployed
- Stability of living circumstances (i.e. homelessness, or threat of homelessness)
- Exposure to harassment, bullying or exploitation
- The individual’s own thinking in relation to the risk

5.0 Policy Scope

GBWCT Manager

The GBWCT Manager must ensure that responsibility regarding clinical risk assessments for participants accessing GBWCT services is delegated to an appropriate key worker.

Ensuring that staff complete appropriate training to ensure that they competent in risk assessment and management.

Will regularly review and update this policy.

GBWCT Key Workers:

- Ensure risk assessments are carried out for all participants on first contact, and exit with the service
- Ensure RMP's are documented in the client file
- Ensure that RMP's are reviewed as appropriate in response to changes relating to the participant
- Will communicate the RMP to the participant and other relevant professionals
- Inform the GBWCT Manager if a dispute arises
- Attend training as required

6.0 Definitions

Clinical risk is defined as:

The potential for the occurrence of harm with respect to self harm or attempted suicide, violence, serious neglect of self or dependents, abuse and exploitation of or by others (including sexual abuse, emotional and child abuse).

It is the possibility of beneficial as well as harmful outcomes in a dynamic social environment where continuous change and uncertainty are present.

Clinical risk assessment and management is the systematic process of collecting detailed information about the participant's history and current presentation to allow for a professional judgement to be made identifying whether the participant is at risk of harming themselves or others.

Risk assessment supports the process of making a judgement to determine the level of potential risk posed by or to the participant to themselves or others, including practitioners across services.