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Positive risk taking: debating the research agenda in the context of adult

King, E., Davies, K. and Abendstern, M.

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The Journal of Adult Prot

Positive risk taking: debating the research agenda in the context of adult protection and Covid

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Positive risk taking: debating the research agenda in the context of adult protection and Covid

Abstract

Purpose:
The purpose of this paper is to present the case for examining the concept of Positive Risk Taking (PRT) in the context of adult protection. The paper argues there is a need for empirical research to understand the application of and attitudes to PRT to explore whether the concept has moved beyond a principle to make an identifiable difference to service users.

Design/ methodology/ approach:
By investigating evidence from policy, literature, and professional opinion, this paper presents the ethical tensions for professional practice in adult protection between respecting a service user's freedom to make choices to enhance their independence whilst preserving safety for service users and society. This is considered in the context of risk in health and social care and the recent changes in society resulting from Covid-19.

Findings:
Inherent tensions are apparent in the evidence in health and social care between attitudes propounding safety first and those arguing for the benefits of risk taking. This indicates not only a need for a paradigm shift in attitudes but also a research agenda that promotes empirical studies of the implications of PRT from service user and professional perspectives.

Originality:
This paper draws attention to the relatively limited research into both professionals' and service user perspectives and experiences of PRT in practice.

Keywords

Risk, recovery, adult protection, Covid-19, health, social care

Article Classification

Viewpoint

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Positive risk taking: debating the research agenda in the context of adult protection and Covid

The Covid-19 pandemic has dominated everyone's lives since 2020, creating unifying experiences and polarised ones, as structural inequalities were revealed in UK society. The pandemic has also created an increased awareness of risk for each citizen and those in government as they attempt to judge the risks for whole populations.

This paper presents the case for examining the concept of positive risk taking (PRT) in the context of adult protection and recent changes in health and social care resulting from Covid-19. It examines the theory and practice of PRT, its strengths and challenges. It sets out the need for empirical research that includes both professionals' and service users' perspectives and experiences to explore if they are equipped and supported to use PRT principles. Furthermore, it considers if the concept has moved beyond a principle to make an identifiable difference to service users' lives and urges researchers and policymakers to consider the impact of the long-term threat of Covid-19 on attitudes to PRT.

In all aspects of health and social care, professionals and service users encounter situations that involve judging the potential severity of risks and the probability of harm against the benefits and uncertainties of different decisions. This is frequently conducted implicitly, without discussion or detailed consideration with service users (Taylor, 2012). Adult protection amplifies the balance of harm against benefits, where outcomes in some cases could be the difference between life or death. In England, adult protection falls under the Care Act 2014, enacting the six key principles of safeguarding in the Making Safeguarding Personal (MSP) programme (LGA & ADASS, 2019). Alongside accountability, prevention, and protection, the remaining three key principles of empowerment, partnership and proportionality align closely with concepts of enablement and choice and provide a strong motivation for embracing the notion of PRT in the realm of adult safeguarding (Department of Health & Social Care, 2020a).

The concept of risk is a powerful factor influencing how professionals think and behave and may take precedence in assessment, care planning, and decision-making in the form of cautious decisions (Coffey *et al.*, 2019; Stanford, 2011). Indeed, it may change the role of professionals (Green, 2007) into risk decision-makers with the imperative to control risk, minimise harm and, importantly, defend any actions the professional may take (Tew, 2005). Such an obligation potentially erodes the fundamental principles of care, support, and enablement mediated by PRT and can create tension against professional values and ethical practice. Taylor (2006) discovered this in his research of health and social work professionals in Northern Ireland. His findings suggest the professionals’ rationale of opting for specific decisions, the role that attitudes to risk may play (including those deriving from personal and organisational cultures) and the influence of different contexts is not always clearly defined in professional practice.

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In England, the Coronavirus Act 2020 enabled local authorities to respond to the Covid-19 pandemic via the Care Act easements guidance (Department of Health & Social Care, 2020b). This guidance gave local authorities the ability to replace their legal duty to meet care and support needs with a legal power to prioritise need should service pressures increase. Although adult protection was not directly affected by the easements, they ignited debate on the erosion of statutory duties in health and social care to protect adults at risk of abuse or neglect (Alzheimer's Society, 2020; Schwehr, 2020). This made visible tensions already inherent in adult social care created by lack of investment in a system seen by many as broken (Butler, 2019; Holt, 2020).

This paper examines PRT in the above context by considering five areas: the support for PRT in principle, the risk-averse culture that mitigates against this, professional efforts to make PRT part of conscious praxis in risk management, PRT within the context of adult protection, and the importance of research in this area.

Concept endorsement

The concept of PRT, also known as therapeutic risk-taking, has grown in currency in the UK since the early 2000s alongside the concept of recovery within mental health and social care practice (Maas-Lowit, 2018; Stalker, 2003; Wand *et al.*, 2015). Recovery-orientated mental health approaches have aimed to shift practice from a medically dominated approach towards social understanding (Golightley and Kirwan, 2019). They align with the recent growth in popularity in narrative and strength-based approaches in health and social care, focusing on self-efficacy and social resources to support service users' journey to personal change and social re-engagement (Fisher and Lees, 2016; Golightley and Kirwan, 2019; Tew, 2013; Tew *et al.*, 2012). Recovery also emphasises the democratic relationship between professional and service user (Fisher and Lees, 2016). The service user is actively listened to and empowered to define and solve their problem (Golightley and Kirwan, 2019). Similar to the recovery model, PRT is strongly linked to inclusion, and both reflect professional values in health and social care that espouse anti-discrimination, empowerment, and self-determination (Bogg, 2010; Jacob, 2015). Consequently, PRT and risk enablement (Royal College of Occupational Therapists, 2018) have become common terms within social work and occupational therapy in the UK. Training and guidance have been issued to these two key professional groups within the social care workforce to support PRT in practice. PRT has recently been aligned to adult protection within England via MSP and the Care Act 2014 mentioned above. Its aim is to promote a cultural change in adult protection by reorientating safeguarding activity to enhance service users' involvement, choice, and control, with a focus on outcomes, rather than following a prescriptive process (LGA & ADASS, 2019). Another relevant legislation that promotes the concept of PRT is the Mental Capacity Act 2005 (MCA). The MCA stresses the need to discourage overly controlling practice alongside the individual's right to make their own decisions balanced with their right to be protected from harm (TSO, 2007).

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While PRT has grown in currency in the UK, internationally the concept has had less traction. Evidence suggests PRT underpins government best practice guidance on risk management in mental health services in only a few countries (Department of Health, 2007; Giusti *et al.*, 2019; Wilson *et al.*, 2016). Research suggests that paternalistic professional attitudes, homogenisation of service users, and organisational structures prevent the cultural change required to shift to a strengths-based approach to risk (Downes *et al.*, 2016; Giusti *et al.*, 2019; Wilson *et al.*, 2016).

A dominant culture of risk avoidance

PRT is described by Morgan (2004) as a means of redressing a risk-averse professional and organisational culture whereby management processes are steered more by administrative and less by clinical and social concerns. Researchers in social care have observed a rise in risk endemic in society, posing challenges for individuals and organisations delivering health and social care, as a paradigm of risk reduction dominates decision making (Warner *et al.*, 2017). Researchers have linked the tendency to avoid risks or adopt risk-averse care (Beck, 1992) to a drive to avoid blame. Blame culture (Alaszewski, 1998) can lead to professionals believing a poor outcome equals a bad decision, even if the decision-making process has been robust. Ultimately this results in fear of being blamed and can lead to defensive practice and erosion in practice confidence (Smethurst, 2011; Taylor, 2017).

Within a blame culture, risk is argued by Alaszewski (1998) to be indivisible from issues of accountability. This is pertinent to adult protection under both the Mental Capacity Act 2005 and the Care Act 2014, where accountability is a key principle. If viewed under the lens of a risk-averse culture in health and social care, professional accountability could lead to the individualisation of risk, creating barriers to collaboration, self-determination, and empowerment so central to MSP and PRT (Department of Health & Social Care, 2020a; Stewart and MacIntyre, 2018).

Approaches to risk management in practice

Driven by a culture of risk avoidance, health and social care organisations have adopted standardised risk assessments and approaches to managing risk to systematically support decision making and reduce harm (Webb, 2006). Downes *et al.* (2016) suggest three approaches to risk management in social care: unstructured clinical judgement (based on professionals' gut feelings), actuarial (using validated tools to measure risk), and structured clinical judgement (a combination of the former two). Of these three approaches, Stewart and MacIntyre (2018) point to the increased use of actuarial approaches to risk management within adult protection. Actuarial approaches are based on positivist ideologies that view risk as scientifically measurable; statistics determine how given factors may influence the probability of outcomes (Taylor, 2017). Such structured processes tend to conflict with the democratic nature of PRT understood by service users and professionals (Robertson and Collinson, 2011). This has led to professional attempts to make PRT part of risk management's conscious praxis (professional decision making, which integrates

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theory with practice) (Higgs *et al.*, 2009; Manthorpe and Moriarty, 2010; Morgan and Andrews, 2016). For instance, Felton and Stacey's (2008) PRT Framework promotes a therapeutic relationship between individual and professional. It embraces an ethic of care approach to the decision-making process, recognising the emotional element of risk management and professionals' need to be critically reflexive to understand service users' circumstances and address ethical uncertainty within the risk management process (Felton and Stacey, 2008).

O'Sullivan (2011) regards reflexivity as an important factor within decision-making to ensure professional values and ethics are conscious features of collaborative decision-making. Not doing so runs the risk of a rise in defensive practice within adult protection where decisions centre on 'watching your own back' and avoiding harm at all costs to the detriment of more positive and ethical approaches to risk (Stewart and MacIntyre, 2018; Taylor, 2017).

Concepts and goals of empowerment, anti-discriminatory practice, self-determination, and inclusion are central to PRT. As mentioned above, good practice in adult protection should involve the adult at risk of abuse and neglect having choice and control over the decisions they make. Empirical findings, however, suggest practitioners and service users face a variety and varying degrees of barriers to PRT practice based on setting, service user group, agency, and team culture. Robertson and Collinson (2011) reported support staff working with adults with learning disabilities were reluctant to enable PRT practice. In the same study, outreach workers, supporting adults with mental ill-health in the community, were described as having greater freedom to operate a PRT model. Inpatient units, by contrast, were regarded as more controlling. Inconsistent organisational risk management guidance and risk averse culture were also found to impede PRT in practice, even where they were supported in principle. Encouragingly, where positive outcomes of PRT were reported, practitioners were more likely to use this approach in the future, particularly when underscored by team approval (Holley *et al.*, 2016; Robertson and Collison, 2011). What these outcomes are for service users, however, is absent from these studies.

Role of PRT in adult protection - theory and practice dissonance

Consequently, health and social care professionals within adult protection are in constant tension, accountable for promoting individual autonomy whilst accurately predicting the level of risk a course of action will produce.

Within the sphere of adult protection, PRT is compatible with the spirit of the Care Act 2014 and MSP with its outcome-focused, person-led approach (ADASS *et al.*, 2018; Department of Health & Social Care, 2020a). Risk within adult protection depends on a collaborative approach, defined in statutory guidance as 'people and organisations working together to prevent and stop both the risks and experience of abuse or neglect' (Department of Health & Social Care, 2020b, 14.7). Therefore, current adult protection legislation in England envisages service users to be at the centre of adult protection issues to be equal partners in judging risks, potentially

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using PRT (Starns, 2019). However, this cannot free the professional to abandon caution and minimise the need for focus on protection and prevention, particularly for service users who may lack the mental capacity to understand the risks (Nolan and Quinn, 2012; Starns, 2019; TSO, 2007).

Likewise, health and social care professionals' and organisations' ambitions to respect service user decisions that appear risky may be subsumed by structural pressures to fulfil regulations that discourage a positive approach to managing risk (Faulkner, 2012; Morgan and Williamson, 2014). Covid-19 restrictions evidence these structural pressures by creating a paradox where measures to prevent harm through self-isolation has led to some adults becoming more at risk of financial scamming or domestic abuse (SCIE, 2020). The Care Programme Approach also evidences the impact of structural pressures. Gould's (2012) research found that service users perceived a shift towards a rise in risk assessment, control, and reduction, compared with the positive approach to risk deemed important to recovery. Regardless of these issues and tensions within adult protection, professionals should remember those at the heart of decision-making. PRT could encourage some adults, who may not have been given the opportunity because of perceived vulnerabilities, the ability to learn by making mistakes. Anecdotal examples confirming this can be found, such as one young man with autism and a learning disability who stated, after being financially exploited:

"People learn by making mistakes. I needed to make mistakes too so I could learn." (In Control, 2017)

The research imperative

Given the tension that professionals, organisations and service users experience in minimising risk and encouraging self-determination outlined above, the challenge promoting approaches based on PRT is significant. Encouraging professionals and organisations to shift from defensive practice, reliant on systems, to approaches that aim to include service users in decisions based on an understanding of the risks will be required.

Most research on PRT has been conducted in a UK context, with little evidence from other nations (Giusti *et al*., 2018). Establishing international collaborations to examine PRT in other cultural settings could encourage a deeper understanding of the tensions and possibilities. Moreover, it is rare to find studies that explore PRT from service users' perspective (Coffey *et al.*, 2019). One study suggests differences between service users, professionals, and the employing organisation in adopting PRT. In this case, employing organisations were perceived by outreach workers as discouraging PRT (Robertson and Collinson, 2011). We suggest, therefore, the following imperatives for research:

i. How PRT is defined within the international research and professional literature to evaluate the benefits and challenges identified regarding risk management and enabling approaches.

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ii. How PRT is defined and used in practice with service users in adult protection, identifying 'internal' barriers and facilitators, such as attitude and relationship building, and 'external' factors, such as service design, pressures, and operational priorities.

iii. The implications of PRT for service users' wellbeing, exploring their understanding and experience of PRT, considering the impact on enablement, independence, and self-determination of service users, linked to a wider debate about the relationship between PRT, enablement and adult safeguarding.

iv. If, how, and why PRT attitudes change during service involvement and practice from the service user and professional perspectives.

v. Whether service users' and professionals' perspectives coincide regarding PRT, comparing the attributes and practice of PRT identified by professionals and service users.

vi. How the long-term threat of Covid-19 may impact service users', professionals', and organisations' attitudes to PRT.

Conclusion

With a 'rise in risk' endemic in society, more so than ever, it is important to improve understanding of PRT by examining service users' and professionals' perspectives. This paper has explored whether the concept of PRT has moved beyond a principle to make an identifiable difference to service users. It has considered how the current challenges to health and social care delivery in England could benefit from a positive approach to risk that promotes service users' wellbeing, rather than a cautious approach to risk underscored by a duty to protect and prevent harm. Such an approach would embrace an ethical challenge to accepted service delivery norms to service users within the current context of significant service pressures, respecting the values and principles embedded within professional practice.

If health and social care organisations are serious about adopting MSP within adult protection, a cultural paradigm shift is required. We would suggest, inherent systems that perpetuate defensive practice need to change and instead move toward an ethical approach to risk management that is truly collaborative and democratic in nature.

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