

# Person Centred Planning



## ‘Stepping Out’ Project Carmona Services

### Balancing Safety & Risk/Opportunity

Presented by:

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# Philosophy of Order's Risk Management Programme

Risk Assessment Process/Risk Management should

- Be an enabler rather than a disabler
- Be based on accurate, factual data e.g. Functional analysis, behavioural data, psychological assessment, adverse incident
- Facilitate the Service User achieving their Personal Outcomes in safety
- Form the basis of a transparent methodical decision-making process
- Be integrated into care management processes
- Segregate genuine risk from general management issues!

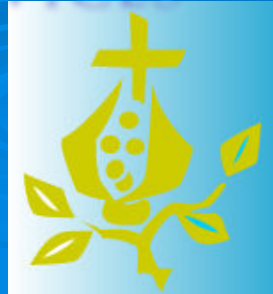
# Value of Risk Taking to our Service Users

## Risk Taking

- Is a marker for personal independence & development
- Has a Therapeutic value
- Should focus on Positive Risk taking i.e. Risk v Opportunity (gained & lost)
- Based on need to balance risks simultaneously

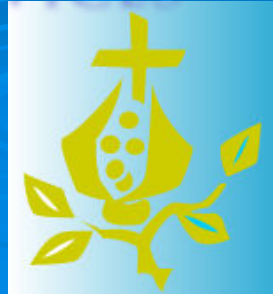
# Challenges/Risk Aversion

- Parents' fear that son/daughter may hurt themselves or others
- Fear of litigation should things go wrong
- Incident in community may stigmatise & adversely affect future planning
- Reduced control – impact on safety
- Potential for assault on member of public
- Resource intensiveness
- Person centred approach excellent foundation for adequate management of risk

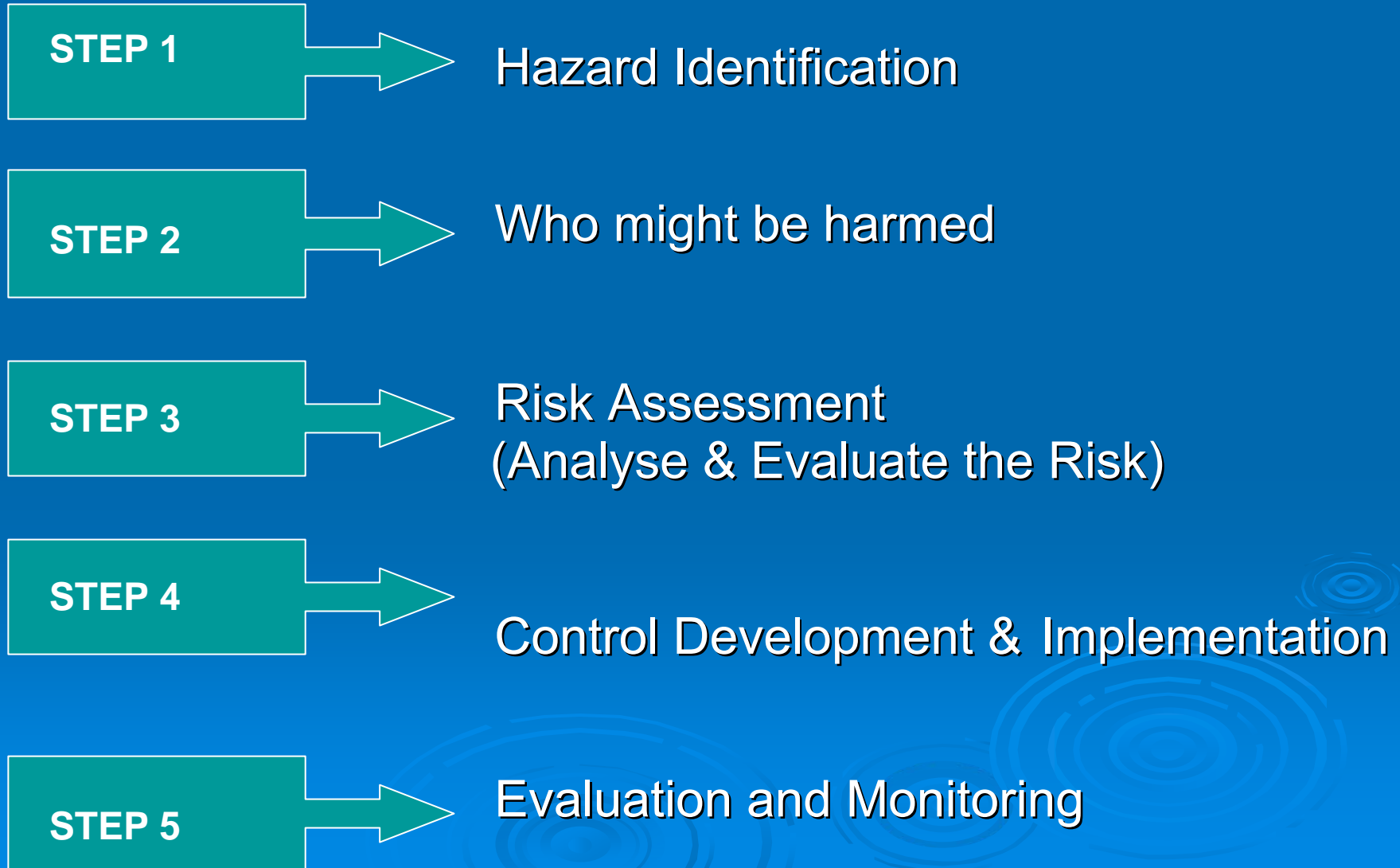


# Training in Risk Assessment Process

- Risk Assessment training Key Objective in Risk Management Business Plan 08/09
- RA Training every Wednesday – KPI 768 staff trained March 08/09.
- Developed Risk Assessment Module 1 and 2 including scenarios reflective of risks in the Intellectual Disability Setting
- Module 1 – theory (3 hours) Module 2 (1 month later)– Review of Risk Assessments undertaken & discussion with Risk Management Team & peers (3 hours duration)
- Pilot of Risk Register complete
- Planning Audit Programme
- Risk Assessment integrated into programme planning



# 5 Steps to Risk Assessment (Aus/NZ Standard 4360:2004)



## Likelihood

LEVEL	DESCRIPTOR	DESCRIPTION What is the likelihood of the risk occurring?
1	Rare	Is unlikely to ever occur i.e. in less than 0.1% of cases
2	Unlikely	Is unlikely to occur i.e. in more than 0.1% but less than 1% of cases
3	Possible	Might occur i.e. in more than 1% but less than 10% of cases
4	Likely	Could easily occur i.e. in more than 10% but less than 50% of cases
5	Almost Certain	Will almost certainly occur i.e. in more than 50% of cases

## Consequences

LEVEL	DESCRIPTOR	DESCRIPTION
1	Insignificant	No Obvious Harm
2	Minor	Non Permanent Harm (take up to a month to resolve)
3	Moderate	Semi-Permanent Harm (take up to a year to resolve)
4	Major	Major Permanent Harm
5	Catastrophic	Fatality

# Risk Matrix

3. RISK MATRIX	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare/Remote (1)	1	2	3	4	5

# Need to Analyse & Prioritise?

- What seems intuitively highest risk will not in practice necessary prove to be – more objective
- Senior Managers most effective when dealing with a limited number of core, high level priorities.
- Means of measuring and comparing high level risks is required.
- Focus on actual rather than perceived risks

# Philosophy of Stepping Out project

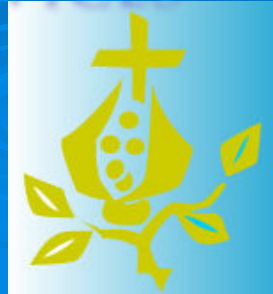
A day service programme to promote valued social roles & social inclusion for a group of service users with high support needs

- Person centred
- 16 Service users originally chosen
- Not attending day placement
- Individual's choice as to type of placement – based on what was meaningful and preferred by Service User
- Peers chosen to fit needs of individual
- Staff chosen to fit needs of individual
- Environment/task chosen to fit individual
- Supports identified to meet individual needs/  
Personal Outcome.



# Clinician Involvement

- CNS Behaviour – Helen Thompson
- Psychologists – Elaine Fitzsimons/Kevin Coyle
- CNM3 – Pauline Mellett
- Programme Facilitator – Mark Garvey
- Front line staff Representatives
- Service User
- Parent of Service User



# Stepping Out project



- **Objectives: Support men and women to engage in and successfully sustain involvement in community based activities – work, leisure & social**
- Research aspect to Project
- Pre-measures were identified
- A proactive approach to the management of risk was crucial
- Risk Assessment process dovetailed with full MEBS Assessment, Behaviour data analysis, Clinical observations to provide transparent, methodical decision making tools to facilitate person centred planning.
- Risk Issues and behaviours were analysed locally with support of CNS.
- Data relating to behaviours were analysed by the CNS and discussed at the Positive Behaviour Support Committee as required.

# Pre-measures based on

- Data analysis
- Full Multi-Element Behavioural Support (MEBS) assessment
- Risk Assessment Findings
- Behaviour reports
- Adverse Incident Reports
- Evidence Base Practice
- Clinical Observations
- Personal Outcome Measures Score
- Other research measures



# Where does Risk Assessment Fit?

Dovetails with the

- Functional Analysis/Assessment of Individual → Behaviour Support Plan
- Care Plan
- Behaviour Reporting System



# Profile of 'John'

- Autism
- Hypersensitivity to noise (unexpected)/Poor concept of time
- Difficulty with Confined spaces/coping with children in environment
- Function of behaviour -Escape Motivated
- Antecedent Control- Planning directly before outing
- Identified Likelihood of increased need to express through his behaviour on Mondays and Fridays



# Person Centred Plan

- In absence of structured Day Service
- Source meaningful activity for 'John'
- Social & Leisure and work related
- Noise and confined space big issue for John
- Requirement for low arousal environment
- Contingency planning critical



# Planning with John

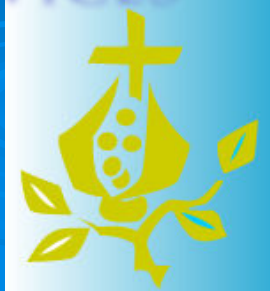


- Person Centred - Identify 'John's' Individual needs
- Identify meaningful community activities he wanted to engage in
- Determine Compatibility with peers participating in activity
- Matching staffs' competencies/personality to John's needs
- Risks identified through the Risk Assess Process based on data analysis of behaviour reports, functional analysis of behaviour, clinical observation etc
- Big emphasis on 'John's' Personal Outcome Measures
- Pre-measures reflected risks associated with John interfacing with community setting.
- Communication with John's Dad and those who knew John best.

# Risks Identified

John participating in community activities/availing of a public service

- 1. Verbal aggression
- 2. Physical aggression



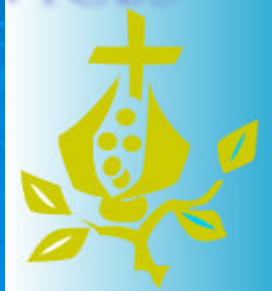
# Existing Controls

- 1. Antecedent Control
- 2. Reactive Strategies



# Additional Controls Required

- 1. Specific planning(Mon./ Fri.)
- 2. Space (proximity of others)
- 3. Immediate response to Behavioural precursors-  
distraction/redirection)



# Challenges

- 1. Communication
- 2. Data collection (quality)
- 3. Ensuring continuity



# Monitor and Review

- Post Measures
- POMs Priority Goals
- Behavioural Data (ongoing)
- 'John's' Activity Schedule (ongoing)



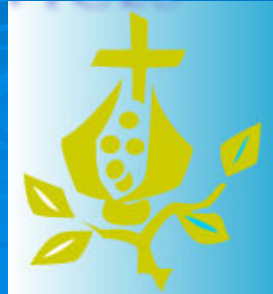
# Monitor/Review System

- Project group will now become a Steering group
- Positive Behaviour Committee input as required
- Audit system via Periodic Service Review (PSR) includes a checklist of critical supports required by 'John'
- Includes implementation of control measures identified through risk assessment
- Audit & Scoring systems developed



# Positive Risk Taking – Positive changes in ‘John’s’ life

- 1. More community presence
- 2. Increased level of independence (purchasing item)
- 3. Contact with a broader range of people (work experience)
- 4. POM measures



**Thank you for your attention..**

**Questions?**

