

research
in practice
for adults

Good decision- making: Practitioners' Handbook

Dartington

This handbook sets out the evidence relating to decision-making in adult social care and provides a range of tools to support individuals and groups to explore their own decision-making.

Blank versions of all of the tools can be downloaded from the attached CD, which also contains some worked examples.

www.ripfa.org.uk

Good decision-making:

Practitioners' Handbook

Geraldine Nosowska and Lucy Series

Good decision-making: Practitioners' Handbook

Every day practitioners in adult social care have to make decisions that change lives. There are increasingly high expectations placed on professional judgement. It is essential that practitioners develop both their understanding of, and their skills in, decision-making in order to improve the quality of their decisions.

This handbook came out of a Change Project called *Analysis and Critical Reflection*, which brought research and practice together to look at the skills that practitioners need to make good decisions within adult social care. This was done through scoping research and other evidence, and then sharing this with practitioners and gathering their experience. The handbook and tools were developed from this work and tested with practitioners before being finalised.

The focus of the handbook is on supporting people to overcome issues that arise with decision-making.

This handbook is designed to be a tool to enable you to:

- > Understand the context of decision-making in adult social care
- > Understand the elements of a good decision
- > Understand how evidence can support you to make good decisions
- > Develop skills and approaches to making good decisions
- > Develop enablers and overcome barriers to good decision-making
- > Understand problems with decision-making
- > Improve the quality of your decision-making

It does not:

- > Tell you what to do in a given situation

This handbook is aimed at practitioners who are working directly with citizens and those who support them, including first-line managers and practice development staff.

The handbook is addressed to practitioners in adult social care. However, it is relevant to people working at all levels and in all roles, as well as people working in other agencies such as health, housing and the voluntary sector.

Importantly, the information and tools can also be used by citizens and carers, and by their advocates, to support them to make decisions about the care and support they need.

The handbook sets out the evidence relating to decision-making in adult social care and provides a range of tools to support individuals and groups to explore their own decision-making.

The first part of the handbook introduces some important considerations around decision-making in adult social care: the context, involving users and carers, and understanding capacity. It then explores understandings around what a good decision is and an evidence-informed approach to decision-making. There are tools to support you to think about decision-making.

The second part looks at decision-making skills and how to build capacity for decision-making. The focus is on critical reflection, the barriers and enablers to being reflective, how to develop good decision-making and the organisational support for this. There are tools to support you to develop good decision-making.

The third part examines some specific difficulties with decision-making in practice. It explores the evidence around each issue and provides a practice tool to support you to overcome each problem. These are particularly applicable to assessment and review.

At the end of the handbook you will find references and links to the electronic version of the tools, which can also be downloaded from the CD attached within the front cover.

The handbook can be used to gain an overview of evidence and good practice in decision-making, and to improve the quality of decision-making in specific areas.

The handbook links to the Research in Practice for Adults Literature Review on Evidence-informed decision-making.

Further support to use research and other evidence in adult social care can be found at www.ripfa.org.uk

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Key

* Good practice suggestion

These suggestions have emerged from the research literature or practice suggestions. They are designed to be used to promote discussion and reflection. They could also be used as a prompt for auditing your current practice. Where the suggestions talk about *'How might you use it in practice?'* and *'How might it help you?'* these are suggestions from practitioners who piloted these tools.

● Reflective point

These are designed to make the content covered relevant to your work, by prompting you to think about how the learning applies to your practice.

👤 Further reading

This denotes where further information or resources are available.



Decision-making in adult social care

How we make decisions is affected by the aims and the context of adult social care.

Adult social care aims to promote people's well-being. Often it involves working alongside people who have been disempowered and disadvantaged. It is an important part of society and both public trust and public money are invested in it. Decisions about social care need to reflect this importance.

There are pressures on adult social care from rising demand for care and support, growing expectations, limited resources and increased scrutiny from the public. Responses to these can also add to the pressure to make good decisions, such as changes in roles, systems and structures, new ways of working and challenging targets (Humphries, 2010).

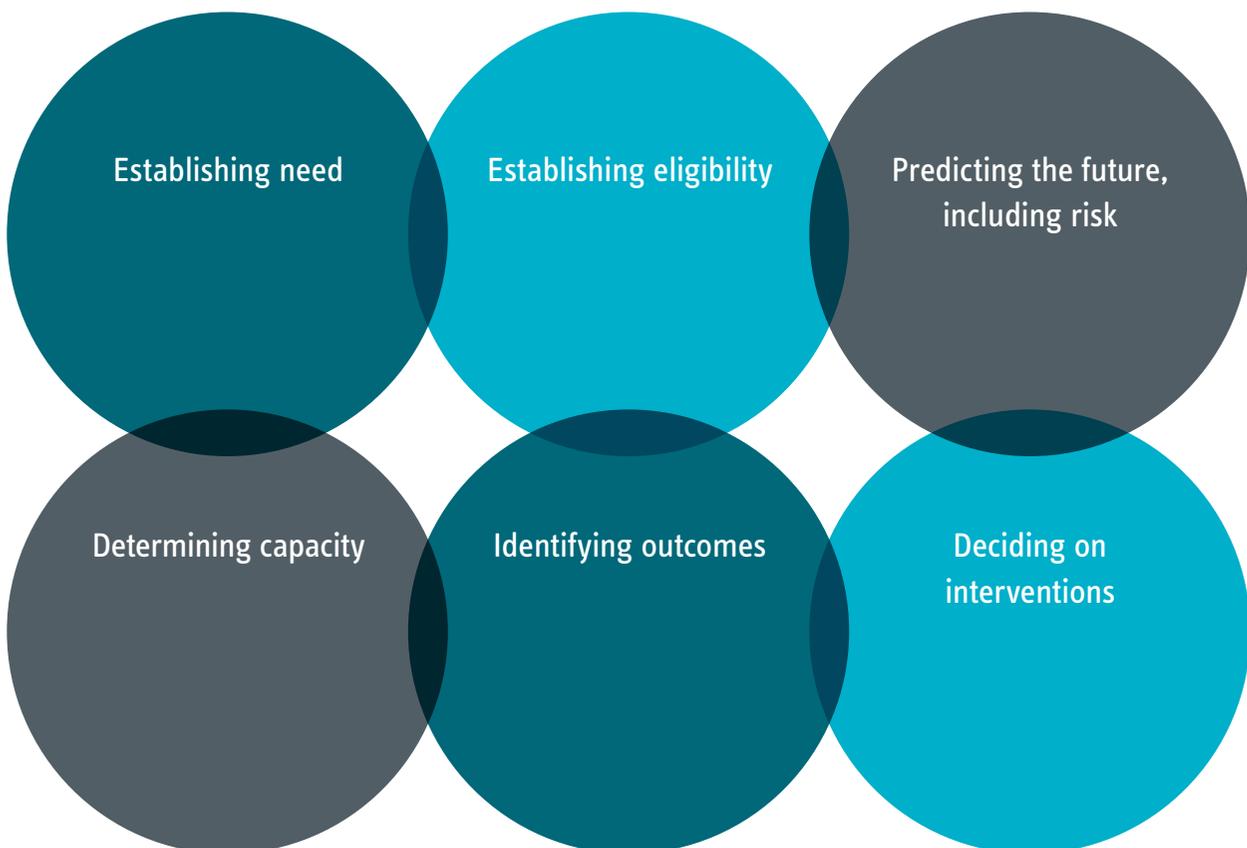
Some of the day-to-day areas where decisions are important are shown below:

Decision-making takes place within the context of limited time, uncertainty caused by working with people, the need to balance rights and protection, and conflicting viewpoints.

As a result of the need to get things right there is increasing emphasis on professional judgement. This is articulated through the Social Work Task Force's aspiration for social work, which is applicable to all roles within social care. Its vision is that practitioners will be:

- > confident about values, purpose and identity
- > working in partnership with people who use services
- > working cohesively with other professions and agencies
- > demonstrating impact and effectiveness
- > committed to continuous improvement
- > understood and supported, well led at every level (Social Work Task Force, 2010).

These elements underpin good decision-making.



Our literature review on decision-making (Research in Practice for Adults, 2012) found these main messages from research:

- > In general, practitioners may be doing 'mindful practice' rather than critical reflection at a level to challenge existing ways of doing things.
- > Critical reflection for the individual needs to be distinguished from critical reflection that is aimed at organisational change; individual reflection on its own struggles to unlearn established routines and habits.
- > Critical reflection (based on critical theory) that challenges the status quo in thinking and practice seems to require time on the part of practitioners to adjust perspective and support to follow through to different ways of working.

Research shows that decision-making within adult social care is affected by the difficulty of working with uncertainty. Since social care is involved with people it is not predictable. This uncertainty offers opportunities to think broadly and to draw on a wide range of knowledge, experience and skills. However, it also can lead to risk aversion. Values, such as empowerment and equality, are an important foundation of social care and these need to be articulated as part of decision-making. Individual beliefs and values affect how practitioners think and so critical reflection is an essential part of good practice.

Where people are busy or options seem limited due to lack of resources, they can resort to working on the basis of habit or procedure, rather than making decisions based on the matter in hand. Rules of thumb can be used to respond to new situations and this limits people's thinking about what might be happening. Frameworks and tools may lack a robust evidence-base or be used differently by different people. Forms and calculators can limit people's opportunities to 'think outside the box'.

In an increasingly multi-disciplinary and multi-agency environment the impact of professional culture and role needs to be understood so that open discussions can inform decisions.

Understanding how, and why, we make decisions is an essential part of good practice. This increases service users' and carers' control by increasing their understanding of how decisions are reached and, therefore, their ability to challenge them. Critical reflection helps us to understand our biases and what affects our decisions. It also helps to identify the potential impact of decisions, or of not making a decision, to learn from decisions and to get things right as far as is possible. Good decision-making is underpinned by values of transparency and integrity. All decisions should be related to the aim of increasing well-being. In the Care Bill this includes health, emotional, social and economic well-being, dignity, protection from harm, control, participation and relationships.

Further reading

Research in Practice for Adults (2012) *Evidence-informed decision-making: Literature Review* Dartington.

Decision-making failure

Case example: Steven Hoskin

The Serious Case Review of the murder of Steven Hoskin shows the need for decision-making that is informed by analysis and a questioning approach.

Steven Hoskin was murdered in Cornwall in July 2006. Two people were convicted of murder, a 29-year-old man, Darren, and a 16-year-old woman. A 21-year-old man was convicted of manslaughter.

On the night of his death Steven was beaten and tortured, he was humiliated, made to take an overdose of paracetamol and then walked to a viaduct where he was forced over the side. Steven was 39 years old. He had a learning disability and had interventions from health and social care from the age of 16. He was assessed as having substantial needs and was provided with weekly visits, which he discontinued in 2005.

In the months leading up to his death Steven had 16 contacts with health. He had 12 contacts with the Police, including six raising concerns about the people who later murdered him.

Health contacts:

- > November 2005
 - 9th – consultation with GP
 - 10th – consultation with nurse
 - 16th – consultation with GP
 - 23rd – fracture clinic appointment
- > December 2005
 - 11th – to A&E via ambulance
 - 20th – Consultation with OOH GP service
 - 21st – consultation with OOH GP service
- > January 2006
 - 10th – consultation with GP
 - 15th – to A&E via ambulance, head injury
- > February 2006
 - 13th – to A&E via ambulance, chest pains
 - 28th – consultation with GP
- > March 2006
 - Consultation with OOH GP
- > April 2006
 - 21st – consultation with GP
 - 24th – attendance at MIU regarding alleged assault and chest pain
- > May 2006
 - 16th – consultation with GP
- > June 2006
 - 15th – consultation with GP

Police contacts:

- > August 2005
 - Phone call alleging that 'R' (one of Darren's girlfriends) had stolen money from his home
 - December 2005 – Phone call stating that front window had been broken
 - Phone call describing problems with local man
 - Phone call expressing concern for Darren's welfare. Darren had left 'depressed'
 - Phone call stating that Darren had returned
- > January 2006
 - Phone call stating that Darren was missing
- > February 2006
 - Phone call stating that Darren had walked out having left a suicide note
- > March 2006
 - Steven attended St Austell Police Station as he was concerned about his mother
- > May 2006
 - Phone call stating that Darren and girlfriend 'Q' were pestering him
 - Phone call about a threat from a local man
 - Phone call about a threat from a local man
- > June 2006
 - Phone call stating that (another) local person had threatened him



Decision-making failure

Case example: Steven Hoskin

Darren also had many contacts with health:

- > May 2006
 - 2nd Letter to GP from psychiatrist regarding assessment of patient at police station – no evidence of mental illness
 - 4th – GP consultation
 - MIU attendance
 - 19th – non-attendance of follow-up hospital appointment
 - 21st – call to OOH GP
 - 21st – second call to OOH GP
 - 21st – third call to OOH GP – advised to call ambulance
 - 21st – ambulance emergency call-out
 - 22nd – visit by GP
 - 25th – did not attend CPT appointment
- > June 2006
 - 9th – did not attend CPT appointment
 - 16th – OOH GP consultation
 - 21st – GP consultation
- > July 2006
 - 6th – ambulance emergency call-out
 - 10th – admission to Derriford A&E
 - 11th – appointment with Cornwall Partnership Trust

Health, social care and the housing association knew that Steven had a learning disability. The probation service and Police knew that Darren was high risk. The health service knew that Darren had a personality disorder. The housing association knew that Darren was staying with Steven. The health services knew that Steven was using alcohol and that he had been assaulted.

Each agency focused on its own issue and the information was never put together. There was no tracking of the incidents to see how they were escalating and there was no proactive response.

When making decisions about what to do on the basis of these contacts, agencies could have used analysis and critical reflection to ask what was happening, what it meant and what else they needed to do. A better decision could have been made.

Further reading

Flynn M (2007) *The murder of Steven Hoskin, Report*, Cornwall Adult Protection Committee.

Reflective point

How do you ensure you reflect on cases sufficiently to establish patterns which would indicate high levels of risk?

Involving service users and carers in decision-making

Good decisions are made with the involvement of people affected, and with a focus on their views and aspirations. Otherwise, the outcome of the decision is unlikely to be what they need or want.

The expression *'nothing about me, without me'* has come from the disability rights movement and has underpinned great advances in increasing people's choice and control over the care and support they receive.

The self-directed support movement, which is an essential part of personalisation, aims to ensure that individuals take the lead in identifying their needs for care and support, and in using resources to achieve the outcomes they want to in life. The personalisation agenda has led to wider efforts to involve service users and carers in planning and commissioning care and support.

Positive risk enablement is an important concept within personalisation. It means that people who have care and support needs have the same opportunities to take risks that they decide are worthwhile, as others do.

Within adult safeguarding there is a strong move from protection to empowerment. This includes a focus on identifying the outcomes that people want from safeguarding and fully involving them in working towards those outcomes. Currently, data collection regarding safeguarding primarily focuses on the process. However, in future it will increasingly focus on whether people feel safer.

Research on assessment (Crisp et al, 2003) identifies that people want practitioners to have technical skills in assessing needs and identifying outcomes, but also that they want the benefit of their professional judgement. This doesn't mean that practitioners should make the decisions about other people's lives, but does suggest that it is important that they are prepared to give a balanced view. This view, however, must be informed by the wishes and aspirations of the person that the decision affects.

Research indicates that service user and carer involvement in decision-making is still limited. For example, people's understanding of what an assessment consisted of can be very different from the assessor's view of what happened. Using and analysing tools with service users and carers is one way of supporting shared decision-making. All the tools within this resource can be used with or by citizens and carers.

Organisational and professional efforts to manage risk can result in overprotection at the expense of people's happiness. The quote by Munby is a useful reminder that the focus needs to be on well-being, rather than solely on safety.

'Physical health and safety can sometimes be bought at too high a price in happiness and emotional welfare.

The emphasis must be on sensible risk appraisal, not striving to avoid all risk, whatever the price ... What good is it making someone safer if it merely makes them miserable?'

Munby LJ, in Re MM (2007)

Further reading

Research in Practice for Adults (2013)
Feedback and engagement: Literature Review, Dartington

Reflective point

How do I ensure that I meaningfully involve people in decisions that affect them?

Understanding capacity to make decisions

Within adult social care, involving people in decisions that affect them is complicated by the number of people who lack capacity to make their own decisions.

For example, two thirds of older people admitted to care homes were estimated to lack capacity to consent to admission (Department of Health, 2005).

The Mental Capacity Act came into force in 2005. It includes five principles that are worth bearing in mind in all decision-making:

- > The first principle is that a person must be assumed to have capacity unless it can be established that they lack capacity.
- > The second is that a person should not be treated as unable to make a decision unless all practicable steps have been taken to help them without success.
- > The third is that a person should not be treated as unable to make a decision merely because they make an unwise decision.
- > The fourth principle is that if a person lacks capacity, any act done or decision made on their behalf must be in their best interests.
- > The final principle is that when making decisions for a person who lacks capacity, decision-makers must have regard to whether the purpose can be achieved in a way that is less restrictive of their rights and freedom of action.

The code of practice for the Mental Capacity Act 2005 (Department of Constitutional Affairs, 2007) contains excellent guidance on how to assess capacity. It describes it as a two-stage process. The first question is whether or not the person has a disorder of the mind or brain which may impair their decision-making ability. It's important to bear in mind that, even if they do not have a diagnosis but there are reasons to believe they may have such a disorder, a diagnosis should be sought.

However, assessment of capacity or assessment of need should not be delayed while diagnosis is sought. Learning from serious case reviews (for example Warwickshire Safeguarding Adults Partnership, 2010) includes the need to recognise people's needs rather than focusing on whether or not they have a diagnosis, and also shows that there have been failures to consider whether people might lack capacity simply because they had no diagnosis.

A person should not be considered to lack capacity to make a decision on the basis of their disability or diagnosis alone. Consideration of capacity is specific to the decision in question - does the person have capacity to make this decision at this time? This is the second stage of assessing capacity, called the functional test. The functional test involves asking whether the person can understand the information relevant to the decision, whether they can retain that information, use and weigh it to make a decision and communicate their decision. If the answer to

any of these is 'no', then the person is assessed as lacking capacity to make the decision in question.

The Act also contains several important reminders about capacity assessment:

- > Firstly, that a person should not be regarded as unable to understand the information if they could understand it if it were given to them in an appropriate way.
- > Secondly, that a person only needs to be able to retain the information as long as necessary for them to make the decision.
- > Thirdly, the information that needs to be understood to make a decision includes information about the reasonably foreseeable consequences of deciding either way, or failing to make a decision at all.

The use of advocacy is growing to ensure that people who have limited capacity or communication are able to articulate their views. In certain situations, including when a change of accommodation or safeguarding is being decided on, independent mental capacity advocates must be involved in decision-making. If a person lacks capacity to make a decision their wishes should still be sought and considered.

The Ministry of Justice (2010) estimated that:

'...two million adults in England and Wales are unable on a daily basis to make decisions for themselves. This means in turn that three million paid social care and healthcare staff and three million people who care for people lacking capacity, typically family and friends, are required to make daily best interests decisions on their behalf'

Further reading

Research in Practice for Adults (2013) *Safety Matters: Practitioners' Handbook, Developing practice in safeguarding adults*, Dartington
Department of Constitutional Affairs (2005) *Mental Capacity Act: Code of Practice*

Reflective point

How do I build the Mental Capacity Act principles into the work that I do with people who may have limited, fluctuating or no capacity?

What is a good decision?

Understandings of what makes a good decision reflect the fact that adult social care does not follow simple, logical laws.

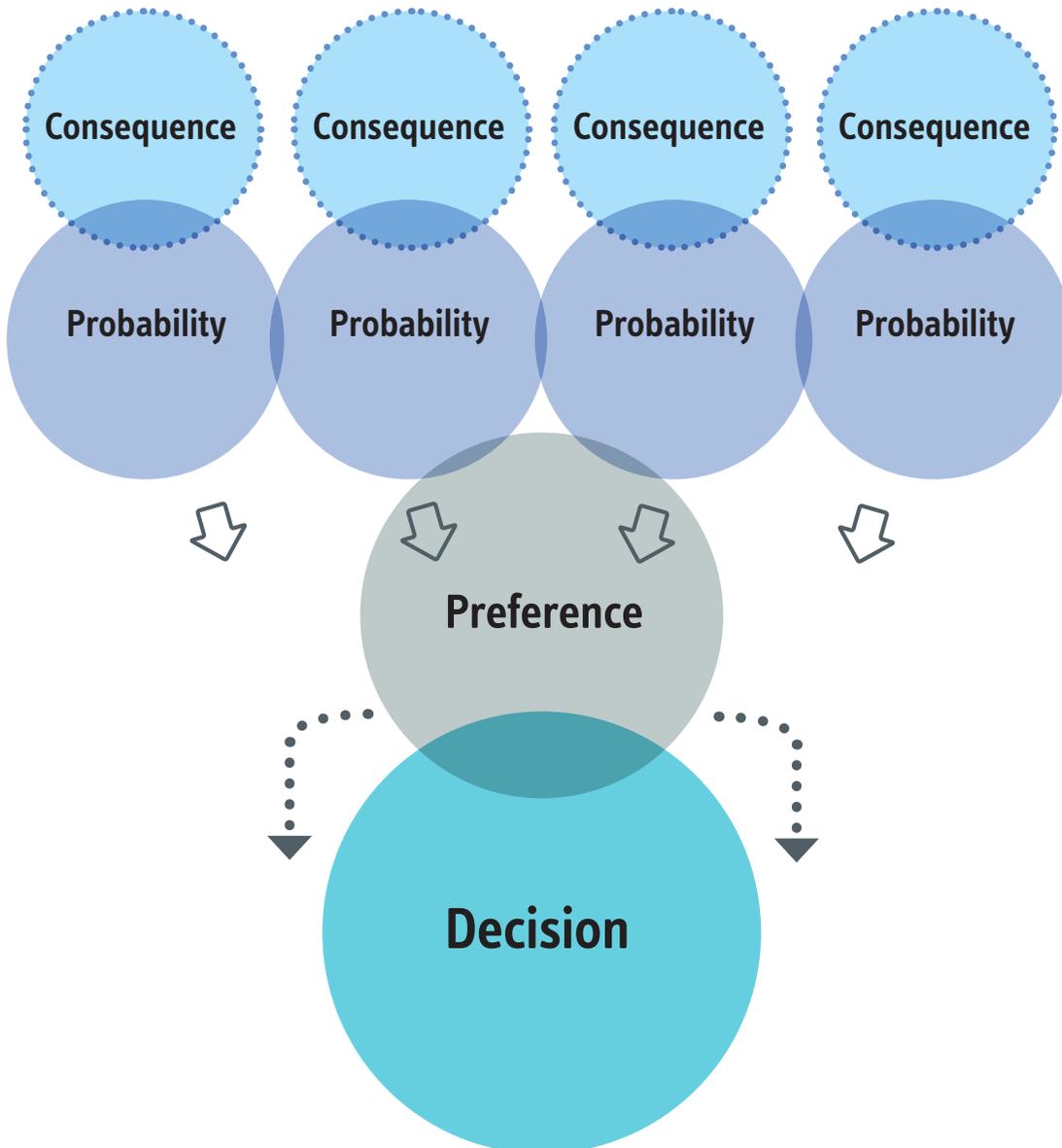
Models of rational decision-making state that relevant information is selected and then analysed so that likely outcomes can be identified, their likelihood and consequences weighed up, and a logical decision can be made about what is best to do.

In social care, however, clear information about outcomes, their likelihood and consequences is often lacking. The decision-maker may not be the person who is directly affected by these outcomes. Also, individual preferences may not be clear. Social care also acknowledges that everyone's thinking is affected by who they are and the context that they are in.

This has led to a need both for processes to help navigate the uncertainty that arises in working with people and for professional judgement that is based on experience, knowledge and skills. This is summarised in the concept of defensible decision-making. Defensible decisions meet reasonable expectations of standards of practice and can be justified. They are not the same as defensive decision-making, which is more like 'covering your back'.

'Defensible decision-making, which combines aspects of professionalism with issues of procedural compliance, has been adopted as a means of codifying the expected features of decision-making more explicitly.'

(Research in Practice, 2009)



Adult social care practitioners who were asked about what made a good decision as part of this Change Project said that:

- > Some of the properties of a good decision related to internal processes followed by those making decisions – things like being rational and critically appraising the evidence.
- > Others related to standards expected of decision-makers who are also public agents – decisions must be informed by the law, they must be timely, transparent, fair and honest.
- > Some elements of good decisions related to involving others - ensuring they are informed by the perspectives of service users and carers, ensuring service users are involved in making decisions which affect them as much as possible.
- > Some elements of a good decision involved organisational imperatives, like ensuring management were involved and aware as appropriate, that it was clear who was making and ‘owning’ particular decisions, that risks were identified and managed, and that there was an ongoing capacity for change in any decisions.

People also gave feedback on what they found helpful in making good decisions:

- > Reflecting on the process by which decisions had been made.
- > Recording the evidence-base for decisions and exploring better evidence-informed practice.
- > Talking to others about making decisions.
- > Being explicit about values.

Kemshall (2003) identifies the following criteria for defensible decision-making:

- > All reasonable steps are taken.
- > Reliable assessment methods are used.
- > Information is collected and thoroughly evaluated.
- > Decisions are recorded and carried through.
- > Agency processes and procedures are followed.
- > Practitioners and managers are investigative and proactive.

Making good decisions is not the same as making ‘correct’ or ‘right’ decisions. It is impossible to fully predict what will happen in the future and so a proportion of decisions, however well made, will result in poor outcomes. The important thing is to make a good decision, at the time, on the basis of what is known then. Criticism of decisions generally occurs with hindsight.

When making a decision, the test is did you act ‘reasonably’ to gather, appraise and apply relevant information?

- > Did you follow the steps that someone in your position would be expected to?
- > Did you record your workings out and the decision itself?
- > Crucially, did you then put the decision into effect?

Your processes and procedures should help you, and you must act within the law. You also have a responsibility to say something if you consider that the way in which you are being asked to work means you cannot make a good decision.

* Good practice suggestion

As a team or with colleagues, use the *Good decision tool* to define what you mean by a ‘good decision’. Then compare it with the evidence above.

Identify how far this sort of decision is supported within your organisation.

Making good decisions

Good decision tool

The aim of this tool is to identify what makes a good decision

Research provides a definition of a defensible decision: all reasonable steps are taken; reliable assessment methods are used; information is collected and thoroughly evaluated; decisions are recorded and carried through; agency processes and procedures are followed; practitioners and managers are investigative and proactive.

You can use this tool to identify what a good decision means to you.



elements of a
good decision

How evidence supports good decision-making

Good decisions require good information. Using research and other evidence supports good decision-making.

Working in an evidence-informed way includes:

- continuously asking questions about what works
- searching objectively for the best available evidence
- taking appropriate action guided by that evidence.

Evidence can include:

- Research evidence – what is likely to be effective?
- Practice experience – how does this work in practice?
- Service user views – what's it like for the individual?

Evidence is never neutral. We need to understand where it came from, who was involved and why. It can be ambiguous or unclear, so we need to reflect on what it is about, how it was gathered and why it led to particular conclusions. Context can have a great impact so we need to find out what else was going on and what might have influenced the evidence. We also need to consider how relevant the evidence is, what the parallels are to the situation we are now in and how we can transfer the learning.

Evidence can cast light on the following questions:

- What should we aim for?
- What is likely to get us there?
- How can we overcome barriers?
- How will we know if things are working?

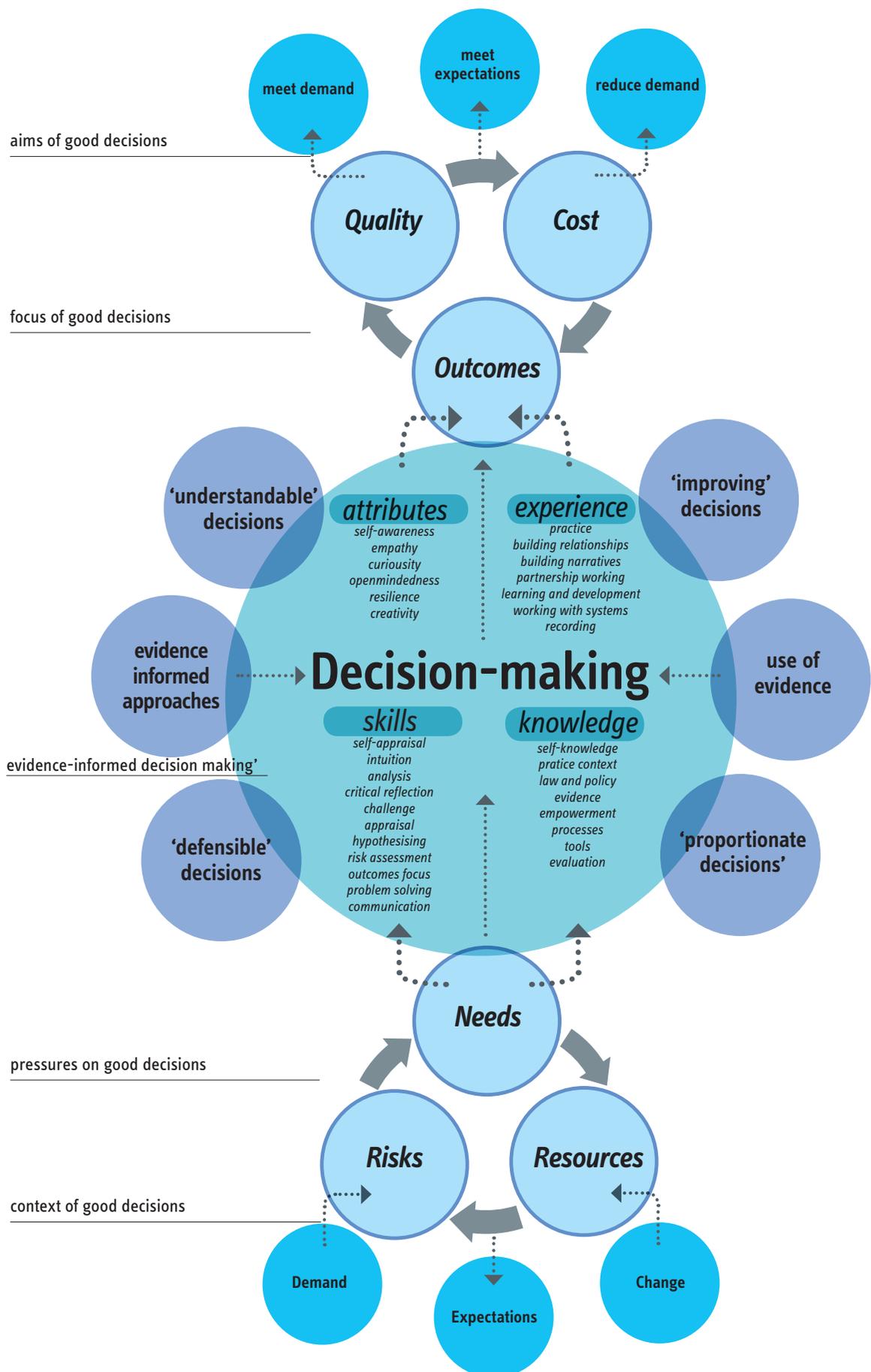
If we are clear about the information we have drawn on and how trustworthy it is, then this helps us to justify our decisions. If we use evidence we can also be clearer about what is not known and identify what else we need to find out.

Evidence does not only help to inform our decisions, it also gives us valuable information about how decision-making works and how we can improve it. Evidence highlights influences that affect our decision-making and gaps in the way in which we gather and weigh up information. Research on decision-making in adult social care throws up a range of issues that are highlighted in this handbook and points to ways of overcoming these. This research has been used to underpin the tools.

* Good practice suggestion

- Identify how you currently use evidence to underpin your decisions in the three areas of:
 - What is likely to be effective?
 - How does this work in practice?
 - What's it like for the individual?
-

Evidence-informed decision-making in adult social care



Evidence-informed decision-making approach

To support you to use evidence in your decisions we have developed a five stage approach to decision-making.

The approach involves working through the following questions:

- > What is the decision for?
- > What evidence do we have?
- > What does the evidence mean?
- > What needs to happen?
- > How will we know we are making progress?

What is the decision for?

The first stage has two parts. Firstly, you need to identify the problem in order to understand what it is you are making a decision about.

Once you are clear about the problem, then you can think about what you need to know to make a good decision. This is about asking the right questions.

Good questions need to be:

- > Clear and simple – they must be unambiguous and easy for others to understand.
- > Explicit- it must be easy to define what will constitute an answer to your question.
- > Answerable – ensure you can identify the data you will need to answer your question (and that this is possible to gather).

What evidence do we have?

The next step is to think about what evidence you have to answer your questions. Again, there are two parts to this. Firstly, think about what you already have at your disposal - what is already known? Secondly, think about where else you need to look to find evidence. This evidence could come from:

- > Research.
- > Your own or others' practice experience.
- > Service user and carer views.

What does the evidence mean?

When you have the evidence, the next step is to think about what it means. Each piece of evidence needs to be weighed up to see how good it is. There are three key questions to ask to establish how good evidence is:

- > Where did it come from?
- > How clear is it?
- > How far does it relate to my situation?

As you weigh up the evidence, you can think about what the implications are for your decision. It is important to think about the big picture so that you do not end up with lots of pieces of evidence but no clear idea about what this means overall. As the facts emerge from the evidence you can fit them into the picture to think about what is happening overall. This gives you the foundation for considering what needs to happen.

What needs to happen?

Once you have a clear picture, you can think about what needs to happen. This is about focusing on outcomes. Where do you want to get to and how will you get there?

You should be able to see from the evidence you have gathered what the main issues are that are coming up. You need to identify the issues in order to be able to turn these into outcomes. Your outcomes are how things will be when the issues are resolved.

When you start thinking about how you will achieve these outcomes, you can use any evidence you have gathered that indicates what is likely to work.

How will we know we are making progress?

When you have established what needs to happen the final thing to think about is how you will know if you achieve the outcomes.

Firstly, think about what it will look like when you have made progress, and then turn this into something you can measure.

A measurable outcome is a SMART one: Specific, Measurable, Attainable, Realistic and Time-bound.

This means you are clear about what it is and why, you can define it so you will know when you have got there, it is possible to achieve within the constraints you work under, it fits with the other aims of your work and your organisation, and it will happen in the time that you need it to.

To find out if you have made progress you need to evaluate whether you have achieved the outcome. Check against your SMART targets. If you haven't achieved it, then you need to go back through the process to understand where it went wrong.

Evaluate – have we achieved the outcome?

If not – where did we go off track?

- > Did we understand what the decision was for?
- > Did we get all the evidence we needed?
- > Did we understand the meaning of the evidence correctly?
- > Did we choose a SMART outcome?

* Good practice suggestion

Use the *Evidence-informed decisions tool* to work through a problem you face. Take each question in turn and ensure you note down your workings-out.

● Reflective point

How far are decisions in your organisation underpinned by evidence?
How could this be increased?

👤 Further reading

Research in Practice for Adults (2012) *Organisational Audit for Evidence-informed Practice*, Dartington

Evidence-informed decisions tool

The aim of this tool is to help you work through a decision in an evidence-informed way

Evidence of what works can help us both with how we approach decisions and what we base them on. This tool sets out five steps to making a decision, informed by evidence. You can use this tool to work through a decision in an evidence-informed way. Take each question in turn and ensure that you note down your workings-out.

What is the decision for?

What is the problem?
What do I need to know to make a good decision?

What evidence do we have?

What is already known?
Where else do I need to look?

What does the evidence mean?

How good is the evidence
(where did it come from, is it clear,
is it relevant to my situation)?
What are the implications of this
evidence?

What needs to happen?

What outcome(s) do I want?
How will I achieve my outcome(s)?

How will we know
we are making progress?

What will it look like when we have
made progress?
Are my outcomes SMART (specific,
measurable, attainable, realistic, time-
bound)?

Evidence-informed decision-making

Case study: Take-up of personal budgets

This example applies the evidence-informed decision-making approach to a decision about how to increase the take-up of personal budgets (PBs).

Where else do I need to look?

Staff views

Service user and carer views

Talk to other councils

Research on implementing PBs

What is the decision for?

What is the problem?

The catalyst is that we are missing the target for Personal Budgets.

The problem is that service users and carers are declining them

What do I need to know to make a good decision?

How many PBs are being taken up and refused?

Is the number going up or down?

What are the reasons for declining or accepting them (practitioners/ service users/ carers)?

What does research say about why people decline or accept a PB?

What does the evidence mean?

How good is the evidence?

How up-to-date is your management and performance information?

How objective are your team's views?

How representative is your customer feedback?

Are other teams/councils like yours?

What are the implications of this evidence?

Evidence shows that the main issues that prevent service users and carers from taking up personal budgets are lack of information, concern about risk from employing personal assistants, lack of personal assistants or bad experience of having personal assistants and difficulty in seeing the benefit of having a personal budget.

What evidence do we have?

What is already known?

Management information

Performance

Assessments, reviews

Compliments, complaints

Pilot evaluation

What needs to happen?

What outcome(s) do I want?

Service users and carers to have good information, to have employer insurance, to have access to trustworthy personal assistants and to have support to identify outcomes.

How will I achieve my outcome(s)?

A good way of providing information is through a leaflet shared with service users and carers at assessment in a conversation.

Take up of employment insurance is higher if you include the cost of this in the personal budget.

Holding a register of personal assistants that are CRB checked helps service users to access them.

Staff need training and time to provide good support to service users to identify outcomes.

How will we know we are making progress?

What will it look like when we have made progress?

An information leaflet is given to all service users and carers at assessment.

Are my outcomes SMART?

I can see in case audits that an information leaflet is given in 80% of assessments three months from now.

Decision-making skills

Decision-making is underpinned by some specific thinking skills. These need to be understood and developed to support good decision-making.

Analysis

Analysis is an essential part of making good decisions (Research in Practice for Adults, 2012). It includes breaking down the information we have into its constituent parts, weighing these up to establish how robust the information is, looking at how the different pieces of information relate to each other and identifying the possible meanings that the information holds.

Analysis helps us to understand what we know of a situation or problem and what we don't know, and to generate hypotheses or theories of what is happening.

Analysis works alongside intuition. Intuition helps us to quickly draw on our experience and knowledge to respond to a situation and to empathise. It is valuable but can lead us to miss important elements. We can apply analysis to our intuition. Important questions to ask at every stage of decision-making are:

What makes me think that?

What else might it be?

Critical reflection

Critical reflection is an overarching term for all the concepts of critical thinking, reflection and reflexivity (Research in Practice for Adults, 2012). Models of critical reflection help us to understand and work with the innate bias that we all have.

Critical thinking looks at how we know what we know. It helps us to identify why we pick a particular interpretation of events and, therefore, what we base our decisions on.

Critical thinking includes:

- Being aware of where our thoughts, beliefs and actions come from.
- Critically evaluating our thoughts, beliefs and actions.
- Being able to explain our thoughts, beliefs and actions to others.

It is crucial that we not only understand where our decisions come from ourselves, but also that we can explain them to the people that are affected by them.

Reflection is about drawing on existing experience and knowledge so you can respond to new things. Reflective practice includes:

- Thinking things through – reflection on action: what happened, your response and what you did.
- Thinking things through as you go – reflection in action: applying learning as you go, using practice wisdom, but being able to unpick why you did what you did.

A lot of reflection happens in action due to how busy we are and the crises that service users and carers find themselves in. However, it is important for practitioners, service users and carers to have time and space to reflect back on what has happened and to think about what this means for the future.

Reflexivity adds an extra dimension about the impact of yourself on the situation. As we gather information and interact with it, we affect it. We need to acknowledge that our presence and perspective affect things around us. What we think of as 'true' might be better viewed as a series of opinions that are affected by who we are and the context we are in (O'Sullivan, 1999). Critical reflection includes acknowledging that power is involved in the way in which people perceive, weigh up and articulate 'truth', and that dominant thinking and the social/political context affect how people think and act (White et al, 2006).

Key attributes of critical reflection include:

- being able to link new information with existing information
- being aware of personal assumptions and how they influence thinking
- recognising the gap between what we profess to believe and what we do
- recognising how we jump from point a to point b
- drawing attention to what we really think but do not say
- balancing enquiry and advocacy
- being able to detach part of ourselves to look at another part.
(Bradley, 2006)

Analysis and critical reflection are particularly important in helping us to:

- generate hypotheses or theories about what is happening
- test hypotheses out through identifying what we don't know and gathering evidence
- understanding other people's perspectives
- identifying the impact of our beliefs, values and emotions on our thinking
- identifying the impact of our emotions on our thinking
- identifying the impact of ourselves on a situation
- learning from successes, mistakes and near misses.

Using analysis and critical reflection helps us to be more confident about our decision-making because we have increased awareness of where our decisions have come from. We can more easily identify where there is bias or discrimination and act less oppressively. Knowledge can be used and challenged more effectively. Through critical reflection we can identify opportunities for learning and recognise what we do well so that we can apply these skills in other situations. All of this helps prepare us for future situations. Analysis and critical reflection also help us to cope with change, as they enable us to identify what is really going on, why we feel like we do, to see what is working and what we need to work at.

* Good practice suggestion

Use the *Using analysis and critical reflection tool* to identify how you currently reflect individually or as a team in areas where this is particularly important. Identify how you can do more to build analysis and critical reflection into your practice.

Making good decisions

Using analysis and critical reflection tool

The aim of this tool is to consider how far you currently use analysis and critical reflection in your work.

Research indicates some areas where using analysis and critical reflection are particularly important. You can use this tool to consider how much you currently analyse and reflect, and how you can do more.

	Scale 1-5, 5 is high	Action	Who?	When?
Generating hypotheses	1 2 3 4 5			
Testing hypotheses	1 2 3 4 5			
Understanding others' perspectives	1 2 3 4 5			
Managing risk	1 2 3 4 5			
Focusing on outcomes	1 2 3 4 5			
Learning from mistakes, near misses and successes	1 2 3 4 5			

Critical reflection models

These evidence-informed models provide some useful approaches to building reflection into your decision-making.

You can use any of the approaches to think about your critical reflection skills and experience. You can consider each approach alone or with others, and apply the thinking to a case or dilemma. A tool is provided to help you work through Kolb's cycle, which is an approach that is widely used in social care

Four stages of reflective practice

Brookfield (2009) identifies four stages of reflective practice:

- > Find a disorientating dilemma where something does not 'fit'.
- > Identify what the assumptions are.
- > Assess the accuracy of those assumptions.
- > Look at actions and interpretations of events through the eyes of others, as a further check on deciding whether the assumptions are worth retaining as guides to action.

Within this, it is important for people to challenge the dominant ideology, to question the 'rightness' of the way society is organised and to question the norms of professional practice.

The Inclusive Model of Ethical Decision-making

McAuliffe and Chenoweth (2008) consider an inclusive model for ethical decisions i.e. decisions that are congruent with values.

- > Define the ethical dilemma:
 - Map legitimacy.
 - Who has a legitimate place in this situation (who should be included in this decision and who should not)?
- > Gather information:
 - Policies, procedures and protocols; people; lessons from the past.
- > Alternate approaches and action:
 - How do these become prioritised? Identify the ethical theory and moral frameworks that are being used.
- > Critical analysis and evaluation

Questions for reflection and supervision

Osmond and Darlington (2005) identify the following questions to support reflective case discussion:

- Tell me briefly about the case.
- Who is involved (generate a picture of who is who)?
- How do you think 'x' felt about the situation?
- How do you think 'x' understood or explained the situation?
- Where do you think 'x' generated their ideas or explanations from?
- How do you feel about the specific incident/ issue/ situation?
- How do you understand or explain the situation?
- Where do you think you have generated your ideas and explanations from?

This can be applied to any situation, not just to case-work.

Critical reflection in groups

Ruch (2009) sets out a method for critical reflection on a practice issue within a group. Again, this applies to any situation:

- One participant presents a practice issue. Others pay attention to how the presenter talks about the issue, with a focus on 'emotional listening'.
- Presenter silently observes the group discussing the issue. All participants must learn to 'sit with uncertainty'.
 - * No problem-solving
 - * What caught their attention?
 - * What further information would they want?
- Presenter comments on the group's discussion
- Reflection on why different perspectives have emerged

Kolb's reflective cycle

A useful approach to reflection is the reflective cycle developed from Kolb's model of learning (Kolb, 1985). Kolb defines learning as the translation of experience into knowledge through watching, feeling, thinking and doing. The cycle includes all four of these activities:

- You have an **experience** – a problem to be solved; a situation that is unfamiliar; or a need that must be satisfied.
- **Reflection** then allows you to explore feelings, patterns and connections arising from the experience. It acknowledges and helps to process the strong emotional and moral responses that are generated by the experience and promotes the skill to recognise common elements in different situations.
- Reflection then leads to **analysis**, where theories can be tested and lessons learnt from one situation can be applied to others.
- Finally the analysis is translated into **action** planning. The possible outcomes of actions are tested out to allow for contingency planning and outcome-focused planning.

This model allows you to work through what happened, process emotions that may cloud your thinking unless they are understood, think through possible meanings and identify what to do. Working through this process helps to avoid jumping from experience to action without sufficient thought, and allows you to learn using all four activities.

You can apply this process to any dilemma or situation, either on your own or in groups. It is helpful to do this with others, however, as often people are more critical of themselves than others would be so the experience can become negative if done alone.

This kind of reflection is particularly important where you need to make decisions in a complex, uncertain or emotional situation. It also helps you to get 'unstuck' if you are finding it hard to make a decision because you are dwelling on one element, for example thinking about how it felt and unable to move on to what that might have meant.

* Good practice suggestion

Reflective tool

Use the *Reflective tool* to work through a dilemma with others.

How might you use it in practice?

- To reflect on case work/ interventions, good and bad experiences
- With students and practitioners in supervision

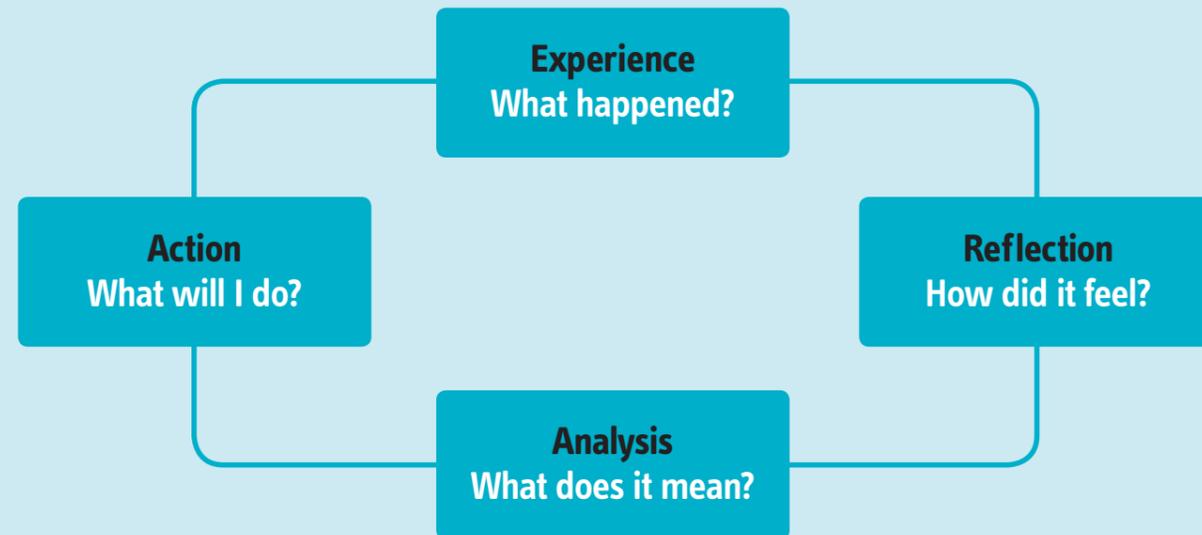
How might it help you?

- Helps to build resilience and deal with feelings that may affect future decision-making
 - Slow down/ take stock/ pause before action
 - Link to professional development
-

Making good decisions

Reflective tool

The aim of this exercise is to practice using the four parts of the Kolb cycle in a problem-solving situation.



In your group, one person needs to volunteer a dilemma that they have – where they have had a difficult experience with a case and have not been sure how to resolve it. You only need to give a brief outline: try not to identify the case and agree on how you will maintain confidentiality in your group.

The person outlining a case will be the interviewee. The other members will question to explore the problem.

● Firstly, spend five minutes asking questions around how the interviewee *experienced* the dilemma.

- > What happened before the event?
- > What did you expect?
- > What happened?
- > What did you notice?
- > What happened after the event?

● Then spend five minutes asking questions around how the interviewee *felt* about the dilemma.

- > What did they feel before the event?
- > How did they feel during the event?
- > What associations were there?
- > How did the other person feel, what feelings were they left with?

● Then spend five minutes asking questions around *analysing* the experience.

- > How did the interviewee explain the dilemma at the time, afterwards and now?
- > What went well and what didn't go well? Why?
- > What is not known?
- * **Bring in learning from the evidence you have discussed.**

● Finally, spend five minutes asking questions around *identifying actions*.

- > How does the interviewee summarise where things are now and what needs to be done next?
- > What further information is needed?
- > What extra support is needed?
- > What would be a successful outcome?
- > What do you need to do more/less of?
- > How can you prepare for this?
- > What is your contingency plan?
- * **Bring in learning from the evidence you have discussed.**

● Summarise back what you heard from the interviewee at each stage.

- > What did you learn from the information that came out at each stage?
- > *What action will you take?*

Barriers and enablers to critical reflection

There are a number of barriers and enablers to using critical reflection to support good decision-making.

Individual factors

Research shows that individual attitudes to risk vary (Research in Practice for Adults, 2012). Also, that the approach which a practitioner takes to risk affects service users; a risk averse practitioner is not likely to advocate positive risk-taking by a service user.

Our decision-making is affected by a range of factors, including:

- our physical and emotional condition
- our values and beliefs
- our experience and knowledge
- our environment and influences.

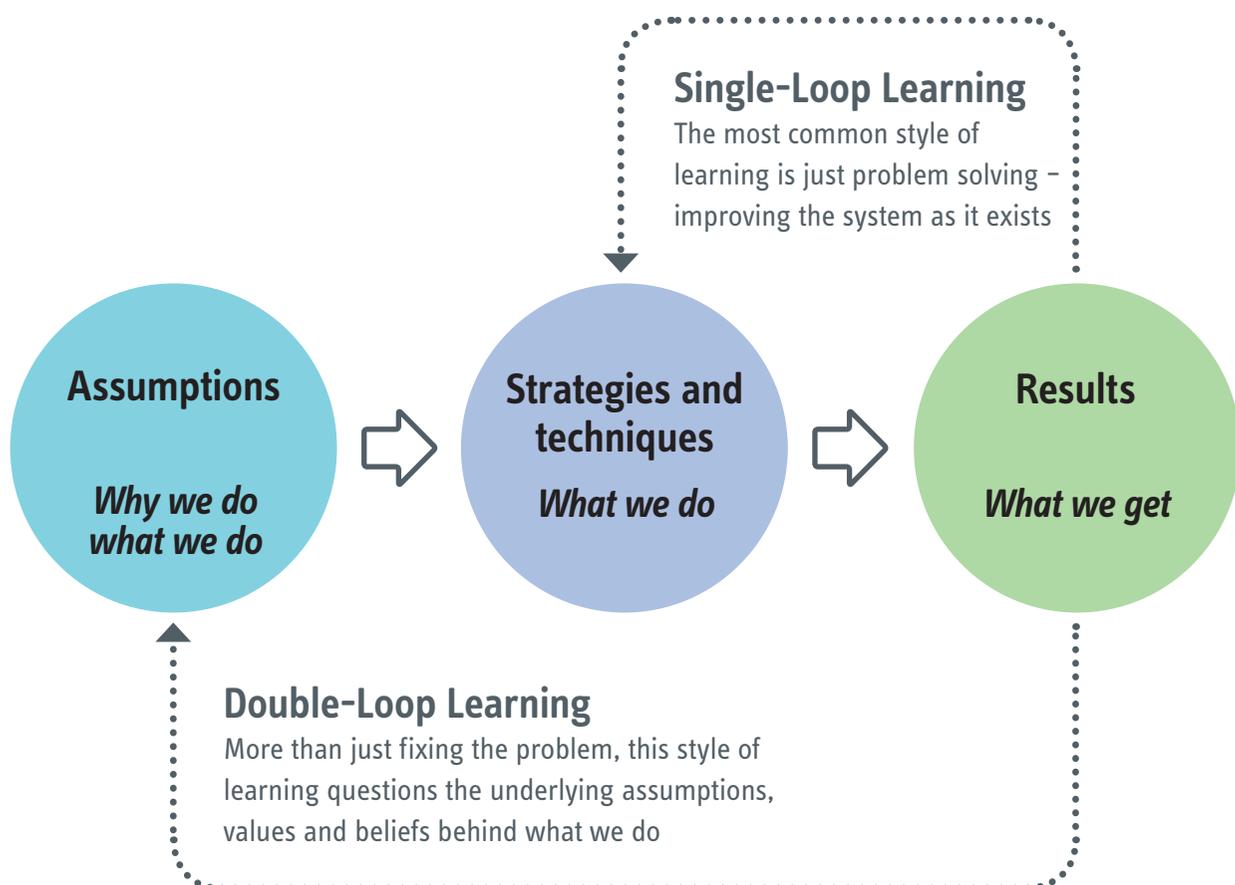
People are not rational, for example research on risk shows the following issues:

- Overemphasis - media hype can overemphasise the risks of danger associated with older people going out alone.
- Over-estimation - the vividness of the

reporting of an attack will lead to over-estimation of the risk of danger.

- Personal values - if the evidence fits our previous beliefs we rate it more highly.
- Framing - the way we frame or present a situation affects our decision. For example, if we are presented with essentially the same choice - Option A: to save 400 people out of 600 or B: to have 200 people out of 600 die - most people prefer Option A, as the information is presented in terms of gains rather than losses.

Also, people do not necessarily act in the way they think they act. Argyris and Schon (1974) developed the concept of 'theories of action', contrasting the 'theories-in-use' (what is shown by what practitioners do) and the 'espoused theories' (what practitioners say they will do). The two should match, but often do not. For example, the manager proclaiming "I can't stand intolerance" may think they are standing up for toleration and mutual understanding but they have given themselves away immediately. A realisation of the mismatch may, with reflection, lead to 'double loop learning'. Double-loop learning means re-thinking your norms and values, not just adjusting the way in which you act on them.



We need to be aware of what is impacting on our decision-making and we can use tools and support to overcome some of these factors.

Organisational factors

Organisations also have norms and values that need to be re-thought through double-loop learning.

Good decisions are built on good information gathered through asking questions, analysing and reflecting on what was done. This requires a learning culture where curiosity is valued and permission is given to say when we do not know the answer (Munro, 2011).

Organisations where time and space is given to learning, where dilemmas are openly talked about and where challenge to the status quo is welcomed are more likely to have open, transparent and robust decision-making.

Motivated people, newcomers, people who are engaged in study and supportive individuals who make space for others to express anxiety about decisions they have to make can all make a significant difference to the culture.

People who support frontline practice, such as managers, leaders and educators, play an essential role in ensuring there is time and space for practitioners to use evidence, analyse and reflect.

Group factors

Working with professionals from different sectors and backgrounds can help to ensure that a range of hypotheses are considered and diverse information is considered. However, it can sometimes pose a challenge to group decision-making because meaning and practice can vary between professions, which can cloud communication and shared thinking. There may also be power dynamics at play between different professional groups, and it is important to reflect critically on these (Karban and Smith, 2006).

Group reflection is valuable, but within groups people can start to change the focus from critical thinking to justification ('back covering', 'tick box', etc). 'Groupthink', that is a group of people moving without reflection to a shared view, can develop as assessors learn how colleagues will react (Baker and Wilkinson, 2011). Reflection can also be thwarted by the status quo, 'common-sense' views and the sense that reform is not possible (Humphrey, 2009). It is valuable to vary the make-up of groups and the opportunities for reflection. Groups, like individuals, can consider where thinking is distorted by who we are and try not to exclude possibilities just because they are undesirable (O'Sullivan, 1999).

* Good practice suggestion

Use the double-loop learning model to reflect on what norms and values underpin your actions. How can you review these?

With colleagues, use the *Stop, start, stay tool* to identify what is supporting good decision-making in your environment and what actions you need to take to build on that.

● Reflective point

How do you ensure group discussions remain fresh and don't fall into habitual patterns of decision-making?

Making good decisions

Stop, start, stay tool

The aim of this tool is to identify the barriers and enablers to making good decisions

Research shows that there are many factors which affect how easy or difficult it is to work in a reflective way, to analyse and to make good decisions. You can use this tool to identify what is stopping you, what would enable you and needs to start, and what is helping you and needs to stay.

STOP	What is stopping you from making good decisions?	How will you change this?	When?
START	What would enable you to make good decisions?	How will you make this happen?	When?
STAY	What is helping you to make good decisions?	How will you share this?	When?

Developing your decision-making

Developing your ability to make good decisions is an important part of personal and professional development.

The Professional Capabilities Framework for social work provides a useful framework for professional development that can apply to all roles in social care.

It sets out nine domains that people need to be capable in:

- Knowledge
- Professionalism
- Critical reflection and analysis
- Rights, justice and economic well-being
- Diversity
- Values and ethics
- Intervention and skills
- Professional leadership
- Contexts and organisations

Capability in all of these domains supports good decision-making, and in turn capability in these domains is enhanced by making good decisions.

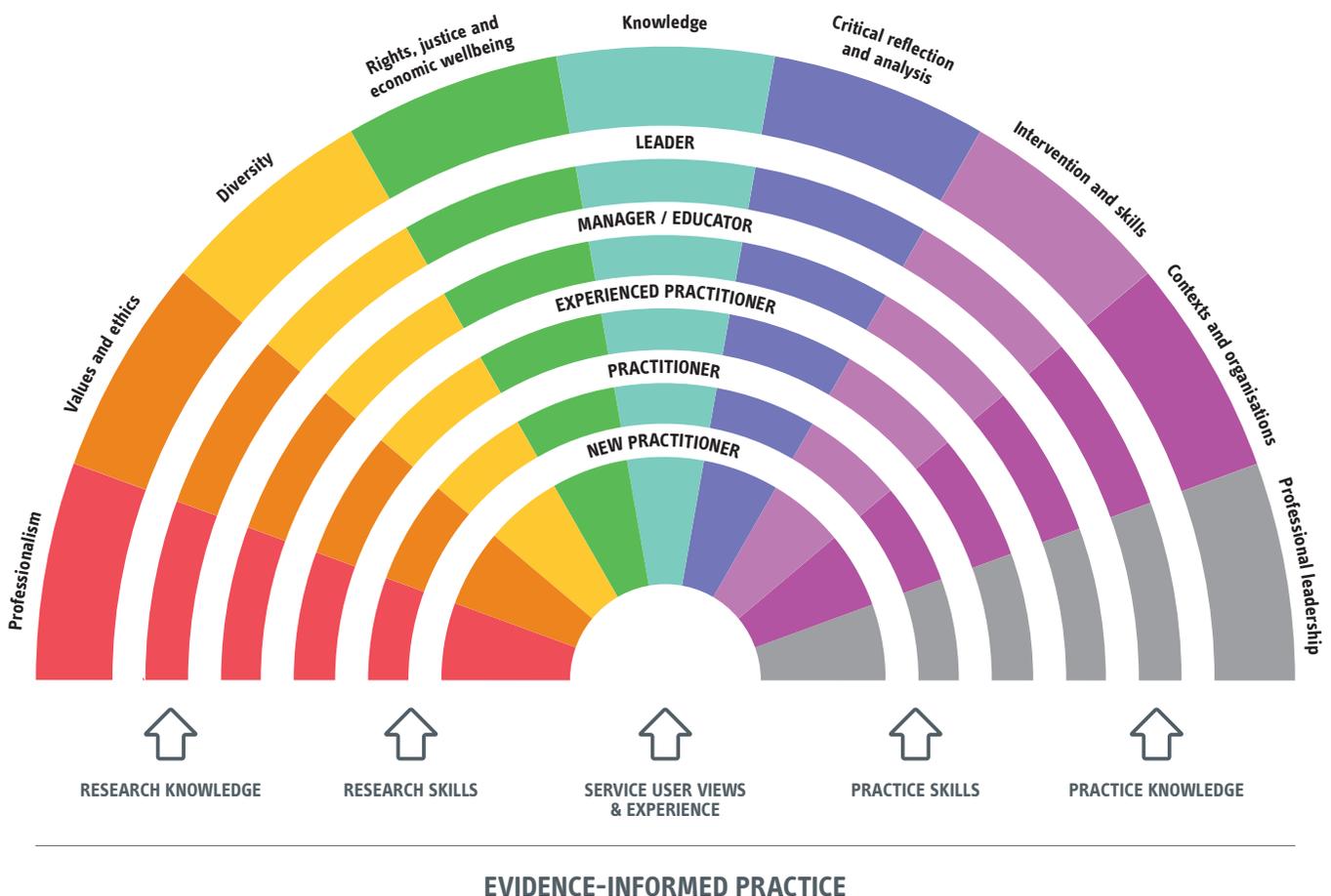
You can use evidence (research, practice experience, and service user and carer views) to identify what good looks like and how to achieve it in each of these areas.

* Good practice suggestion

Use the fan diagram to consider which domains you need to develop. Research in Practice for Adults resources can support you to use evidence to develop particular domains.

Further reading

Research in Practice for Adults (2012-13) *Evidence-informed Practice: Professional Capabilities Framework, Practice tool for Managers and Educators, Experienced Practitioners, New Practitioners*, Dartington



Research and practice experience identify a range of ways in which decision-making can be developed (Research in Practice for Adults 2012):

- Self-appraisal – reflecting on personal values, beliefs, knowledge, experience and skills.
- Creating professional and personal development plans – identifying and meeting learning needs.
- Learning from research, experience and service users and carers – looking at what others have done and how you could have acted differently.
- Structured reflection, for example looking at case studies or dilemmas – building in time to review and write up cases or working through cases with others.

Supervision and appraisal are good forums for reviewing decisions, identifying good practice to share and considering areas of development.

Practice forums provide an opportunity for peer support around decision-making.

Everyone has a preferred thinking style and this affects the approach we take to making decisions. Some people are naturally creative and think around a problem, others prefer to deduct from facts, some people are more optimistic than others. All of these ways of thinking are strengths; however they do need to be balanced to avoid taking a narrow view. In group decision-making one influential person's thinking preference can cause other members to follow their lead. In teams, people can fall into a particular role where others look to them to always be the pessimist or the creative thinker. This reduces the value of bringing different minds and different talents together to input to a decision.

You may have heard of de Bono's hats (1985) – they are a tool for thinking about decisions or dilemmas in different ways. Each of the hats conforms to a style of thinking. A single person can wear each of the hats, or you can assign different people to wear particular hats in a group. The point is to ensure that many different perspectives are considered and voiced.

* Good practice suggestion

Use the *Decision-making hats tool* to try out different thinking styles.

How might you use it in practice?

- Learning exercise to explore cases.
- Start with a hat that feels familiar, then change hats.
- Use selection of hats as a way of identifying skills/strengths in a team.
- Use in team meetings or group supervision.
- Use in MDT discussion.

How might it help you?

- Free you up to think differently.
- Opens up perspectives.
- Increases self-awareness.
- Debrief afterwards about group dynamics.

* Good practice suggestion

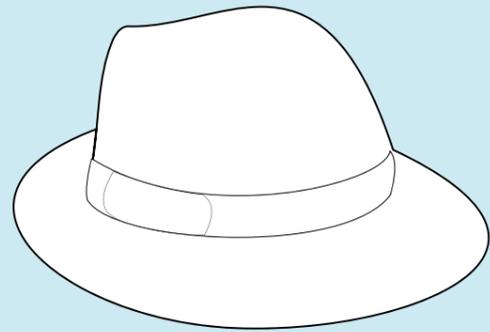
- Set up a practice forum using the Research in Practice for Adults *How to run a Journal Club Practice Tool* (2013). Meet with peers every month to review a piece of evidence and apply critical reflection to decision-making on a dilemma.
-

Making good decisions

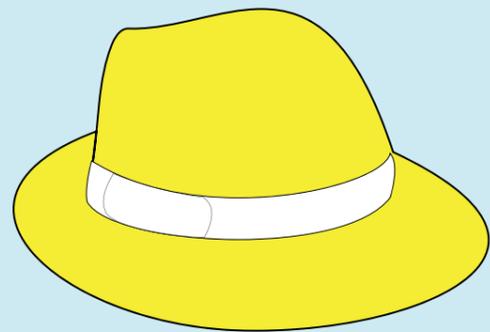
Decision-making hats tool

The aim of this tool is to understand the effect of different thinking styles on decision-making

Everyone has a preferred thinking style and this affects the approach we take to making decisions. You can use this tool to try out different thinking styles. In a group, each person chooses a hat and then discusses an issue from that perspective. You can also think through a problem individually wearing each hat in turn.



White Hat: Analytical
You focus on what is known and test out the evidence

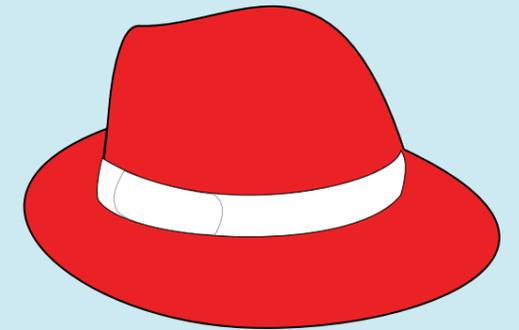


Yellow hat: Empowering
You advocate for self-determination, and challenge obstacles to rights and freedom

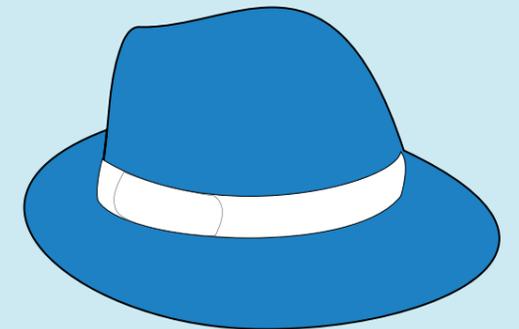


Black hat: Procedural
You consider the law, policy and procedures that you need to follow

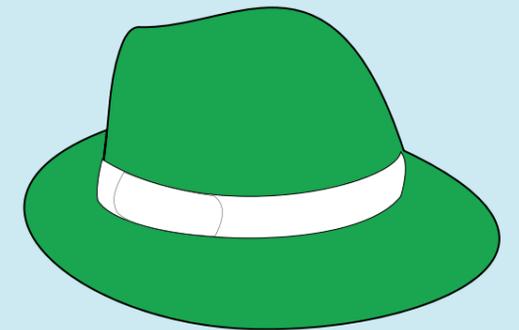
Red hat: Intuitive
You use personal experience, emotion and empathy to understand how people are affected



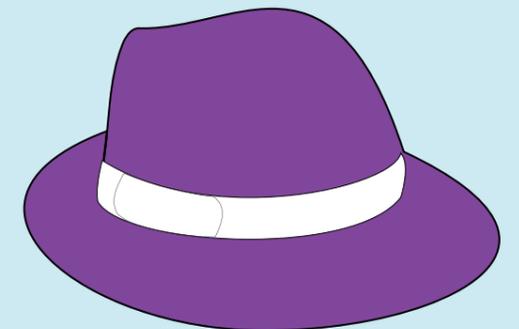
Blue hat: Resilient
You weigh up risks, consider possible problems and identify contingencies



Green hat: Creative
You look for alternative explanations and solutions



Purple hat: Facilitator
You make sure everyone has the chance to give their view and ensure that any decisions are appropriately recorded



How supervision supports decision-making

People who work in adult social care usually have access to regular supervision. This can be a great forum to support good decision-making.

The overarching purpose of supervision is to develop practice in order to improve the experience and outcomes of service users and carers. Research on supervision shows that it is highly valued by practitioners because it provides them with support to work in a difficult climate, it helps them with task resolution and it provides impetus to their professional development (SCIE, 2012).

One of the aims of supervision is to improve the quality of decision-making and interventions. Whatever role you are in, you will have an impact on service users and carers. Supervision is part of the intervention you make into their lives, because it supports you to develop and improve in your role.

Supervision fulfils a number of functions and each of these can be related to support for good decision-making:

Workload management

How is my workload affecting my decision-making?

You can gather evidence of how your workload is impacting on your decision-making and discuss this with your supervisor. You may need to prioritise, get additional support or review work you have said you will undertake.

Critical reflection

What decisions do I need to critically review?

Supervision is a great forum for critically reflecting on recent decisions. It is important not only to review cases where decisions have turned out right, but also where things have gone wrong. The focus should be on the decision at the time. Could this have been made in a better way? Within supervision you can also test out your thinking about decisions that have to be made. You can use models and tools to ensure reflection is carried out in a robust way and not squeezed into the session. It is important to identify what you will do differently as a result of the reflection and to share learning with your colleagues.

Emotional support

How are my feelings and the feelings of those I work with impacting on my decisions?

Research shows that decisions are affected by emotion. Looking at the experience of social workers who had felt fear because of their work, Smith (2003) found that they needed space and time in supervision to acknowledge the impact. Supervision is a space where the feelings and responses that you have to your work can be processed and contained - otherwise they can impact on your thinking and actions in ways that prevent good decision-making.

Professional development

What support do I need to develop my decision-making?

Learning from experience helps to identify the areas that we need to develop and the gaps in our knowledge and skills. Within supervision discussion, areas for development in decision-making and ways of addressing these can be identified. Using the Professional Capabilities Framework is a helpful way of thinking about the areas in which you need to make good decisions.

Mediation

How is my relationship with the organisation supporting or hindering my decision-making?

The other function of supervision is to bridge the gap between the supervisee and the organisation. This relates back to the ethical requirement to ensure that the way in which you are asked to work does not prevent you from making good decisions. Supervision is a forum for discussing what is expected of you, identifying how you will fulfil expectations and raising any concerns about these.

Research identifies that supervision is a place where challenge and support can be offered. This is a two-way relationship, so it is important for both parties to challenge appropriately and to respectfully question the decisions that each are making.

Reflective point

Use the questions above about the different functions of supervision to consider how it currently helps you with decision-making and how you could use it better.

Good practice suggestion

Review your supervision agreement and agenda to ensure that it supports you with the decisions you need to make.

Further reading

Research in Practice for Adults (2013)
Supervision Practice Tool, Dartington

Creating a positive risk culture

The culture in which decisions are made is an important factor in decision-making.

Organisations vary in the way risk is managed. The culture may promote a general responsibility for learning from near misses (empowerment) or simply assign blame if problems occur (control) (Stalker, 2003).

Risk assessment practice should be 'defensible' rather than 'defensive' (Langan and Lindow, 2004) - otherwise it can deny individuals and groups freedom, autonomy and control. Baker and Wilkinson (2011) identify that organisations need to develop approaches to risk-taking and decision-making that are not defensive, and not just rely on people following technical processes or procedures.

The Association of Chief Police Officers, or ACPO for short, has developed a set of ten principles for supporting how police officers work with risk (cited in Munro, 2011). These are really important reminders and support a good organisational culture around risk. All are highly relevant to social care practitioners.

ACPO principles:

- The willingness to make decisions in conditions of uncertainty (i.e. risk taking) is a core professional requirement of all members of the Police Service.
- Maintaining or achieving the safety, security and well-being of individuals and communities is a primary consideration in risk decision-making.
- Risk-taking involves judgement and balance, with decision-makers required to consider the value and likelihood of the possible benefits of a particular decision against the seriousness and likelihood of possible harms.
- Harm can never be totally prevented. Risk decisions should, therefore, be judged by the quality of the decision-making, not by the outcome.
- Taking risk decisions, and reviewing other's risk decision-making, is difficult - so account should be taken of whether they are involved in dilemmas or emergencies, were part of a sequence of decisions or might appropriately be taken by other agencies.
- The standard expected and required of board members of the Police Service is that their risk decisions should be consistent with those that a body of officers of similar rank, specialism or experience would have taken in the same circumstances.
- Whether to record a decision is a risk decision itself which should, to a large extent, be left to professional judgement. The decision as to whether or not to make a record, however, and the extent of that record, should be made after considering the likelihood of harm occurring and its seriousness.
- To reduce risk aversion and improve decision-

making, policing needs a culture that learns from successes as well as failures. Good risk-taking should be identified, celebrated and shared.

- Since good risk-taking depends upon quality information, the Police Service will work with partner agencies and others to share relevant information about people who pose risk or people who are vulnerable to the risk of harm.
- Members of the Police Service who make decisions consistent with these principles should receive the encouragement, approval and support of their organisation.

● Reflective point

How does my organisational or team culture affect the way I consider risk?

* Good practice suggestion

Risk principles tool

Use the *Risk principles tool*, which is adapted from the ACPO principles to make them more relevant for adult social care. Consider each principle in turn and make a judgement about how far it is embedded in your organisation. Then, identify what actions could help you to practice on the basis of this principle.

How might you use it in practice?

- Use with your team to reflect on the environment of the organisation.
- Use in development of management strategies.
- Individuals could use as a tool to evidence decision-making
- Use with families who are risk averse to help understanding.

How might it help you?

- Helps us talk about how risk makes us feel.
- Able to say how organisation is supporting/not supporting.
- Helpful to talk about who is responsible if things go wrong - need to know when to escalate risk to a more senior level.
- Ensure accountability.
- Use principle 8 to challenge risk aversion that comes from a focus on failure.
- Good to remember that harm can never be totally prevented.

Making good decisions

Risk principles tool

The aim of this tool is to help ensure the culture you work in supports good decisions about risk

Research shows that the environment in which people operate affects how they make decisions. You can use this tool to identify how your organisational or team culture supports you to make good decisions about risk. Consider each principle in turn and identify how far this is embedded and what needs to happen to improve things.

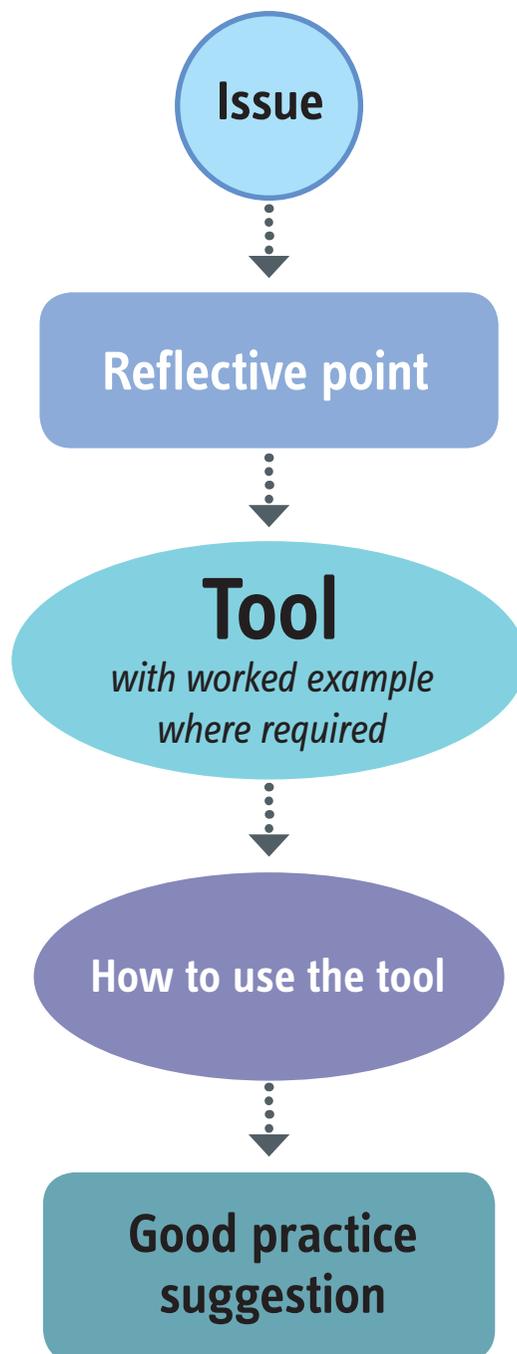
Principle	How far is this embedded (1 low-5 high)?	Action	Who?	When?
The willingness to make decisions in conditions of uncertainty (i.e. risk-taking) is a core requirement of all staff in social care.	1 2 3 4 5			
Maintaining or achieving the well-being of individuals and communities is a primary consideration in risk decision-making.	1 2 3 4 5			
Risk-taking involves judgement, with decision-makers required to consider the value and likelihood of the possible benefits of a particular decision against the seriousness and likelihood of possible harms.	1 2 3 4 5			
Harm can never be totally prevented. Risk decisions should, therefore, be judged by the quality of the decision-making, not by the outcome.	1 2 3 4 5			
Taking risk decisions, and reviewing others' risk decision-making, is difficult so account should be taken of whether the decision was made during a crisis, was affected by other circumstances or responsibility was shared with others.	1 2 3 4 5			
A reasonable decision is one that staff with similar roles, learning and experience would have taken in similar circumstances.	1 2 3 4 5			
Whether to record a decision is a risk decision itself which should, to a large extent, be left to professional judgement. The decision of whether or not to make a record, however, and the extent of that record, should be made after considering the likelihood of harm occurring and its seriousness.	1 2 3 4 5			
To reduce risk aversion and improve decision-making, social care needs a culture that learns from successes as well as failures. Good risk-taking should be identified, celebrated and shared.	1 2 3 4 5			
Since good risk-taking depends upon quality information, social care will work with partner agencies and others to share relevant information, where appropriate, about risk.	1 2 3 4 5			
Staff in social care who make decisions consistent with these principles should receive the encouragement, approval and support of their organisation.	1 2 3 4 5			

Practice tools to support decision-making

Research in adult social care identifies a number of specific issues that can affect how we make decisions. In the following pages each issue is considered and a tool is provided to help you to address this in practice.

Each tool is introduced by explaining the research that it responds to. There is then a reflective point so that you can consider how you are currently working.

The tool is then introduced so you can see how it relates to the research. Information is provided on how to use the tool and the tool is then included. Where the tool is quite complicated, a worked example is given to support you to use it.



Using the tools in practice

All of the tools relate to problems with decision-making that arise in adult social care practice. However, they can also be used to support how we make decisions more broadly. They therefore talk about situations, decisions and problems as well as adult social care functions such as assessment.

You can use the tools when you are undertaking adult social care assessments and reviews. Some are more specific to these activities than others, for example the *Family relationships tool*, the *Capacity tool* and the *Funding decision tool*. You can also use tools such as the *Cause and effects tool* and the *New picture tool* in thinking through other decisions, for example how to respond to change or how to achieve your learning outcomes. The tools can be used in direct practice or for reflection and learning.

The tools are designed to be used by individuals, with others and in groups. For example you could use them:

- in a visit with a service user or carer to co-produce learning on their situation
- on your own after a visit to capture and reflect on what you have learnt
- in supervision to work through a situation with your manager
- with someone from another agency to explain or hand over what you know about a situation
- in a team or practice meeting to share learning and seek input on a situation
- in training or a learning situation to try out an approach to practice.

The tools can be used by service users and carers independently or with support. They are designed to be shared so that:

- service users and carers can see how you have used the tools to understand their situation
- service users and carers can comment on and add to or change the worked tools
- service users and carers can co-produce the information in the tool with you
- service users and carers can complete the tool with support from you
- service users and carers can complete the tool on their own or with an independent advocate and then share it with you.

The tools support you to develop your practice and, in turn, enable you to better empower citizens to make their own decisions.

Separating cause and effect

When we are making a decision we can fail to see what the real issue is.

Often, what we see as the presenting problem is not the underlying or most important problem. Instead, we see the effects of something that is deeper.

It is essential to separate out what is a cause and what is an effect, so that we can start to see what the main issues are. We can then discuss how to address effects and how to reduce causes, rather than just dealing with the effects.

This is particularly important when dealing with risk. Risk avoidance has become increasingly important in society—often appearing to manage rather than address problems. Service user needs or preventive work may unnecessarily take second place to risk management (Stalker, 2003).

Reflective point

How do I look for evidence to understand what is behind what I first observe or hear?

Cause and effects tool

The *Cause and effects tool* was developed to separate out different problems that are identified, and to understand how they relate to one another. It can be used for what seem to be straightforward problems and what seem to be complex and incomprehensible problems, so that we can get closer to understanding what is really going on and why things are happening.

The tool supports you to identify all the problems and then to relate them to one another so that you can see what the core problem is. Causes and effects of the core problem can then be arranged in hierarchy so that you can see how the causes relate to the effects.

The core problem is the one that needs to be tackled in order to make progress with the situation. However, you may also need to deal with some of the effects in order to free up thinking space, energy and resources to respond to the core problem.

How to use the Cause and effect tool

- Start by listing all the problems that come to mind.
- Problems need to be carefully identified; they should be existing problems - not possible, imagined or future ones. The problem is an existing negative situation, it is not the absence of a solution.
- Identify a core problem (this may involve considerable trial and error before settling on one).
- Determine which problems are causes and which are effects.
- Arrange the causes and effects in hierarchy, i.e. how do the causes relate to each other - which ones lead to others?
- Put the causes at the top of the page and the effects at the bottom, with the core problem in between. Use arrows to show how they link together.

* Good practice suggestion

How might you use it in practice?

- In work with service users and families.
- After assessment.
- To discuss complex cases in supervision, in team meetings or practice forums.
- In an multi-disciplinary team situation to unpick causes.
- As a learning tool with students.

How might you use it in practice?

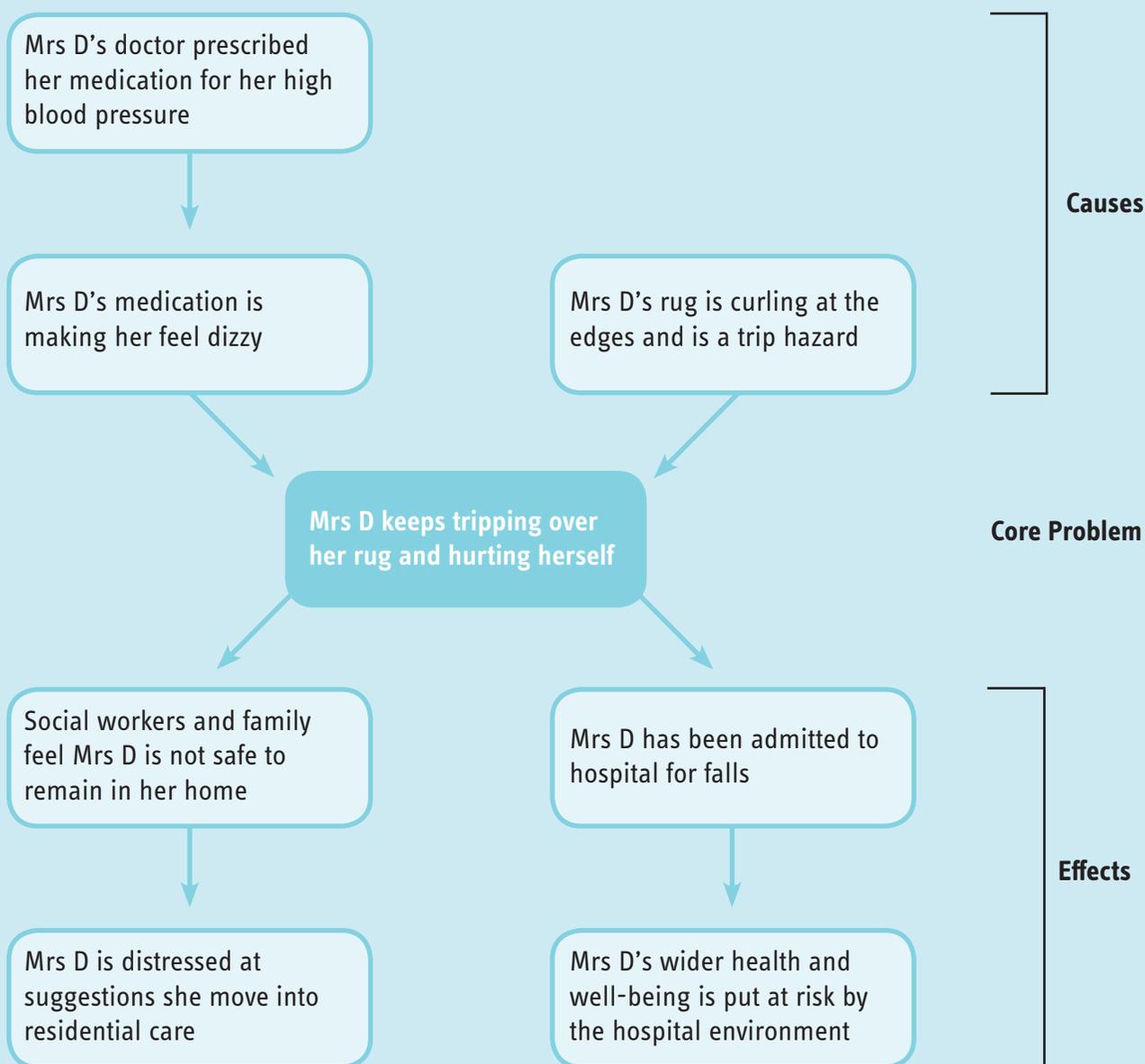
- Helps you step back and analyse.
- Helps you to identify where you can be most effective.

Making good decisions

Cause and effects tool

The aim of this tool is to separate out cause and effect so that you can identify what the main issues are

Often when we are looking at a situation, what we can see are the effects of deeper issues. You can use this tool to separate out the different problems that are identified and how they relate to each other. Start by listing all the problems and then identify a core problem. Determine which of the problems are causes and which are effects, then use arrows to show how they relate to each other.



Learning from the past

When we are making a decision about what to do in a given situation we can neglect the learning from the past.

Our assessment of a situation tends to focus on the 'here and now' - the situation that we see before us. However, looking at the past can help to determine what is required in the present (Begun et al, 2011). It is helpful to contextualise the current situation within the past and to consider:

- what helped in previous attempts.
- what has been tried too many times.
- what could be tried in future.

It is important to understand the story leading up to the present, rather than just to focus on the problem in the present moment.

We also need to be attentive to where people are 'at' in terms of the decided, undecided or overwhelmed stage of problem-solving. Learning from assessment shows that if people feel decided about what needs to happen the process of 'going round the houses' back to where they started can feel disempowering. However, if people feel overwhelmed about the current situation there needs to be sufficient exploration of alternatives, to help them to consider how things could change (Richards, 2000).

● Reflective point

How do I seek to understand how we have got to this decision point?

Life-course tool

The *Life-course tool* on page 51 helps us to place the current situation in context. It is based on the Timeline Followback tool (Begun et al, 2011). This is used with people who use alcohol to provide retrospective reports of intake. It involves writing down what happened over a period of time and including special events during that period. In this way, patterns can be identified.

The *Life-course tool* can be used to explore how a situation has changed over a period of time leading up to the present. It allows you to discuss and get an overview of how things were in the past, what was happening and what was working. Where there are changes, either good or bad, you can then probe for whether they were the result of gradual or sudden events, what was done to

respond to them and how well this worked.

How to use the Life-course tool

- Start with now and consider each column in turn. Fill in brief notes about what is going on.
- Then pick a meaningful date in the past and consider what was going on then. Gradually fill in the rows, trying to capture how things were.
- You can then look at the picture over time and start to highlight patterns such as similar events and also changes. You can then explore what was going on at those times.

* Good practice suggestion

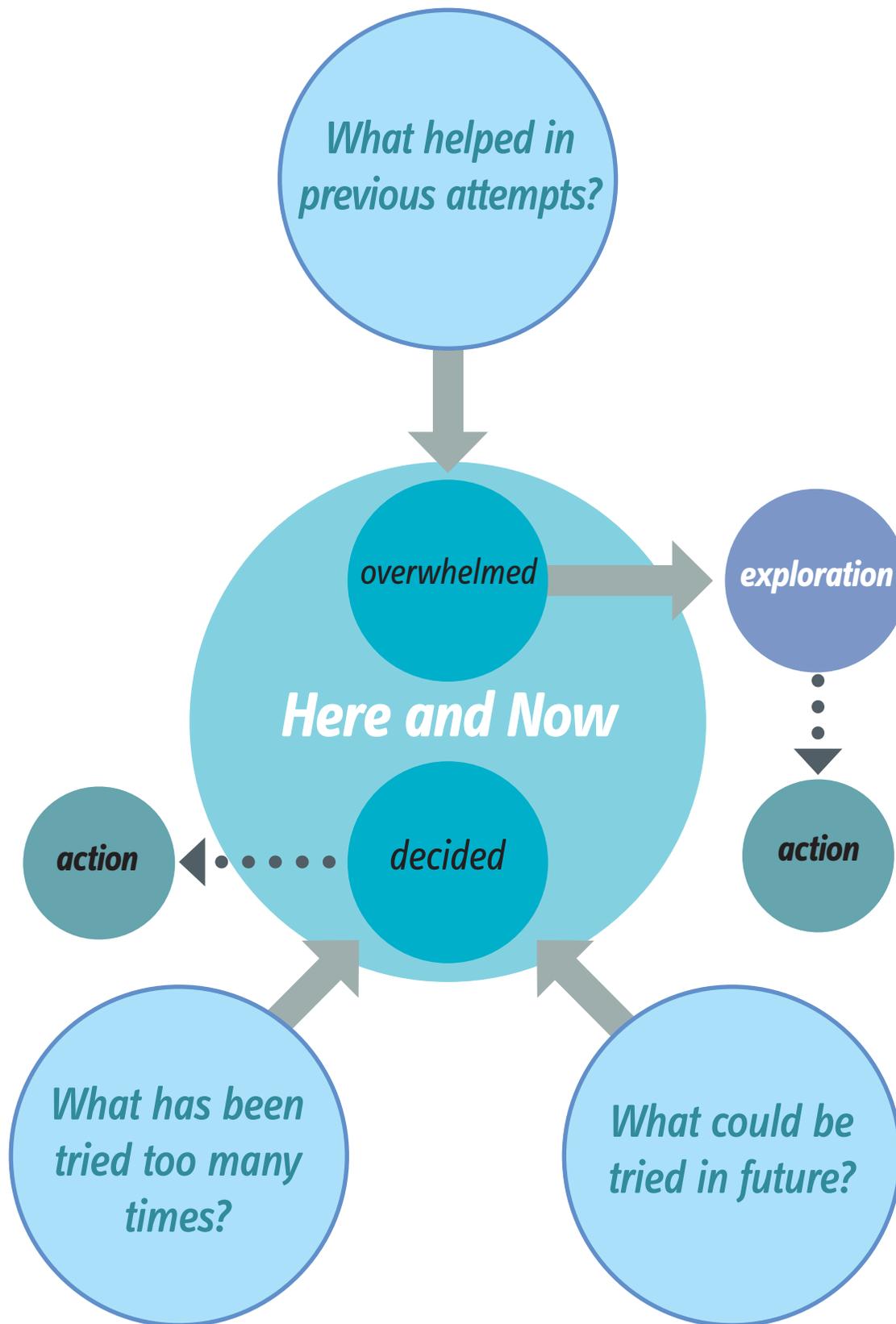
How might you use it in practice?

- Tool for getting control and identifying triggers, also for repetitive behaviours.
- Identify loss of support over time.
- Identify what support worked in the past.
- Establish impacts on person/family.
- Use in care homes to identify patterns of behaviour and triggers.
- Use with people who use alcohol or drugs.
- Add to tool over time as more information becomes available e.g. when case is re-opened.
- Can use when assessing capacity to give insight into wishes.

How might it help you?

- Helps practitioners evaluate their practice.
- Helps individuals to develop insight and get control back.
- Good for developing shared understanding between service user and practitioner.
- Helpful for on-going, fluctuating condition.
- Identifying patterns of behaviour, helps to pick out cause/effect.
- Can help show a person where support/interventions helped.
- Useful if 'stuck' to help identify ways to move on.
- Could act as a summary or overview to save time.
- Can use when assessing capacity to give insight into wishes.

Learning from the past: going around the houses



If people feel decided about what needs to happen the process of 'going round the houses' back to where they started can feel disempowering.

Making good decisions

Life-course tool

The aim of this tool is to see what has been happening leading up to the current situation

Research shows that decisions often focus on the here-and-now. However, looking at the past can help us to make better decisions in the present. You can use this tool to see what has previously been happening and what has been tried.

Whose view?	Any notable events?	What was happening?	What was the impact?	What was working?	What was not working?
Now					
1 month ago					
3 months ago					
6 months ago					
12 months ago					
2 years ago					
3 years ago					
5 years ago					
Additional dates if required					

Considering the family

When we are making decisions about individuals we can underestimate the importance of their relationships with others.

The consultation on the Adult Social Care Bill (Law Commission, 2011) highlighted the need to consider whole families in understanding needs for care and support, the impact of these and how these can be met. Respondents highlighted the tendency in adult social care to concentrate on the individual and their particular needs and risks. Paperwork often focuses almost exclusively on the individual and there is limited room to consider their family.

Although practitioners do consider individuals in the context of their lives and relationships, it can be helpful to use tools that specifically focus on these in order to ensure we fully consider them. If we do not consider wider relationships and context our decisions will be based on less than complete information which will affect how good they can be.

Reflective point

How do I ensure that I consider the whole family?

Family relationships tool

The *Family relationships tool*, which you can find on [page 55](#), is based on a genogram. This is a tool that allows you to record the individuals within a family and the relationships between them. It can show changes in relationships and can also be adapted to show the quality of relationships.

How to use the Family relationships tool

- Start by writing the person's name at the centre of a piece of paper. If they have a partner, write that person's name horizontally next to them and join it with a line between the names.
- If the person has any siblings, write their names horizontally next to the person you are assessing and join them with a line above. From the line connecting the siblings together you can draw a vertical line upwards connecting to their parents.
- If the person and their partner have any children you can draw a vertical line downwards, connected to their offspring. Children from the same parents can be connected together using a horizontal line as you did for siblings.
- Where partners change you can use a break in the line to show they are separated, or a symbol to show a new relationship.

- If you want to, you can use colours or symbols against names to reflect the quality of their relationships with the person you are assessing. You can devise your own symbols, but remember to note down their meanings.

* Good practice suggestion

How might you use it in practice?

- Use in a case conference.
- Use in complex cases, for example mental health.
- Use symbols to support people with learning disabilities to use it.
- To show family history, good source of background information.

How might it help you?

- Helps to identify who has which needs.
- Way of establishing a relationship and communicating with someone.
- As a summary or case handover.
- Helps simplify complex relationships.
- Helps understanding of why relationships are as they are.
- Helps recognise stressors and weak links.
- Helps identify what's important to the service user.

Considering networks

When we are making decisions about support we can neglect the wider networks that people have.

Assessments of the personal networks of service users are important when practitioners assess the extent of support (or hindrance) which has contributed to the situation, or whether the proposed solution can be facilitated (or hindered) by the personal network (Hill, 2002).

Understanding of networks is part of a strength-based approach to care and support. It helps to identify the individual, family and community assets that someone can draw on. Thinking about networks supports the concept of inter-dependence, which is an empowering approach that acknowledges that we all need some support and we all have something to offer others (SCIE, 2005).

Consideration of networks is also part of decision-making on eligibility, for example the Care Bill includes looking at *'whether, and if so to what extent, other matters (including, in particular, the adult's own capabilities and any support available to the adult from friends, family or others) could contribute to the achievement of those outcomes'* (Care Bill, 9 (4) (c)).

Reflective point

How do I identify the strengths and assets that someone has through their networks?

Informal networks tool

The *Informal networks tool*, on **page 57**, is based on an ecogram (also called an ecomap). This depicts the important relationships, resources and systems in a person's life, not simply those connected with their family.

You can use the map of networks to identify supports and factors that might be undermining the person. You can also use it to see gaps.

This approach is also important when we are thinking about other situations where we may focus too narrowly and need to consider wider networks.

How to use the Informal networks tool

- Start by writing the person's name at the centre of a piece of paper.
- If you are considering them as a family or household you might want to draw a miniature family tree in the central circle, but make sure each person's name is given in a separate circle.

- Now ask the people in the household about outside systems which may affect or support them. For example, this might include extended family, friends, workplaces, religious organisations, social services, other welfare agencies, medical professionals, and so on.

- Draw these systems in circles outside of the family circle.

- Now connect these other circles either to the family circle as a whole (if they affect/support everybody) or to the particular member of the household.

* Good practice suggestion

How might you use it in practice?

- To gather information in an assessment.
- Use in partnership with the person.
- In support planning.
- To support joint working and co-production.
- To initiate discussion.
- To support you to be realistic about a current situation.
- Use in safeguarding, multi-disciplinary teams or complex cases.
- Use to explore issues in greater detail.

How might it help you?

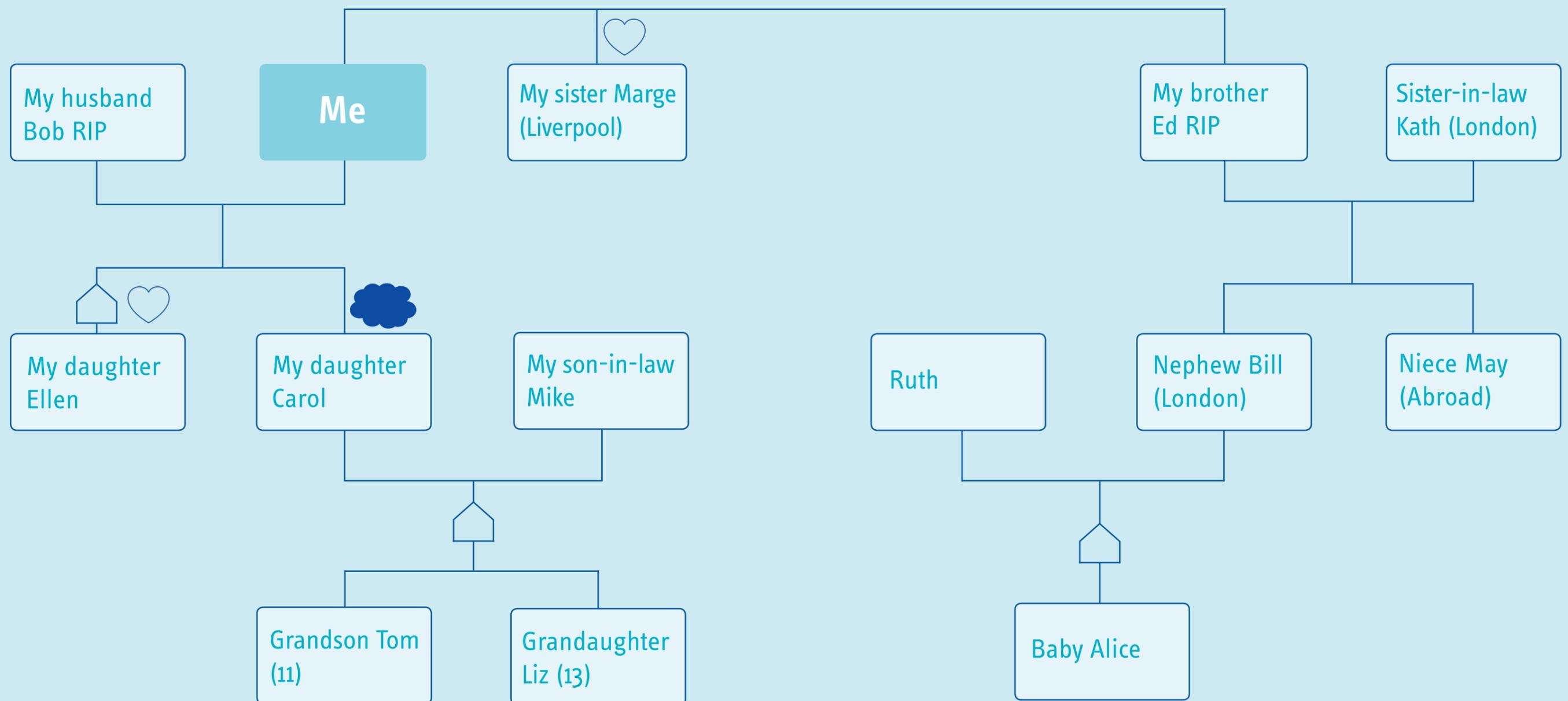
- Can highlight other person's needs in an objective way.
- Shows the person that you are looking holistically at their situation.
- Explores issues and options.
- Helps you to see what is and is not realistic.
- Tool for future planning – specialist work and building on strengths and skills.

Making good decisions

Family relationships tool

The aim of this tool is to capture family relationships in order to help understand someone's situation

Assessment tools often focus on individuals without fully considering their networks. You can use this tool to identify what relationships there are within a family and the dynamics of those relationships. Start with the person and use lines to create a family tree, breaks in the lines to show where relationships have broken down, and symbols to show people who live together and how the relationships are working. Once you have mapped the relationships, you will need to think about what they mean for the individual.

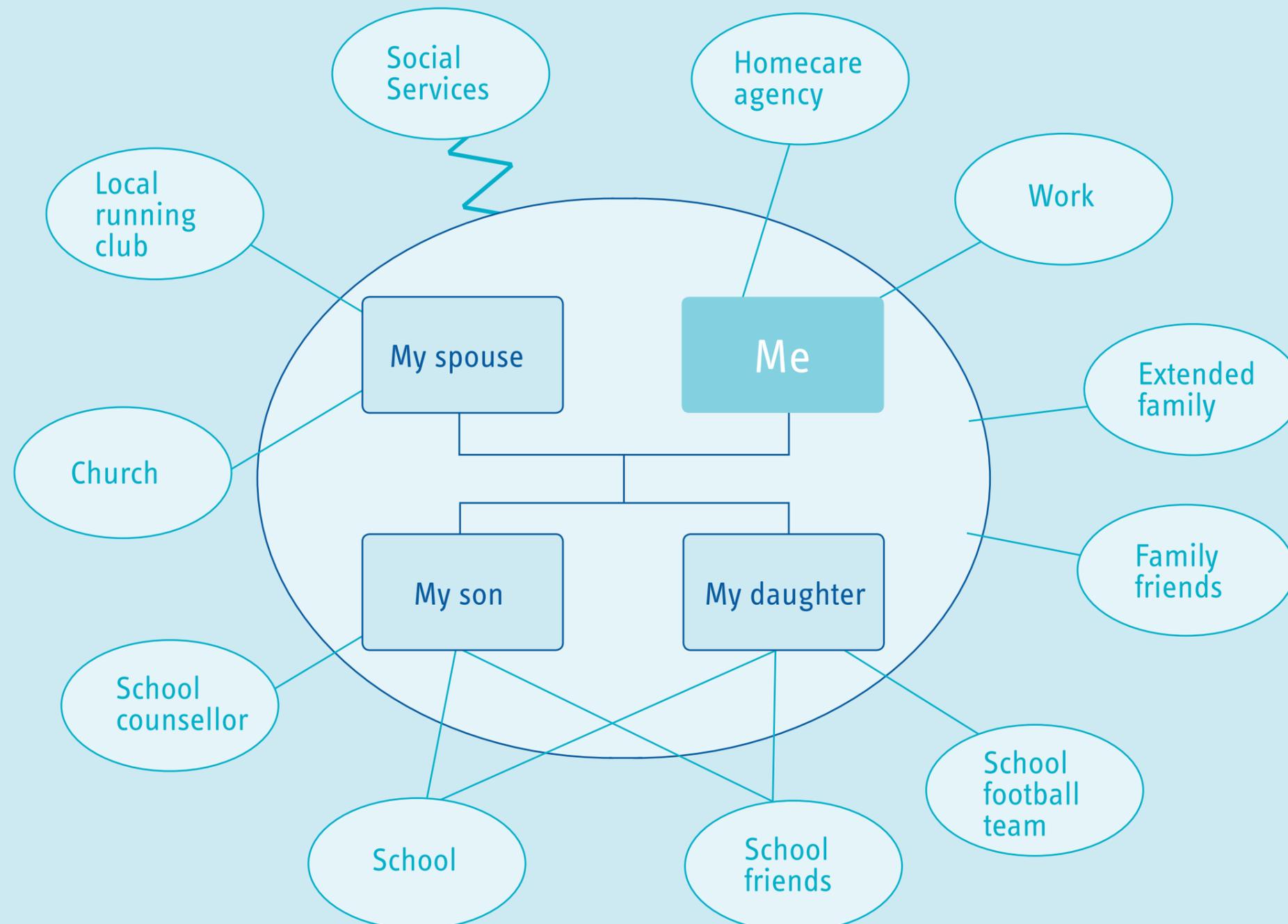


Making good decisions

Informal networks tool

The aim of this tool is to capture informal networks in order to help understand someone's situation

Assessment tools often focus on individuals without fully considering their networks. You can use this tool to identify the networks, resources and systems in someone's life. Start with a household, use lines to show groups or individuals that household members link to and different sorts of lines to show where the links are strong, weak or turbulent. Once you have mapped the networks you will need to think about what the links mean for the household.



Seeing the whole picture

When we are making decisions about a situation we can focus on just one area and not see the whole picture.

Research shows that decision-making often follows one hypothesis and looks for information to fit that, rather than considering the whole picture and looking for a range of different possibilities for what is going on and what it means (Research in Practice for Adults, 2012). In assessment this is made harder by the fact that paperwork tends to push people to work in a linear fashion by asking them to fill in a single narrative or complete a series of boxes.

Empirical research by Sheppard et al (2001) looked at the way social workers made decisions about what was going on in a particular situation. They described two ways of approaching this.

- Some used 'progressive' hypothesis testing. Social workers would generate a single hypothesis, they would seek evidence to falsify it and then amend the hypothesis so it fitted with what was known about that situation.
- Others used 'comparative' hypothesis testing. They would generate two or more hypotheses about what might be going on, they would compare it to what was known and look at which hypothesis gave the best fit to what was known.

In later research, Sheppard and Ryan (2003) concluded that generating only one hypothesis will lead to hardening of that hypothesis – evidence will be sought to confirm it, rather than looking for evidence that may contradict (and, therefore, change) the hypothesis. It is important to be more rigorous in generating and testing alternative hypotheses - otherwise our decisions will be based on one possible explanation of what is happening and we may miss the real meaning completely.

Reflective point

How do I ensure that I consider alternative explanations for what is happening?

Big picture tool

The *Big picture tool* on page 61 is designed to help you break out of the linear approach to assessing a situation. It asks three key questions:

- What is the referral for?
- What is going on?
- What does it mean?

These relate to the first three steps of the evidence-informed decision-making approach (page 19).

How to use the Big picture tool

- Start by writing down what is known about what the referral is for in the middle of the page.
- Then write down what you find out about what is going on around the page. You can do this as a mind map (linking things as you found them out) or by grouping information into themes. This helps you to consider what else you need to know to get a complete picture.
- Look at the issues that jump out and underline these so you can start to hypothesise about what the picture means.

This approach can be used in looking at any problem – put what you first notice in the middle, build up a picture around it and then highlight the issues.

* Good practice suggestion

How might you use it in practice?

- Easy to do with service user.
- Use in initial assessments or when taking notes.
- Use in crisis intervention to quickly establish what is going on.
- Use in practice education to build skills and confidence.
- Use in supervision to review what is known in a case.

How might it help you?

- To prioritise, organise and make sense.
- To identify strengths as well as risks.
- To prevent defensive practice.
- To continually assess and review.
- To ensure service user perspective is recorded – empower service user by seeing the whole situation.
- To help clarify what is known and reflect on this.

Turning issues into outcomes

When we are making decisions we can fail to clearly identify what we are trying to achieve.

From a legal perspective, a required outcome of support planning is that eligible needs will be met by the support plan. A key principle of self-directed support is that outcomes are jointly agreed with service users as far as possible. We also need to know what outcomes we were aiming for to measure success when we come to review support plans (Department of Health, 2009).

For these reasons, clear outcomes and being clear about what was a good outcome were key elements of 'good decision-making' identified by practitioners who were involved in the Change Project.

Experience tells us that various factors can influence the outcomes we select:

- Service led assessments choose outcomes which are guided by service's goals or current practice, not by what a person needs.
- Outcomes are sometimes selected only on the basis of resources, rather than to ensure that the right outcomes will be met.
- Sometimes we can also fail to recognise that different outcomes may be appropriate for different people, even if they have similar needs.

Reflective point

How do I ensure that I know what outcomes my decisions are aiming to achieve?

New picture tool

The *New picture tool* on [page 63](#) was developed to help you to consider what needs to change in a situation. It asks two key questions:

- What needs to happen?
- How will we know we are making progress?

These relate to the last two steps of the evidence-informed decision-making approach ([page 19](#)).

The tool allows you to turn needs into outcomes, to identify interventions that will meet these outcomes and then to identify measurable targets so you will know if the outcomes are met. The *New picture tool* inputs into support planning and review.

How to use the New picture tool

- The *New picture tool* is used alongside the *Big picture tool*. Outcomes are identified by taking each underlined issue in the Big Picture and writing on the New Picture how things would be if that was resolved.
- Then write under each outcome what intervention will help the person to achieve that outcome. This includes meeting outcomes that you will not be directly responsible for.
- Then write under the intervention how you will know that it has worked, what you will measure and when – this is what you can look at during the review. You need to consider the definite changes that will be noticeable.

Again, this approach can be used in looking at any problem – turning issues you have identified into outcomes and then identifying what you will do and how you will know when it has worked.

* Good practice suggestion

How might you use it in practice?

- Use in support planning.
- Use in supervision to consider interventions.

How might it help you?

- Highlights areas that are discussed in assessments.
- Useful at review to measure outcomes.
- Provides help for people to co-produce outcomes.
- Helps differentiate between interim and long-term outcomes.

Making good decisions

Big picture tool

The aim of this tool is to help you see the whole of someone's situation

Research shows that assessment of a situation often follows one hypothesis (theory) about what is happening and looks for information to fit that, rather than considering everything that is going on. You can use this tool to help you see the whole of a situation. Start by writing the reasons for referral in the jigsaw piece in the middle of the page. Around the jigsaw piece, write down all the new information that you gather. Then underline the issues that jump out so that you can start to analyse what this means.

'I want to stay here, it's my home' (Mrs C)

'Needs to go into a care home' (GP)

Neighbour does shopping (neighbour)

Daughter brings shopping and cleans when visits every two months (daughter)

Husband used to 'do bills' (Mrs C)

Mrs C lost thread of conversation (observation)

'Sounds confused' on phone (daughter)

'Slightly confused' (GP)

Struggles to get in and out of bath (OT)

No shower (observation)

Clothing untidy and stains on skirt (observation)

'I try to keep nice' (Mrs C)

Not eating well (GP)

'Barely eats' (neighbour)

'It's a lot of effort for one' (Mrs C)

Steep drive (observation)

Fell on drive (GP/neighbour)

Has fallen before (neighbour)

Uses furniture to get around (OT)

'I still go out but I worry about falling' (Mrs C)

Uses bus (Mrs C)

COPD, Angina (GP)

Breathless (observation)

'I'm quite tired' (Mrs C)

Uses hand and knees on stairs (OT)



Referred by GP after fall

Not coping at home

5 medications (GP)

'Not sure what to take' (Mrs C)

Boxes around room for tablets (observation)

Neighbour gets tablets (neighbour)

Husband died last year (daughter)

'I miss my Tom' (Mrs C)

Cried when talking about husband (observation)

Making good decisions

New picture tool

The aim of this tool is to help you identify outcomes

Research shows that it can be hard for people to imagine how things can be different. You can use this tool to help you turn needs into outcomes. This tool follows on from the *Big picture tool*. Take each underlined issue in the Big Picture, and write on the New Picture what it would look like if this issue did not exist. These are your outcomes. Underneath this, write down what will help the person to meet that outcome. Underneath this, write down how you will know this has worked – this is what you will look for when you review the situation.

Mrs C remains in her home
See all other interventions
**Mrs C still at home*

House is clean
Mrs C to pay cleaner that neighbour will arrange
**No dust or washing up, things put away*

Bills and other post responded to
Daughter to set up direct debits and check post when visiting
**No letters in piles in house*

Mrs C is able to use bath safely to wash
Bath board from equipment service
**Mrs C is bathing alone, no falls*

Mrs C is happy with her appearance
Direct Payment for neighbour to act as personal assistant
**Mrs C's clothing is clean*

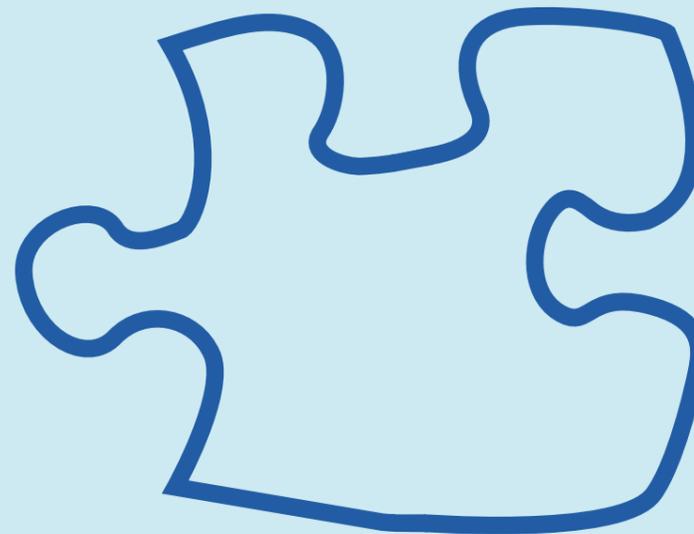
Mrs C is able to use drive safely
Outside rails from equipment service
**No falls on drive, Mrs C goes out regularly*

Mrs C is able to climb stairs safely
Handrails from equipment service
**No falls on stairs*

Mrs C takes correct medication
Neighbour to collect tablets and put in dosette box, medication review
**No tablets lying around, no hospital admissions*

Mrs C has opportunity to mourn her husband
Bereavement service to visit
Daughter to take Mrs C to visit grave
**Mrs C reports feeling more acceptance of her loss*

Mrs C eats enough to be healthy
Neighbour and daughter continue to do shopping
Hot meal delivered each day – Mrs C pays privately
**Meals eaten, no hospital admissions, Mrs C reports feeling better*



Recognising risk influences

When we are making decisions we can be biased in the way that we understand risk.

Assessing and weighing up risk is difficult because risk is politically contested, socially and culturally constructed and an essential part of subjective human experience (Titterton, 2011). We cannot separate risk in social care from perceptions of risk and uncertainty in everyday life.

Research shows that judgements made by individual professionals can vary significantly when using the same risk assessment tools (Littlechild and Hawley, 2010).

Taylor (2010) lists several heuristics, or factors, which influence our perceptions, beliefs and decisions. These factors bias our decision-making around risk and, therefore, we need to be aware of them when we are making decisions. The factors are:

- **Repetition bias** – believing what we have been told most often and by most sources.
- **Credibility bias** – being more likely to accept a statement as true from somebody we like than from a person or organisation we have a bias against.
- **Adjustment bias** – selectively processing information to support judgements we have already made. This links to the danger that practitioners simply proceed with one hypothesis, seeking out information which confirms it and avoiding information which contradicts it.
- **Availability or recall bias** – overestimating the likelihood of events that are familiar to us or excessively reported by the media, for example attacks by people with mental health problems.
- We might also be influenced in our judgements by seeking to avoid conflict or criticism by others
- And, of course, we are all susceptible to prejudice – bias from unconscious stereotyping.

● Reflective point

How do I test out my decisions with others so that I can identify how my judgements differ from theirs?

Risk influences tool

The *Risk influences tool* is based on the factors that Taylor identifies. It sets out what these are and then allows you to consider each one.

It provides reflective questions for you to consider whether you are influenced by the factor.

How to use the Risk influences tool

- On your own or in a group, consider an important decision that you have to make. Ask yourself each question in turn and answer as honestly as you can. It may help to consider how you would answer the question from a different viewpoint, for example if you were the carer or if you were the budget holder.
- You can also use the tool to consider how other agencies will respond to the decision. What would influence them?
- When you identify influences on your thinking, it is important to consider how you will overcome these – perhaps by increasing your knowledge or by testing out your thinking with others.

* Good practice suggestion

How might you use it in practice?

- Use in supervision to identify influences.
- Use in training sessions to increase self-awareness.
- Use as part of anti-oppressive practice or rights training.
- Provides an effective checklist to help keep the focus on good decisions.

How might it help you?

- Provides direct, powerful questions to challenge you.
- Identifies how you bring a bit of yourself to all interactions with people.
- Support people's thinking.
- Aide memoire for likely biases.
- Critical reflection in practice.

Making good decisions

Risk influences tool

The aim of this tool is to identify how common concerns about risk are affecting your decisions

Research points to factors which influence our perceptions, beliefs and decisions about risk. You can use this tool to identify how these affect your thinking about a particular decision. Ask each question in turn and note how this is influencing you. Then think about how you can overcome the influence.

Background

Evidence shows that people don't think rationally about risk. Instead, we are affected by a range of influences that impact on how we perceive risk and how risky we think things are.

It is important for practitioners to understand these influences so that you can reflect on what might be affecting how risky or safe you think a situation is.

Risk influences

Risk influences, also called heuristics, are particular ways of thinking about risk that stop us from being objective and rationally weighing up the likelihood of risk and its consequences.

Some of the main influences are set out below (Taylor 2010).

Repetition bias: Believing what we have been told most often and by most sources.

Where have I heard about this kind of situation before?

Credibility bias: being more likely to accept a statement from someone we like, or less likely to believe people, groups or organisations we have a bias against.

What is my relationship with the person/people who told me about this situation?

Adjustment bias: Selectively processing information to support judgements that have already been made.

Have I already made up my mind about this situation?

Availability/recall bias: Overestimating the likelihood of events familiar to us, or events excessively reported by the media.

Does this situation seem familiar?

Wariness of lurking conflict: Anxiety that a decision may impact negatively on working relationships or lead to complaints, criticism or assault.

Am I worried I might upset someone in this situation?

Prejudice: Bias from conscious or unconscious stereotyping.

How do my values and beliefs affect my view of this situation?

Enabling decision-making

We can fail to do all that we need to in order to support people to make their own decisions.

A fundamental characteristic of social care is that often it involves working with citizens who are not able to make decisions for themselves. Ensuring our decisions take into account the views and aspirations of those who are affected is made more difficult by this fact. However, it is essential to:

- do all that is reasonable to support people to have capacity to make their own decisions.
- clearly identify when people do not have capacity so that a best interests decision can be made.

Research and case law identify a range of issues with how capacity is currently enabled.

A large study by Bradford and Bristol universities (Williams et al, 2012) found several problems with capacity assessments. They were typically triggered by a person wanting to make a choice which was perceived as risky by professionals. Professionals often joined together the assessment of capacity and best interests decisions, and there was some evidence of best interests decisions being made without capacity assessments being conducted first. Assessors also found it extremely difficult to distinguish incapacity from an unwise decision.

Emmett et al (2013) reviewed capacity assessments in Northumbria and found that:

- professionals were extremely uncomfortable with a person making risky choices
- capacity assessments were used to secure the outcome regarded to be in a person's best interests
- work described as a 'capacity assessment' was sometimes conducted without even telling the person what the decision was about - for example, based on a Mini Mental State Examination (tool to identify issues with memory or thinking).

When capacity assessments are not made correctly, people's wishes and preferences can be subordinated to the interests of professionals and public authorities. The courts have stressed that we should not place too much weight on physical safety without considering emotional well-being and other human rights interests such as the right to privacy (CC v KK, 2012).

'There is a risk that all professionals ...may feel drawn towards an outcome that is more protective of the adult and thus, in certain circumstances, fail to carry out an assessment of capacity that is detached and objective.'

Baker J, in CC v KK

Assessing capacity case example: Mrs KK

Mrs KK was living in a care home, but she wanted to return to live in her bungalow. The case came to court because she had exercised her right of appeal under the deprivation of liberty safeguards. Three assessors – one social worker and two ‘experts’ – had all found that she lacked capacity to decide where she lived.

Assessors felt that Mrs KK had only a ‘superficial’ understanding of her needs and was ‘unrealistic’ about resources for support to live at home. Unusually, she attended court and discussed her views with the judge in person. She described the support she thought she would need to return home. She told the judge how much she loved her home and how much she hated the food in the care home. When it came to discussing the risks of a return home, she told the judge:

*“If I die on the floor, I die on the floor.
I’d rather die in my own bungalow, I really would.”*

The judge found that capacity assessors had erred in finding that Mrs KK lacked the capacity to make a decision about where she lived.

A key source of this mistake was because they had assessed her capacity to choose between living in the care home or returning home when the local authority had not actually spelled out what support would be provided to Mrs KK if she did return home.

The critical point was that Mrs KK couldn’t make an informed decision without this information, and neither could assessors.

The judge felt that assessors had been swayed by what he called the ‘protection imperative’, to prevent Mrs KK from coming to harm, and this had influenced their assessment of her capacity.

There are several important lessons from *CC v KK*:

- The first is that we should be very clear about what alternatives are on the table, rather than simply assessing a person’s understanding of one preferred alternative.
- Local authorities must be very clear about what support would be available for each alternative, and this will almost certainly require them to develop alternative care plans for each option.
- People should be supported to understand these alternatives as far as possible.
- Assessors should be clear about whether a person is simply able to tolerate risks which they would not, or whether they really do fail to appreciate them.



Reflective point

- How do I keep my focus on well-being rather than protection?

Capacity tool

The *Capacity tool* on **page 71** has been developed to take into account the lessons from research and the case *CC v KK*. In particular:

- that capacity assessors often do not clearly present the available options (especially those they find undesirable) to the person being assessed
- that capacity assessors often do not explore and enable a person's own understanding and perception of the risks and advantages of different options
- that capacity assessors often do not reflect upon the extent to which their 'protection imperative' has influenced an assessment, which may lead them to conclude that a person's tolerance of risks is evidence of incapacity.

The tool allows you to follow steps to ensure you support people as far as possible to make their own decisions and that you record what you have done.

It is important to refresh our understanding of these steps, even if we are not routinely working with people who may not have capacity. They reflect good practice in promoting control over decision-making for the person whose decision it is.

How to use the Capacity tool

The numbers below correspond to boxes in the tool.

1. Specify the decision that needs to be made as clearly as you can.
2. Specify the different options for meeting care and support needs, including where the person could live and how they would be supported. Include all options, even ones that are regarded as risky or undesirable. However, do not include an option if it would not actually be possible to do it because there are no resources.
3. Now apply your professional judgement to what you think the benefits and risks of each option are, and the likelihood of those occurring. Include emotional welfare and relationships, as well as any physical or medical risks and benefits. Record your views.
4. Choosing the optimal time and place for this, discuss each option with the person. Take time to enable the person to understand the options. You can use some of the other tools in this handbook to help gather information or promote their understanding. Also, discuss the risks and benefits you perceive for each option. Ask them about their feelings and views on the benefits and risks of each option. Record the person's views.
5. If you and the person disagree over the risks and benefits of each option, reflect on the reasons for this. Be clear about: how strong the objective evidence for believing a risk or benefit exists is; whether the person understands that a risk or benefit exists; whether the person thinks that a risk or benefit is more or less important than you do. If the person has a mental disorder which could impair their decision-making, consider whether:
 - * a. They understand the alternatives available to them – they do not need to understand every detail, only the details that affect the decision.
 - * b. They can 'use or weigh' the relevant information about each option - different people weigh risks and benefits differently.

A person will need to be able to retain the information long enough for this process; be careful not to impose an arbitrary limit on how long they must be able to remember the relevant information for.

Record your conclusions about why people have different views.

6. Clearly record the outcome of your decision as to whether or not a person has mental capacity. Only progress to the 'best interests' decision steps below if you conclude that they lack mental capacity. If you conclude that the person has capacity then you must let them choose their preferred option.

If you conclude that the person lacks capacity then a 'best interests' decision must be made.

* Good practice suggestion

How might you use it in practice?

- Involving service user.
- To inform person's understanding of risks and benefits so they can make choices.
- Enable them to make their own decisions (wise or unwise).
- Enables practitioners to explicitly state their views and opinions.
- Shows contentions and allows robust reflection.
- Offers reassurance to other practitioners about protection and helps prevent risk-averse practice.
- Quick check list or in-depth process in circumstances where there is conflict or challenge.
- Informs assessment process.

How might it help you?

- Prevent risk-averse practice.
 - Clarify thinking behind Mental Capacity Act, particularly when there is disagreement.
 - Shows all choices explored.
 - To help service user and family reflect on options.
 - Transparent decision-making process.
 - To increase confidence in decision-making.
 - Helps to standardise practice – equity.
 - Learning for other colleagues and students.
 - Helps to ensure all steps and options are recorded and weighed.
 - Provides evidence that service user has been consulted and informed.
 - Provides audit trail.
 - Can share with multi-disciplinary team to show you have considered views.
 - Can be used as evidence in court.
-
-

Further reading

CC v KK and STCC [2012] EWHC 2136 (COP)

Research in Practice for Adults (2013) *What is the Mental Capacity Act 2005? Customer Guide*

Research in Practice for Adults (2013) *What are the Deprivation of Liberty Safeguards? Customer Guide*

Making good decisions

Capacity tool

1. What is the decision about?

2. Options		Benefits		Risks - including likelihood and severity of risks		Critical reflection on differing perspectives on risks and positives		
	Location (if relevant)	Support that would be made available	3. Assessor's view	4. Person's own view	3. Assessor's view	4. Person's own view	5. Self-awareness: Assessor's reasons for their view	6. Empathy: Person's reasons for their view
Option A								
Option B								
Option C								

6. Conclusion – Does the person have capacity?

Signature of assessor:

Date:

Signature of person:

Date:

Best interests

Once a person is assessed as lacking capacity a best interests decision must be made.

For a best interests decision you can use the *Capacity tool* as the beginnings of a 'balance sheet' to help weigh up the different options.

This shouldn't be made on the basis of unjustified assumptions based on a person's age, appearance, condition or behaviour. Decision-makers should also consider whether the person might be able to regain their capacity to make the decision for themselves within an appropriate timescale.

Best interest decision-makers must consult various people, including anybody named by the person the decision is about, anybody caring for that person or with an interest in his/her welfare, any donee of a lasting power of attorney or a deputy appointed by the court.

If there is nobody to consult you should instruct an Independent Mental Capacity Advocate. In certain situations, including when a change of accommodation or safeguarding is being decided on, independent mental capacity advocates must be involved in decision-making.

When deciding between the options you will need to consider whether any factors of 'magnetic importance' stand out. The emphasis is on sensible risk assessment, not striving to avoid all risk. Consider the impact upon the person of each option and which option is the least restrictive of their rights and freedoms.

If the decision results in conflict with the person or their family you will need to apply to the Court of Protection.

If they are deprived of their liberty as a result of the placement you will need to apply the deprivation of liberty safeguards or seek the Court of Protection's authority for this.

Distinguishing between needs and preferences

When we are making decisions about needs we can struggle to distinguish between what is necessary to do and what is desirable.

Eligibility criteria for social care support and eligibility for social care funding are based on law and policy. In order to assess whether an individual is entitled to social care services an eligibility assessment must be carried out, but only after a needs assessment is completed.

The personalisation agenda emphasises choice in the way that eligible needs are met to achieve outcomes. However, adult social care is operating in the context of increasing demand and reduced resources. This context means that it is increasingly important to manage expectations and to use resources effectively and efficiently.

The Equality Act 2010 came into effect in 2011. The new Public Sector Equality Duty is a legal obligation that extends the duty that covers the following 'protected characteristics': age, race, disability, gender re-assignment, religion or belief, sexual orientation, pregnancy and maternity, marriage and civil partnership.

It enshrines a duty on councils to provide appropriate provision to 'advance equality of opportunity' to people with these 'protected characteristics', both as an employer and as a provider of public services for individuals with 'protected characteristics.' This duty results in further considerations about how services are provided in a way that is appropriate to the individual that is receiving them.

The Department of Health Guidance on Eligibility Criteria in Adult Social Care (2010) emphasises that service provision should be on the basis of outcomes. Options for how outcomes are met should be considered individually in each case. Service users with similar eligible needs should receive support that is capable of achieving a broadly similar outcome, though the type of support may be very different. Resources can be taken into account so long as sufficient support is provided to meet the eligible needs.

The Resource Allocation System will provide:

'...an approximate indication of what it may reasonably cost to meet a person's particular needs according to their individual circumstances'.

All of this means that Local Authorities need to balance an individual response with resources, and to be very clear about what is necessary provision to meet needs, what is appropriate provision for an individual given their particular characteristics and what is a preference.

Reflective point

How do I ensure that individual's characteristics and preferences are considered, as well as their needs?

Funding decision tool

The *Funding decision tool* on [page 75](#) supports practitioners and budget holders to have consistent conversations about service provision in terms of:

- individual needs
- outcomes
- costs

so that they are able to make transparent and consistent decisions around funding.

How to use the Funding decision tool

On the first page of the tool, record needs, risks, outcomes, eligibility and characteristics to ensure that you have considered all of these.

On the second page, record the options for care and support in terms of:

- how far they meet needs
- how far they reduce risks
- how far they achieve outcomes
- how far they meet protected characteristics
- what the service user's preference is.

You can then compare all of the options and record your view.

* Good practice suggestion

How might you use it in practice?

- Complete grid – pulling through information – and consider any gaps.
- Take to funder – get agreement for service provision option.
- Put in place (go back if personal budget needs revision when support plan finalised).
- Review – use decision grid to note if outcomes different from expected, risks not changed as expected – consider changes to service provision outcomes.

How might it help you?

- Everyone is seeing the same thing.
- Helps ensure you haven't missed anything.
- Helps you defend your decisions.
- Helps you get the right service provision.
- Helps with discussions about funding.

Making good decisions

Funding decision tool

SECTION ONE

NEEDS
Personal care
Health
Mobility
Communication
Domestic activities
Employment, education, leisure
Carer

ELIGIBILITY
C S M L
C S M L
C S M L
C S M L
C S M L
C S M L
C S M L

OUTCOMES
Personal care
Health
Mobility
Communication
Domestic activities
Employment, education, leisure
Carer

PERSONAL DETAILS
Name
Service area
Type of funding
Type of payment

PROTECTED CHARACTERISTICS
Age
Sex
Disability
Gender reassignment
Sexual orientation
Marriage and civil partnership
Pregnancy and maternity
Race
Religion and belief

Making good decisions

Funding decision tool

SECTION TWO

TYPE OF OPTION	CURRENT	INTERIM	PERSONAL BUDGET	SERVICE OPTION A	SERVICE OPTION B	SERVICE OPTION C	SERVICE OPTION D
DESCRIPTION							
OUTCOMES							
RISKS							
PROTECTED CHARACTERISTICS							
WEEKLY COST INDICATIVE	£	£	£	£	£	£	£
ANNUAL COST INDICATIVE	£	£	£	£	£	£	£
COST TO YEAR END INDICATIVE	£	£	£	£	£	£	£
SERVICE USER VIEW							
PRACTITIONER VIEW							
FUNDER DECISION							

SIGNED:

Practitioner

Date

Funder

Date

www.ripfa.org.uk

Conclusion

There is no 'quick fix' to making good decisions in adult social care.

Adult social care is a difficult area to work in, with pressure from high demand and limited resources, and with great uncertainty due to the complexity of people's lives. It is also an area of our society that is of great importance, where decisions can make a real difference and where well-being can be increased.

The best answer to the problem of how to make good decisions is to develop professional judgement alongside genuine partnership with service users and carers, so that decisions are informed and co-produced.

This resource aims to increase individual and organisational awareness of how decisions are made, and to develop skills so that decisions are of a higher quality. This is an essential investment in professional development to support people at all levels and, in turn, enable them to better empower citizens to make their own decisions.

Link to tools and further resources from Research in Practice for Adults

The tools in this handbook can be found on the enclosed CD. They can also be downloaded from www.ripfa.org.uk/making-good-decisions

Resources referenced in this handbook are:

Research in Practice for Adults (2012) *Evidence-informed decision-making: Literature Review*. Dartington

Research in Practice for Adults (2012) *Organisational Audit for Evidence-informed Practice*. Dartington

Research in Practice for Adults (2012-13) *Evidence-informed Practice: Professional Capabilities Framework (PCF), Practice Tools for Managers and Educators, Experienced Practitioners, New Practitioners*. Dartington

Research in Practice for Adults (2013) *Feedback and engagement: Literature Review*. Dartington

Research in Practice for Adults (2013) *Safety Matters: Practitioners' Handbook, Developing practice in safeguarding adults*. Dartington

Research in Practice for Adults (2013) *How to run a journal club: Practice Tool*. Dartington

Research in Practice for Adults (2013) *Supervision Practice Tool*. Dartington

Research in Practice for Adults (2013) *What is the Mental Capacity Act 2005? Customer Guide*. Dartington

Research in Practice for Adults (2013) *What are the Deprivation of Liberty Safeguards? Customer Guide*. Dartington

All Research in Practice for Adults resources are available at www.ripfa.org.uk



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research in practice *for adults*

Good decision-making is an essential part of adult social care practice.

This handbook supports people working in adult social care to use evidence to improve the quality of their decision-making. It contains a range of practical tools to develop decision-making skills.

The information and tools can be used with and by service users and carers in order to empower them to make better decisions about their well-being.

The handbook was developed by Research in Practice for Adults, a charity that uses evidence from research and people's experiences to support safe, effective and transformative practice.

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