

Research Space

Journal article

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

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

King, E., Davies, K. and Abendstern, M. (2021), "Positive risk taking: debating the research agenda in the context of adult protection and COVID", *The Journal of Adult Protection*, Vol. ahead-of-print No. ahead-of-print. <https://doi.org/10.1108/JAP-03-2021-0011>



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

Journal:	<i>The Journal of Adult Protection</i>
Manuscript ID	JAP-03-2021-0011.R2
Manuscript Type:	Practice Paper
Keywords:	risk, recovery, adult protection, Covid-19, health, social care

SCHOLARONE™
Manuscripts

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

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.

1
2
3 In England, the Coronavirus Act 2020 enabled local authorities to respond to the
4 Covid-19 pandemic via the Care Act easements guidance (Department of Health &
5 Social Care, 2020b). This guidance gave local authorities the ability to replace their
6 legal duty to meet care and support needs with a legal power to prioritise need
7 should service pressures increase. Although adult protection was not directly
8 affected by the easements, they ignited debate on the erosion of statutory duties in
9 health and social care to protect adults at risk of abuse or neglect (Alzheimer's
10 Society, 2020; Schwehr, 2020). This made visible tensions already inherent in adult
11 social care created by lack of investment in a system seen by many as broken
12 (Butler, 2019; Holt, 2020).
13
14
15

16 This paper examines PRT in the above context by considering five areas: the
17 support for PRT in principle, the risk-averse culture that mitigates against this,
18 professional efforts to make PRT part of conscious praxis in risk management, PRT
19 within the context of adult protection, and the importance of research in this area.
20
21
22
23

24 **Concept endorsement**

25 The concept of PRT, also known as therapeutic risk-taking, has grown in currency in
26 the UK since the early 2000s alongside the concept of recovery within mental health
27 and social care practice (Maas-Lowit, 2018; Stalker, 2003; Wand *et al.*, 2015).
28 Recovery-orientated mental health approaches have aimed to shift practice from a
29 medically dominated approach towards social understanding (Golightley and Kirwan,
30 2019). They align with the recent growth in popularity in narrative and strength-
31 based approaches in health and social care, focusing on self-efficacy and social
32 resources to support service users' journey to personal change and social re-
33 engagement (Fisher and Lees, 2016; Golightley and Kirwan, 2019; Tew, 2013; Tew
34 *et al.*, 2012). Recovery also emphasises the democratic relationship between
35 professional and service user (Fisher and Lees, 2016). The service user is actively
36 listened to and empowered to define and solve their problem (Golightley and Kirwan,
37 2019). Similar to the recovery model, PRT is strongly linked to inclusion, and both
38 reflect professional values in health and social care that espouse anti-discrimination,
39 empowerment, and self-determination (Bogg, 2010; Jacob, 2015). Consequently,
40 PRT and risk enablement (Royal College of Occupational Therapists, 2018) have
41 become common terms within social work and occupational therapy in the UK.
42 Training and guidance have been issued to these two key professional groups within
43 the social care workforce to support PRT in practice. PRT has recently been aligned
44 to adult protection within England via MSP and the Care Act 2014 mentioned above.
45 Its aim is to promote a cultural change in adult protection by reorientating
46 safeguarding activity to enhance service users' involvement, choice, and control,
47 with a focus on outcomes, rather than following a prescriptive process (LGA &
48 ADASS, 2019). Another relevant legislation that promotes the concept of PRT is the
49 Mental Capacity Act 2005 (MCA). The MCA stresses the need to discourage overly
50 controlling practice alongside the individual's right to make their own decisions
51 balanced with their right to be protected from harm (TSO, 2007).
52
53
54
55
56
57
58
59
60

1
2
3 While PRT has grown in currency in the UK, internationally the concept has had less
4 traction. Evidence suggests PRT underpins government best practice guidance on
5 risk management in mental health services in only a few countries (Department of
6 Health, 2007; Giusti *et al.*, 2019; Wilson *et al.*, 2016). Research suggests that
7 paternalistic professional attitudes, homogenisation of service users, and
8 organisational structures prevent the cultural change required to shift to a strengths-
9 based approach to risk (Downes *et al.*, 2016; Giusti *et al.*, 2019; Wilson *et al.*, 2016).
10
11
12
13

14 **A dominant culture of risk avoidance**

15
16 PRT is described by Morgan (2004) as a means of redressing a risk-averse
17 professional and organisational culture whereby management processes are steered
18 more by administrative and less by clinical and social concerns. Researchers in
19 social care have observed a rise in risk endemic in society, posing challenges for
20 individuals and organisations delivering health and social care, as a paradigm of risk
21 reduction dominates decision making (Warner *et al.*, 2017). Researchers have
22 linked the tendency to avoid risks or adopt risk-averse care (Beck, 1992) to a drive to
23 avoid blame. Blame culture (Alaszewski, 1998) can lead to professionals believing a
24 poor outcome equals a bad decision, even if the decision-making process has been
25 robust. Ultimately this results in fear of being blamed and can lead to defensive
26 practice and erosion in practice confidence (Smethurst, 2011; Taylor, 2017).
27
28
29

30 Within a blame culture, risk is argued by Alaszewski (1998) to be indivisible from
31 issues of accountability. This is pertinent to adult protection under both the Mental
32 Capacity Act 2005 and the Care Act 2014, where accountability is a key principle. If
33 viewed under the lens of a risk-averse culture in health and social care, professional
34 accountability could lead to the individualisation of risk, creating barriers to
35 collaboration, self-determination, and empowerment so central to MSP and PRT
36 (Department of Health & Social Care, 2020a; Stewart and MacIntyre, 2018).
37
38
39
40
41

42 **Approaches to risk management in practice**

43
44 Driven by a culture of risk avoidance, health and social care organisations have
45 adopted standardised risk assessments and approaches to managing risk to
46 systematically support decision making and reduce harm (Webb, 2006). Downes *et al.*
47 (2016) suggest three approaches to risk management in social care: unstructured
48 clinical judgement (based on professionals' gut feelings), actuarial (using validated
49 tools to measure risk), and structured clinical judgement (a combination of the former
50 two). Of these three approaches, Stewart and MacIntyre (2018) point to the
51 increased use of actuarial approaches to risk management within adult protection.
52 Actuarial approaches are based on positivist ideologies that view risk as scientifically
53 measurable; statistics determine how given factors may influence the probability of
54 outcomes (Taylor, 2017). Such structured processes tend to conflict with the
55 democratic nature of PRT understood by service users and professionals (Robertson
56 and Collinson, 2011). This has led to professional attempts to make PRT part of risk
57 management's conscious praxis (professional decision making, which integrates
58
59
60

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 Collinson, 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

1
2
3 using PRT (Starns, 2019). However, this cannot free the professional to abandon
4 caution and minimise the need for focus on protection and prevention, particularly for
5 service users who may lack the mental capacity to understand the risks (Nolan and
6 Quinn, 2012; Starns, 2019; TSO, 2007).
7

8
9 Likewise, health and social care professionals' and organisations' ambitions to
10 respect service user decisions that appear risky may be subsumed by structural
11 pressures to fulfil regulations that discourage a positive approach to managing risk
12 (Faulkner, 2012; Morgan and Williamson, 2014). Covid-19 restrictions evidence
13 these structural pressures by creating a paradox where measures to prevent harm
14 through self-isolation has led to some adults becoming more at risk of financial
15 scamming or domestic abuse (SCIE, 2020). The Care Programme Approach also
16 evidences the impact of structural pressures. Gould's (2012) research found that
17 service users perceived a shift towards a rise in risk assessment, control, and
18 reduction, compared with the positive approach to risk deemed important to
19 recovery. Regardless of these issues and tensions within adult protection,
20 professionals should remember those at the heart of decision-making. PRT could
21 encourage some adults, who may not have been given the opportunity because of
22 perceived vulnerabilities, the ability to learn by making mistakes. Anecdotal
23 examples confirming this can be found, such as one young man with autism and a
24 learning disability who stated, after being financially exploited:
25
26
27
28

29 “People learn by making mistakes. I needed to make mistakes too so I could learn.”
30 (In Control, 2017)
31
32
33
34

35 **The research imperative**

36
37 Given the tension that professionals, organisations and service users experience in
38 minimising risk and encouraging self-determination outlined above, the challenge
39 promoting approaches based on PRT is significant. Encouraging professionals and
40 organisations to shift from defensive practice, reliant on systems, to approaches that
41 aim to include service users in decisions based on an understanding of the risks will
42 be required.
43
44

45 Most research on PRT has been conducted in a UK context, with little evidence from
46 other nations (Giusti *et al.*, 2018). Establishing international collaborations to
47 examine PRT in other cultural settings could encourage a deeper understanding of
48 the tensions and possibilities. Moreover, it is rare to find studies that explore PRT
49 from service users' perspective (Coffey *et al.*, 2019). One study suggests
50 differences between service users, professionals, and the employing organisation in
51 adopting PRT. In this case, employing organisations were perceived by outreach
52 workers as discouraging PRT (Robertson and Collinson, 2011). We suggest,
53 therefore, the following imperatives for research:
54
55

56 i. How PRT is defined within the international research and professional literature to
57 evaluate the benefits and challenges identified regarding risk management and
58 enabling approaches.
59
60

1
2
3 ii. How PRT is defined and used in practice with service users in adult protection,
4 identifying 'internal' barriers and facilitators, such as attitude and relationship
5 building, and 'external' factors, such as service design, pressures, and operational
6 priorities.
7

8
9 iii. The implications of PRT for service users' wellbeing, exploring their understanding
10 and experience of PRT, considering the impact on enablement, independence, and
11 self-determination of service users, linked to a wider debate about the relationship
12 between PRT, enablement and adult safeguarding.
13

14
15 iv. If, how, and why PRT attitudes change during service involvement and practice
16 from the service user and professional perspectives.
17

18
19 v. Whether service users' and professionals' perspectives coincide regarding PRT,
20 comparing the attributes and practice of PRT identified by professionals and service
21 users.
22

23
24 vi. How the long-term threat of Covid-19 may impact service users', professionals',
25 and organisations' attitudes to PRT.
26

27 **Conclusion**

28
29 With a 'rise in risk' endemic in society, more so than ever, it is important to improve
30 understanding of PRT by examining service users' and professionals' perspectives.
31 This paper has explored whether the concept of PRT has moved beyond a principle
32 to make an identifiable difference to service users. It has considered how the current
33 challenges to health and social care delivery in England could benefit from a positive
34 approach to risk that promotes service users' wellbeing, rather than a cautious
35 approach to risk underscored by a duty to protect and prevent harm. Such an
36 approach would embrace an ethical challenge to accepted service delivery norms to
37 service users within the current context of significant service pressures, respecting
38 the values and principles embedded within professional practice.
39

40
41
42 If health and social care organisations are serious about adopting MSP within adult
43 protection, a cultural paradigm shift is required. We would suggest, inherent
44 systems that perpetuate defensive practice need to change and instead move
45 toward an ethical approach to risk management that is truly collaborative and
46 democratic in nature.
47
48
49
50

51 **References**

52
53 ADASS, LGA, IPC and RiPFA. (2018), "Making Safeguarding Personal Outcomes
54 Framework: final report", available at: [https://www.adass.org.uk/media/6525/msp-](https://www.adass.org.uk/media/6525/msp-outcomes-framework-final-report-may-2018.pdf)
55 [outcomes-framework-final-report-may-2018.pdf](https://www.adass.org.uk/media/6525/msp-outcomes-framework-final-report-may-2018.pdf) (accessed 24 July 2020)
56

57 Alaszewski, A. (1998), "Risk in a modern society", in Alaszewski, A., Harrison, L. and
58 Manthorpe, J. (Ed.s.), *Risk, Health and Welfare*, Open University Press, Buckingham
59

60 Alzheimer's Society. (2020), "Alzheimer's Society Briefing Coronavirus Act: adopting

Care Act easements", available at:

<https://www.alzheimers.org.uk/sites/default/files/2020-05/Dementia%20and%20Care%20Act%20Easements%20-%20briefing%20for%20Local%20Authorities.pdf> (accessed 24 July 2020)

Beck, U. (1992), *Risk Society: towards a new modernity*, SAGE, London

Bogg, D. (2010), *Values and Ethics in Mental Health Practice*, Learning Matters Ltd, Exeter

Butler, P. (2019), "Social care chiefs: funding crisis puts tens of thousands at risk", available at: <https://www.theguardian.com/society/2019/jun/26/social-care-funding-crisis-putting-tens-of-thousands-at-risk> (accessed 12 August 2020)

Coffey, M., Hannigan, B., Barlow, S., Cartwright, M., Cohen, R., Faulkner, A., Jones, A. and Simpson, A. (2019), "Recovery-focused mental health care planning and co-ordination in acute inpatient mental health settings: a cross national comparative mixed methods study", *BMC Psychiatry*, Vol. 19, p.115

Department of Health. (2007), "Best Practice in Managing Risk: principles and evidence for best practice in the assessment and management of risk to self and others in mental health services", available at: https://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_076512.pdf (accessed 24 July 2020)

Department of Health & Social Care. (2020a), "Care Act Easements: guidance for local authorities", available at: <https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014/care-act-easements-guidance-for-local-authorities#principles-to-govern-use-of-the-powers> (accessed 24 July 2020)

Department of Health & Social Care. (2020b), "Care and support statutory guidance", available at: <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance> (accessed 24 July 2020)

Downes, C., Gill, A., Doyle, L., Morrissey, J. and Higgins, A. (2016), "Survey of mental health nurses' attitudes towards risk assessment, risk assessment tools and positive risk", *Journal of Psychiatric and Mental Health Nursing*, Vol. 23, pp.188–197

Faulkner, A. (2012), "The Right to Take Risks: service users' views of risk in adult social care", available at: <https://www.jrf.org.uk/report/right-take-risks-service-users-views-risk-adult-social-care> (accessed 15 August 2020)

Felton, A. and Stacey, G. (2008), "Positive Risk Taking: a framework for practice", in Stickley, T. and Bassett, T. (Ed.s.), *Learning about Mental Health Practice*, John Wiley & Sons Ltd, Chichester, West Sussex, pp.195–212

Fisher, P. and Lees, J. (2016), "Narrative approaches in mental health: preserving the emancipatory tradition", *Health*, Vol. 20 No. 6, pp.599–615

Giusti, L., Ussorio, D., Salza, A., Malavolta, M., Aggio, A., Bianchini, V., Casacchia, M. and Roncone, R. (2019), "Italian Investigation on Mental Health Workers' Attitudes Regarding Personal Recovery From Mental Illness", *Community Mental Health Journal*, Vol. 55, pp.680-685

- 1
2
3 Golightley, M. and Kirwan, G. (2019), "Social Work and Mental Health", in Munford,
4 R. and O'Donoghue, K. (Ed.s.), *New Theories for Social Work Practice*, Jessica
5 Kingsley Publishers, London, pp.100–116
6
- 7 Gould, D. (2012), "Service Users' Experiences of Recovery under the 2008 Care
8 Programme Approach", available at:
9 https://www.mentalhealth.org.uk/sites/default/files/CPA_research_study.pdf
10 (accessed 28 July 2020)
11
- 12 Green, D. (2007), "Risk and Social Work Practice", *Australian Social Work*, Vol. 60
13 No. 4, pp.395–409
14
- 15 Higgs, J., McAllister, L. and Whiteford, G. (2009), "The Practice and Praxis of
16 Professional Decision-Making", in Green, B. (Ed.), *Understanding and Researching*
17 *Professional Practice*, Brill/ Sense, Leiden, The Netherlands, pp.101–120
18
- 19 Holley, J., Chambers, M. and Gillard, S. (2016), "The impact of risk management
20 practice upon the implementation of recovery-oriented care in community mental
21 health services: a qualitative investigation", *Journal of Mental Health*, Vol.25 No. 4,
22 pp.315-322
23
- 24 Holt, A. (2020), "The crisis in care", available at:
25 https://www.bbc.co.uk/news/extra/MYx8zCtDRI/the_crisis_in_care (accessed 12
26 August 2020)
27
- 28 In Control. (2017), "Self-directed Support Fact Sheet 16: managing risks and
29 safeguarding", available at: [http://s557941885.websitehome.co.uk/wp-](http://s557941885.websitehome.co.uk/wp-content/uploads/2017/06/16-Fact-Sheet.pdf)
30 [content/uploads/2017/06/16-Fact-Sheet.pdf](http://s557941885.websitehome.co.uk/wp-content/uploads/2017/06/16-Fact-Sheet.pdf) (accessed 12 May 2021)
31
- 32 Jacob, K.S. (2015), "Recovery model of mental illness: a complementary approach
33 to psychiatric care", *Indian Journal of Psychological Medicine*, Vol. 37 No. 2, pp.117–
34 119.
35
- 36 Local Government Association and Association of Directors of Adult Social Services.
37 (2019), "Making safeguarding personal toolkit: practice toolkit handbook", available
38 at:
39 [https://www.local.gov.uk/sites/default/files/documents/MSP%20Toolkit%20Handbook](https://www.local.gov.uk/sites/default/files/documents/MSP%20Toolkit%20Handbook%20-%20FINAL%20December%202019%20v1.1.pdf)
40 [%20-%20FINAL%20December%202019%20v1.1.pdf](https://www.local.gov.uk/sites/default/files/documents/MSP%20Toolkit%20Handbook%20-%20FINAL%20December%202019%20v1.1.pdf) (accessed 12 May 2021)
41
- 42 Maas-Lowit, M. (2018), "Working with adults: mental health", in Lishman, J., Yull, C.,
43 Brannan, J. and Gibson, A. (Ed.s.), *Social Work*, 2nd ed., SAGE Publications Ltd,
44 London, pp.466–477
45
- 46 Manthorpe, J. and Moriarty, J. (2010), "Nothing Ventured, Nothing Gained': risk
47 guidance for people with dementia", available at:
48 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attach](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215960/dh_121493.pdf)
49 [ment_data/file/215960/dh_121493.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215960/dh_121493.pdf) (accessed 27 May 2021)
50
- 51 Mitchell, W. and Glendinning, C. (2008), "Risk and adult social care: identification,
52 management and new policies. What does UK research evidence tell us?", *Health,*
53 *Risk & Society*, Vol. 10 No. 3, pp.297–315
54
- 55 Morgan, S. (2004), "How we take positive risks", *Health Care Risk Report*, pp.18–19
56
- 57 Morgan, S. and Andrews, N. (2016), "Positive risk-taking: from rhetoric to reality",
58
59
60

1
2
3 *The Journal of Mental Health Training, Education, and Practice*, Vol. 11 No. 2,
4 pp.122–132.
5

6 Morgan, S. and Williamson, T. (2014), "How Can "Positive Risk-Taking" Help Build
7 Dementia-Friendly Communities?", available at:
8 [https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/Positive-risk-taking-](https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/Positive-risk-taking-dementia-summary.pdf)
9 [dementia-summary.pdf](https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/Positive-risk-taking-dementia-summary.pdf) (accessed 15 August 2020)
10

11 Nolan, D. and Quinn, N. (2012), "The Context of Risk Management in Mental Health
12 Social Work, Practice", *Practice: social work in action*, Vol. 24 No. 3, pp.175–188
13

14 O'Sullivan, T. (2011), *Decision Making in Social Work*, 2nd ed., Red Globe Press,
15 London
16

17 Robertson, J.P. and Collinson, C. (2011), "Positive risk taking: whose risk is it? An
18 exploration in community outreach teams in adult mental health and learning
19 disability services", *Health, Risk & Society*, Vol. 13 No. 2, pp.147–164
20

21 Royal College of Occupational Therapists. (2018), "Embracing Risk; Enabling
22 Choice: guidance for occupational therapists", available at:
23 [https://www.rcot.co.uk/sites/default/files/RCOT%20Embracing%20Risk%20FINAL%20](https://www.rcot.co.uk/sites/default/files/RCOT%20Embracing%20Risk%20FINAL%20WEB_0.pdf)
24 [WEB_0.pdf](https://www.rcot.co.uk/sites/default/files/RCOT%20Embracing%20Risk%20FINAL%20WEB_0.pdf) (accessed 25 January 2021)
25

26 Sawyer, A.-M. and Green, D. (2013), "Social Inclusion and Individualised Service
27 Provision in High Risk Community Care: balancing regulation, judgment and
28 discretion", *Social Policy and Society*, Vol. 12 No. 2, pp.299–308
29

30 Schwehr, B. (2020), "The Emergency Powers Bill as it affects the Care Act",
31 available at: [https://www.cascaidr.org.uk/2020/03/20/the-emergency-powers-bill-as-](https://www.cascaidr.org.uk/2020/03/20/the-emergency-powers-bill-as-it-affects-the-care-act/)
32 [it-affects-the-care-act/](https://www.cascaidr.org.uk/2020/03/20/the-emergency-powers-bill-as-it-affects-the-care-act/) (accessed 24 July 2020)
33

34 SCIE. (2020), "Safeguarding Adults during the COVID-19 Crisis", available at:
35 <https://www.womensaid.org.uk/> (accessed 10 October 2020)
36

37 Smethurst, C. (2011), "Working with risk", in Mantell, A. and Scragg, T. (Ed.s.),
38 *Safeguarding Adults in Social Work*, 2nd ed., Learning Matters Ltd, London, pp.168–
39 179
40

41 Stalker, K. (2003), "Managing Risk and Uncertainty in Social Work A Literature
42 Review", *Journal of Social Work*, Vol. 3 No. 2, pp.211–233
43

44 Stanford, S.N. (2011), "Constructing Moral Responses to Risk: a framework for
45 hopeful social work practice", *British Journal of Social Work*, Vol. 41, pp.1514–1531
46

47 Starns, B. (2019), *Safeguarding Adults Together*, Critical Publishing, St Albans
48

49 Stewart, A. and MacIntyre, G. (2018), "Safeguarding Adults: key issues and
50 concepts", in MacIntyre, G., Stewart, A. and McCusker, P. (Ed.s.), *Safeguarding*
51 *Adults*, Palgrave, London, pp.13–34
52

53 Taylor, B.J. (2006), "Risk Management Paradigms in Health and Social Services for
54 Professional Decision Making on the Long-Term Care of Older People", *British*
55 *Journal of Social Work*, Vol. 36, pp.1411–1429
56

57 Taylor, B.J. (2012), "Models for professional judgement in social work", *European*
58 *Journal of Social Work*, Vol. 15 No. 4, pp.546–562
59
60

1
2
3 Taylor, B.J. (2017), *Decision Making, Assessment and Risk in Social Work*, 3rd ed.,
4 Learning Matters, London
5

6 Tew, J. (2005), "Power Relations, Social Order and Mental Distress", in Tew, J.
7 (Ed.), *Social Perspectives in Mental Health*, Jessica Kingsley Publishers, London,
8 pp.71–89
9

10 Tew, J. (2013), "Recovery capital: what enables a sustainable recovery from mental
11 health difficulties?", *European Journal of Social Work*, Vol. 16 No. 3, pp.360–374
12

13 Tew, J., Ramon, S., Slade, M., Bird, V., Melton, J. and Le Boutillier, C. (2012),
14 "Social Factors and Recovery from Mental Health Difficulties: a review of the
15 evidence", *British Journal of Social Work*, Vol. 42, pp.443–460
16

17 The Stationery Office. (2007), *The Mental Capacity Act 2005 Code of Practice*, The
18 Stationery Office, London
19

20 Wand, T., Isobel, S. and Derrick, K. (2015), "Surveying clinician perceptions of risk
21 assessment and management practices in mental health service provision",
22 *Australian Psychiatry*, Vol. 23 No. 2, pp.147-153
23

24 Warner, J., Heller, N.R., Sharland, E. and Stanford, S. (2017), "The Historical
25 Context of the Risk Paradigm in Mental Health Policy and Practice: how did we get
26 here?", in Stanford, S., Sharland, E., Heller, N.R. and Warner, J. (Ed.s.), *Beyond the
27 Risk Paradigm in Mental Health Policy and Practice*, Palgrave, London, pp.1–16
28

29 Webb, S.A. (2006), *Social Work in a Risk Society*, Palgrave Macmillan, Basingstoke
30

31 Wilson, S.C., Carryer, J. and Brannelly, T. (2016), "New risks: the intended and
32 unintended effects of mental health reform", *Nursing Inquiry*, Vol. 23 No. 3, pp.200-
33 210
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60