

Climate control ideas for staff teams

The following practices may affect the way in which risk management is carried out in your team. Here are some ideas for improving your CAIRO score and tracking progress collected by Peter Bates, with grateful thanks to all the people who contributed ideas during team development sessions.

CAIRO Question 1

More like Winter?	1 2 3 4 5	...or like Summer
When the going gets tough, staff will sometimes sacrifice the best outcome for the person ¹ in order to toe the party line.		Staff do the right thing for the people that they support, even when it is unpopular with managers or relatives.

Bring me sunshine²

1:1: Encourage open discussion in supervision and team meetings about how hard it is to do the right thing sometimes, with the team manager leading the way in being honest and vulnerable.

1:2: Set up a Development Forum or create a slot in a regular meeting to discuss successful examples of how staff achieved a positive outcome for people despite the challenging environment. Remember and share your values and do what is right.

1:3: Challenge and change foolish policies that prevent people having a good life, rather than just accepting them or grumbling.

1:4: Be clear what is essential compliance with law and policy, and what is open for negotiation i.e. clarify the distinction between 'unpopular' and 'prohibited'.

1:5: Boost staff confidence – build skills, use and acknowledge expertise. Offer a mentor.

¹ In these documents, the terms 'person' or 'people' are used instead of patient, client or service user. Others are designated as staff, relatives or managers as necessary.

² The metaphor of summer and winter is extended here with ideas that bring summer sunshine.

1:6: Train staff in assertiveness and negotiation skills, so they can stand up for their views and deal with conflict within the team without making it personal or taking it personally.

Thermometer³

1:7: Staff determination to support the person in doing the right thing will lead to a diminishing number of complaints alongside a possible increase in criticism from managers or carers.

1:8: The compliments book and feedback stories from people will include examples of workers doing the right thing, despite it being unpopular.

CAIRO Question 2

More like Winter?	1 2 3 4 5	...or like Summer
The person is a passive subject upon which the risk assessment and management process is applied. They may be absent when key decisions are made or be told the outcome rather than shaping it.		Whenever possible, the person's own approach to managing risk is at the heart of the risk management plan.

Bring me sunshine

2:1: Some staff fail to sustain therapeutic relationships that support empowerment, responsibility, independence, recovery and inclusion. Work on this. Move stale staff and bring in fresh people.

2:2: People should be involved in planning care by: choosing venue, attendees and agenda for the whole planning process; proper inclusion in all meetings with pre- and post-review support; and receive a copy of all risk assessment and care planning documents and all correspondence.

2:3: Find the courage to talk to each person about risk and whether they consider themselves to be at risk and what action would help them to stay safe. Promote a

³ The thermometer helps us measure whether summer has arrived.

responsible and realistic approach to risk and its consequences. Identify any staff who fail at this and address poor performance.

2:4: Ask why people are not involved. Set a standard: risk documents are unacceptable if the person is not an active participant, or if there is no clear justification for their exclusion.

2:5: Create a set of options on the risk assessment plan to show whether the person (a) designed the risk management plan; (b) contributed specific ideas that changed the risk management plan; (c) agrees with the risk management plan; (d) has seen the risk management plan. Invite the person to check the relevant option(s) and sign.

Thermometer

2:7: Share ways of keeping the person central to the risk management process.

2:8: Include a section on the Risk Assessment Form for clear evidence of the person's own judgement, personal risk management plan and opinion about the outcome of the risk management process.

2:9: Monitor the proportion of risk management plans that exist, which are signed off by the person themselves and which options the person has checked. Find other ways to check out whether people feel adequately involved in the design, delivery and review of the service.

CAIRO Question 3

More like Winter?	...or like Summer
An overriding concern about preventing things ever going wrong leads to defensive practice and sometimes incarceration or over-use of sedative medication.	People are encouraged to take reasonable risks for themselves in order to achieve their ambitions in life. They can choose unwisely. Staff talk of the dignity of risk.

Bring me sunshine

3:1: Ensure staff input is characterised by guidance and encouragement rather than telling the person what to do or always shutting down options that are deemed to be unwise.

3:2: Find ways to instil confidence so people express and act on their preferences. Review medication levels versus quality of life. Focus on what the person likes to do.

3:3: When minor things go wrong, treat them in a proportionate way and as a learning opportunity so that the organisation does not shift into 'serious untoward incident' or 'crisis' mode.

3:4: Provide training on positive risk management and support it through supervision and an open culture in which staff can voice concerns, seek reassurance and gain confidence. Identify any staff members who are repeatedly reckless or unduly risk averse. Tell stories of success.

3:5: Avoid splitting up risk assessment and risk management, as this stops the assessment worker appreciating the consequences of their judgement in the life of the person.

3:6: Ensure new recruits who arrive from other climates learn to support positive risk taking.

3:7: Use risk assessment tools that empower the person. Use them wisely to reduce the anxiety that drives risk averse practice. Are problems caused by the person, the worker, the activity or the environment?

3:8: Promote responsibility via self-medication, personal bank accounts, crisis plans, support at home rather than admission to hospital. Engage family/friends in monitoring. If the person has to give up some independence, such as through hospital admission, treat this as part of life rather than failure.

Thermometer

3:9: Carry out a cross-team or cross-agency review to find out if there is parity in the events that trigger formal crisis responses.

CAIRO Question 4

More like Winter?	...or like Summer
People are referred to by abbreviations like <i>PD</i> or <i>PMLD</i> , given disrespectful nicknames or judgemental labels such as <i>unmotivated</i> or <i>high risk</i> .	People are addressed and described in ways that show courtesy and respect for the person's own wishes. People with this diagnosis or label are seen as resourceful and capable.

Bring me sunshine

4:1: Are staff looking behind the labels for the real causes of awkward behaviour? Might this behaviour be triggered by staff attitudes or actions?

4:2: Are the person's sensory and communication needs being properly addressed?

4:3: Adopt a clear and well-argued approach and code of practice regarding labels and nicknames across the team and beyond. Explore how it feels to be labelled. Provide explanations and training that supports appropriate language. Use technical terms only when needed and use them accurately. Make a glossary to explain any surviving jargon.

4:4: Adopt a strengths, capabilities and recovery approach instead of focussing on problems. Begin and end reports and reviews with a recitation of strengths rather than deficits. Value and support the person's strengths, positive community roles and support from family and friends that the person enjoys. Refer to people by their career, place in their family or interests rather than their diagnosis.

4:5: Create a team climate where it is acceptable to challenge each other's attitudes. Do so when necessary with courage and courtesy. Recognise that people need ways to survive the emotional pressures of the work, so seek healthy ways of releasing these tensions and stresses.

4:6: Look out for the people who tend to get overlooked and actively engage with them.

Thermometer

4:7: On their first day, ask people to monitor the use of language that they hear and feed it back.

4:8: Ask visitors to the team what they hear.

CAIRO Question 5

More like Winter?	...or like Summer
The spotlight is on the skilled interventions of staff; the person seems to be in the 'back seat'.	Self-help, personal development and recovery are highlighted, with staff skills quietly in the background.

Bring me sunshine

5:1: Connect interventions (and specifically the risk management plan) to the person's life plan, personal whole-life ambitions, wishes and preferences.

5:2: Build positive long-term relationships with staff rather than moving people around often. When working with the person, always seek their active participation. Ensure that the care and support delivered is in accordance with their wishes whenever possible.

5:3: Explain the options available. If the person disagrees or objects with the way that the service has decided to intervene, ensure that they understand their rights and the reasons for the action to be taken.

5:4: Review commonly used interventions to check that they are evidence informed and highly effective and find ways for the person to be more involved rather than falling into role as a passive recipient.

5:5: Dare to accept the person's choice to withdraw from the service when possible and contain professional discomfort as this happens.

5:6: Use the right communication and cultural media. Build the person's self-esteem and empowerment. Reduce reliance on relief staff who don't know the person well.

5:7: Adopt approaches that promote the person's own control – such as recovery, experts by experience, empowerment and co-production. Signpost rather than doing it for them.

5:8: Resist management pressure to achieve outcomes if they shift the focus away from the person as architect of their own support and recovery plan.

Thermometer

5:9: Review occasions when staff overruled the person's preferences and search for alternatives that would have allowed the person to retain autonomy whilst maintaining safety.

5:10: Survey people's opinions about the service they are receiving and the extent to which they feel in the driving seat or the back seat.

CAIRO Question 6

More like Winter?		...or like Summer
The person is in crisis or denying personal responsibility. Their access to inner and outer resources is deteriorating.	1 2 3 4 5	The person's situation is getting better and they are accruing and applying wisdom about how to live well.

Bring me sunshine

6:1: Ask about people who are doing well or aspects of each person's life that are working. Help them build positive roles where they have power, can contribute and can access informal support.

6:2: Get a stronger sense of the harm caused to the person through being denied opportunities to have a better life. Be explicit with the person about the long-term effects of avoiding personal responsibility.

6:3: Allocate time to discuss stories about people who are making positive progress rather than always spending all the time discussing people who are in crisis.

6:4: Help people to build resilience, understand their 'relapse signature' and encourage them to make a good plan for a bad time, should it arise. Review more often.

6:5: When people are in crisis, increase informal and then formal support while doing everything possible to ensure they retain as much in control as they can. Ask 'what do you need at this time?'

6:6: Some staff and advocates are better than others at supporting people through crises, so allocate the right person. Use techniques like reflection and motivational interviewing to help people who are in crisis regain some control.

6:7: Are some people stuck with care that is all about 'maintenance' rather than supporting them to become more independent? Stop doing too much for the person and ensure that the care plan includes promoting independence from the service. Negotiate this with everyone who will be involved, including informal supporters.

Thermometer

6:8: Keep track of the key performance indicators, such as number of hospital admissions and fresh starts in college, work and other inclusive environments.

6:9: Look across the service as a whole. Do arrangements for managing risk and opportunity change as people move forward, or do you have a 'one size fits all' approach?

CAIRO Question 7

More like Winter?		...or like Summer
Stereotypes are common - this person is the riskiest on my caseload, my caseload is riskier than my colleague's, our service is the riskiest in the agency. Some activities that are acceptable for ordinary citizens are banned in our service.	1 2 3 4 5	Risk discussions focus on the actual risk of harm at THIS time, with THIS person and THESE other individuals in THIS situation.

Bring me sunshine

7:1: Be interested in each person's life beyond their label. What do you like about the person? Believe that the person can have a positive future. Recognise small achievements as well as large ones. Complete person-centred risk assessments and make sure that they are updated often.

7:2: Avoid imposing your personal standard of unacceptable risk on the person. Log the risk of something good being denied to the person through your risk management process.

7:3: Managers watch out for the damaging impact of extra pressure on good risk management and take positive action to protect positive practices in times of high pressure or high risk.

7:4: Create ways in which each profession in the multi-disciplinary team can share their expertise. If the team does not have a sufficiently wide range of disciplines on the payroll, build alliances with other teams that do. Watch out for stereotypes about colleagues.

7:5: Explore ways to get to know the person better, so that you can replace stereotypes with good understanding of the person and the risks. For example, reduce the number of different staff who see the person, thereby concentrating the learning. Remember history but counteract negative reputations from the past with hope and a belief that people can learn and change.

Thermometer

7:6: Supervision and staff meetings take place regularly and are prioritised over other activities.

7:7: Written records of the content and frequency of supervision meetings are kept up to date.

7:8: Group supervision is valued as a place where knotty issues of risk management can be untangled – as shown by a staff survey.

CAIRO Question 8

More like Winter?	1 2 3 4 5	...or like Summer
Risk taking makes staff feel anxious and pessimistic. Limited resources evoke feelings of fatalism, blame, cynicism and victim thinking. After spending time with the team, visitors feel discouraged.		Risk-taking evokes feelings of exhilaration, optimism and hope. It spotlights the person's strengths. Limited resources stimulate intelligence and creativity. Staff know lots of people and inspire confidence in them.

Bring me sunshine

8:1: Share the risk assessment with other members of the team, with a high level of commitment to turn up to the group discussion. Join in and share the final decision-making – perhaps through formal processes to find out whether team members agree and the strength of their support. The meeting may require more creative processes to draw out everyone's contribution. Don't just discuss – decide!

8:2: Do people think that resources are limited because they are looking in the wrong place? Money from the state may be in short supply, but there may be considerable goodwill available in parts of the community. Map community resources and build capacity. Share what you find. Use free stuff.

8:3: Make sure that the document records the person's own approach to managing risk and their clear view of the eventual risk management plan.

8:4: Replace any vestige of blame culture with a learning culture in which both people using the service and staff can make mistakes and learn from them. Hold meetings in venues where people feel at ease.

8:5: Use risk assessment tools to encourage a systematic approach.

8:6: Check supervision is happening regularly for everyone and it is done well so that staff get recognition and appreciation for positive risk taking.

Thermometer

8:7: Review the attendance, contribution and decision-making processes of the risk management planning meeting. Are there any 'sleeping partners'?

8:8: Ask new staff, students and guests how they feel after spending time with the team.

CAIRO Question 9

More like Winter?		...or like Summer
Staff just go through the motions to avoid criticism and minimise their workload, or seek career progression over doing the best for people using the service.	1 2 3 4 5	Staff have a strong motivation to collaborate with the person to invent new solutions which lead to a better life for that person.

Bring me sunshine

9:1: Managers and colleagues deliver plenty of encouragement to staff as this is the foundation of confidence and creativity. If people fear criticism this may mean you have a blame culture.

9:2: Team meetings include time to reflect on what helps staff to be inventive in their work with people and what encourages creative responses to problems.

9:3: People have opportunities to celebrate the good stuff.

9:4: Create some ways to resist the target-driven culture and retain a focus on practice issues, creativity and innovation that leads to a better life for people using services.

9:5: Staff who spend at least some of their worktime doing the things they love to do will be more creative and motivated. Find out what people love to do, give them the opportunity to do it, and create places where they can share it with others.

9:6: A powerful and effective lobby of advocates and self-advocates will challenge the service to be inventive and promote better lives. Replace tokenistic approaches with genuine to co-production.

9:7: Line managers use supervision sessions to help staff balance great work with the people they support and their personal needs. Help people who need a change to take a secondment or move on.

9:8: Encourage creative responses.

9:9: What is the team manager's personal motivation? Sometimes team members follow the cultural lead of their manager. Is the manager people-focused or paper-focused?

9:10: Spend time remembering why you came into the work, and especially those times when everything worked brilliantly with the person and with colleagues. Work out what made it so good and build more of that into your working days.

CAIRO Question 10

More like Winter?	...or like Summer
Key professionals or skills that would help the person are missing from the team. Posts are unfilled, referral pathways blocked and there is no budget for in-service training that might equip someone in our team with the necessary skills.	1 2 3 4 5 The staff team has the right skills to do the job.

Bring me sunshine

10:1: Audit team skills and align personal development plans and training to the service's needs.

10:2: Managers inhibit unhelpful tendencies and deploy staff efforts to get the job done.

10:3: Reduce staff turnover, vacancy freezes and delays in replacing lost staff. Change the staffing profile – recruit an Occupational Therapist instead of a nurse if necessary! Borrow

staff from other teams and invite professionals to offer a visiting surgery. Advertise vacancies in the right places.

10:4: Skilled staff help others to learn through role modelling and other approaches to training such as shadowing and group supervision.

10:5: Ruthlessly review meeting agendas to ensure that time is freed up from other topics and released for activities that make a real difference to people's lives.

10:6: Augment traditional clinical supervision with opportunities to see each other at work. Set up a development forum and ensure that it is prioritised so that people attend. Find free training – perhaps by swapping in-house trainers with another team.

10:7: Deliberately turn the tables so that experienced staff learn about new approaches from students, newcomers and the least well-paid staff⁴.

10:8: If people are stuck in the wrong part of the system and cannot progress because posts are unfilled – rearrange duties within the team to rebuild the pathway.

10:9: Identify and utilise professional supervision or mentoring within each discipline, especially where line management crosses disciplinary boundaries. Send people on courses.

Thermometer

10:10: Invite feedback from people using the service about whether they had the right kind of help and how long they had to wait for it.

CAIRO Question 11

More like Winter?		...or like Summer
People are burnt out and exhausted as there is too much to do and everything has to be rushed. People are on long term sickness absence and posts remain unfilled.	1 2 3 4 5	Staff are busy, but there is usually enough time to do most things properly.

⁴ See Bates P (2021) *How to do reverse mentoring*. Download from <https://peterbates.org.uk/wp-content/uploads/2021/03/How-to-do-reverse-mentoring.pdf>.

Bring me sunshine

11:1: Help people admit their stress levels and support changes in workload where possible. Everyone takes responsibility for saying if they have a problem. Supervisors believe what people say about themselves and face up to the damaging effects of burn-out.

11:2: Provide extra supervision or employee counselling for highly stressed staff and those supporting high-risk people and ensure it is not viewed as evidence of weakness. Add informal support arrangements such as an 'open door' offered by the manager or mentor.

11:3: Identify tasks that can be set aside or completed to a 'just good enough' standard if other priorities are pressing. Is the next reorganisation necessary?

11:4: Take radical action to reduce the actual workload – reduce caseload size, use a waiting list, raise the eligibility threshold, discharge or refer people elsewhere. Stop doing some things. Renegotiate the contract with commissioners and tell managers (again) if the task is still too big.

11:5: What are the real reasons for long term sickness absence? Are work pressures making things worse? Avoid vacancies whenever possible and refill posts quickly. Can bank staff be used for shadowing, additional supervision, staged returns to work and so on?

11:6: If job roles or the function of the team has changed significantly, some staff may feel pressure because they don't actually want to do the new role. Provide support to change and a way to move to another role whilst retaining dignity, if that is what the worker wants.

11:7: Celebrate the things that you are doing well. Believe in the service.

11:8: Watch out for splitting in which burnt out staff are positive and committed when working with people using the service, but cynical and pessimistic in staff meetings, when relating to managers or in relation to the agency as a whole. Challenge lazy colleagues.

11:9: Do some staff need structured help with time management or a chance to take time out?

CAIRO Question 12

More like Winter?	1 2 3 4 5	...or like Summer
Staff feel overwhelmed by the total accumulation of all the risks they are carrying or feel unjustly burdened in comparison to the load their colleagues carry. Staff stick rigidly to their own work.		Staff feel that the overall portfolio of risks they are carrying at present is OK. There are mechanisms in place to redistribute the burden of risk around the team when workloads are heavy.

Bring me sunshine

12:1: Spot people who right now are feeling overwhelmed, burdened or have responded by falling into a negative or rigid mindset as a way of coping. Similarly, recognise those people who really are doing OK.

12:2: Watch out for the assumption that everyone else can cope, it is just me that is struggling, or that others will judge me as incompetent or inadequate.

12:3: Think about ways to address any sense of unfairness that may arise when work is transferred from one team member to another to reduce pressure spots – or just to give people a change.

12:4: Consider whether special arrangements are needed to assign or share the most challenging work, such as 'team-held' rather than individual caseloads. Would a weighted caseload system help, or does your system need recalibrating? Do you have the right amount of joint working?

12:5: Is care coordination working properly? Does everyone who needs one have a clearly identified coordinator to prevent duplication or interventions that contradict each other?

12:6: Identify skill gaps in individual staff and teams and repair with training or reprofiling the team, so that people have the skills to do the job well.

12:7: Encourage staff with genuine praise and publicity for work that is done well.

12:8: Explore the balance of workload and risk management in every supervision meeting.

12:9: Review the working of the allocation system, policies and procedures to check that they are efficient and effective.

12:10: Create space where staff can talk about their vulnerabilities, rather than feeling obliged to present a strong face at all times.

12:11: Utilise employee counselling services available through the human resources department.

CAIRO Question 13

More like Winter?	...or like Summer
Staff are expected to choose between options and bear the burden of responsibility for the decisions they make on their own. Supervision and staff meetings get cancelled or overstocked with information rather than support.	Useful opportunities occur in team meetings and supervision for staff to reflect on their practice, test out their judgements and share the burden of risk. People trust one another.

Bring me sunshine

13:1: Hold group supervision meetings, clinical meetings or slots in other meetings, perhaps more frequently than before. Use external facilitation to get them established and external mediation to get them unstuck. Encourage staff to debate contentious issues. Do some staff prefer to talk about business matters rather than their interventions with people? Seek a perspective from another team, either by inviting guests in or spending a day shadowing a colleague.

13:2: Aim for shared responsibility rather than diffused or abdicated responsibility, so deliberately share or rotate some tasks. If people are sticking to their own work, it may be because someone in the team is not pulling their weight and others are fed up with carrying them!

13:3: Find out why some meetings are repeatedly cancelled and cull useless meetings. Improve chairing skills. Encourage team members to submit items for the agenda. Use explicit voting to engage everyone. Record action points and follow up so promises are kept. Bring in cake. Use structured problem solving techniques.

13:4: Improve the quality of supervision sessions.

13:5: Stand by decisions that are made in meetings.

Thermometer

13:6: Monitor who attends group supervision sessions and use line management arrangements to encourage regular absentees to turn up.

13:7: Seek views on whether the group supervision time is led effectively or whether more could be done in a more enjoyable way in less time. Are there several meetings that have overlapping purposes that could be conflated into one?

CAIRO Question 14

More like Winter?	...or like Summer
A recent tragedy or serious untoward incident has occurred and may have been reported in the media. Most of the talk is about things that have gone wrong or might go wrong.	The team's recent triumphs have been recognised and celebrated, perhaps with an award. Staff talk about things that have gone well as often as things that have gone wrong.

Bring me sunshine

14:1: Identify the slot that people use to discuss crises and problems – and then ensure that it is used to share positive stories and outcomes as well. When a bad thing happens, find the good things that people did, rather than just focusing on the aspect that failed.

14:2: Find a noticeboard or announcement slot in which everyone is told who is attending training, doing new work, achieving success or otherwise doing well. Brag that we won the team award!

14:3: Design a team recovery pathway that provides extra support after serious incidents and then deliberately returns things to normal, so the team do not get stuck in the short term response phase, but equally ensure that the lessons are learnt from the incident. Offer de-stressing activities after traumatic events as part of your commitment to employee wellbeing.

14:4: Acknowledge if the team is part of a wider organisation that is risk averse or blaming and develop a strategy for both maintaining the team's positive approach and challenging the wider organisation.

14:5: Review the quality of multi-agency working so that incidents that arise are effectively managed across multiple agencies where necessary, including documented reporting of the incident, staff support and the learning arising from it.

14:6: Recognise the positive effects of a serious incident, such as the review of systems and work practices and more mutual support amongst staff. Find ways to do these things all the time.

14:7: Set up a media watch group to give both positive and critical feedback to local and national media organisations in order to improve the accuracy and balance of reporting.

14:8: Praise each other's strengths frequently, say 'thank you' and 'well done' to each other. Recognise good work with applause, 'employee of the month' certificates, cake, media publicity, early closing before a holiday or whatever is culturally appropriate.

CAIRO Question 15

More like Winter?	...or like Summer
People distance themselves from an emotional connection with the person or over-identify with the person until they are no longer reflective or objective.	When something bad happens, the team talk about their emotional responses, such as sorrow or helplessness. They create a sense of common purpose.

Bring me sunshine

15:1: Identify sources of expert advice to reduce team member's lack of knowledge and feelings of anxiety.

15:2: Find ways to encourage spontaneous and informal discussion. Make coffee and lunch breaks more sociable and use the staff room or create a regular lunch slot if you are on a split site. Phone your colleague for a chat after a difficult day.

15:3: Is there a debriefing system and confidential counselling service system in place to support people process their response to traumatic and stressful work? Is it used?

15:4: Remove any signs of a blame culture by creating space for people to talk about their feelings and actions in a non-judgemental context. Acknowledge history.

15:5: If people ask for unusual kinds of support following a traumatic event, how do we respond? Trust staff (within limits) to know what helps.

15:6: Respect privacy and confidentiality for colleagues within the team, especially if a worker is distressed. Address problem behaviour from managers or colleagues that inhibits openness.

15:7: Do people pay attention to small signs of distress from colleagues, or does it have to be a major trauma or an escalation of the problem before anyone notices?

15:8: Simply ask staff how they are feeling.

15:9: Get a skilled facilitator to help with regular group supervision.

15:10: Co-work when appropriate to support one another, and not just when there is serious risk.

CAIRO Question 16

More like Winter?	1 2 3 4 5	...or like Summer
Time in lieu provisions are abandoned, holiday is not taken, the working hours directive is ignored and people work excessive hours. They are expected to go to work even when they are sick.		Staff have a culture of balancing work with the rest of life. People go home when they should. They stay at home when they are unwell. The culture is focused around experimentation, healthy accountability and learning.
The culture is focused around perfection, fear of punishment and blame.		

Bring me sunshine

16:1: Ensure that the person being supported has a life beyond their circle of paid staff, so that they do not become over-reliant on paid carers.

16:2: Be clear about the distinctive role of each profession and grade so that people know the boundary of their responsibilities.

16:3: Ring-fence time and budget for staff training and development.

16:4: Ensure that frontline staff have easy access to the policies and procedures for time in lieu, holidays and other time off, along with independent advice on how these rules are interpreted.

16:5: Involve staff in deciding how many staff can take annual leave at any one time and the method for achieving a fair allocation of annual leave slots.

16:6: Use supervision sessions to discuss working practices and work/life balance as well as the tasks of the job. Provide extra support to staff who are unwell and address performance issues.

16:7: Senior staff model a healthy work/life balance, healthy accountability and learning, and encourage their colleagues to adopt the same practices. Discuss and agree as a team what the acceptable standards should be and how this is working.

16:8: Ask the Board or elected members to adopt a values statement on employee wellbeing.

16:9: Be clear which activities are compulsory and which are flexible or negotiable.

Thermometer

16:10: Conduct a Stress at Work audit.

CAIRO Question 17

More like Winter?	...or like Summer
There are few local resources. Getting help is expensive and involves a long wait. The only way to get help is to label the person as 'high risk'.	There are lots of resources to assist the person including voluntary sector options. Commissioners and managers are positive risk takers and set up imaginative services.

Bring me sunshine

17:1: Ensure that people have good information about informal, voluntary sector and community resources, the information is easy to access and people know the details of each resource. Assign 'cross-agency mentors' to help recalcitrant agencies do better. Support campaigns for improvements.

17:2: Build close and long-term links with commissioners and inform them about unmet needs and service gaps. Is anyone using resources that they don't need? Joint working with colleagues in other teams can give you insight into previously untapped resources.

17:3: Build community. What can be done that needs no more money or a long approval process? Loosen up the constraints on how money can be used so it can be targeted at the real need.

17:4: In rural areas, pay extra attention to enhancing access to resources.

17:5: Ease referral pathways so people can easily transfer from the wrong service to the right one. Eliminate scattergun referrals, where referrers send multiple requests and accept anyone's offer.

17:6: Managers help frontline staff find the best service for the person. Learn how to make a successful application for those services and challenge patterns of repeated rejection. Promote personal budgets so people arrange their own support.

17:7: Avoid endless innovation which results in repeated restructuring and closing of services and disrupts the growth of long-term expertise.

Thermometer

17:8: Care managers report that eligibility criteria and application processes are reasonable and, as a result, the right people get help.

CAIRO Question 18

More like Winter?	1 2 3 4 5	...or like Summer
People live with locked doors, restraints, or a bare environment.		Homely environments maximise freedom of movement and activities.
People in hospital tend to stay a long time and have little home leave.		People have a great life, full of opportunity. Person-centred resources, such as Personal Budgets, are fully used.
Restricted opportunities increase boredom and violence.		

Bring me sunshine

18:1: Increase access to and support for people to have their own direct payments and personalised budgets. Engage third sector support providers. Use assistive technology instead of restraints.

18:2: Actively review everyone in hospital and staffed housing with a clear aim of move-on whenever possible to increase independence. Plan discharge from the first possible moment. Meanwhile, what can be done to make institutional places more homely⁵?

⁵ See Bates P (2019) How to make a homely care home. Published at <https://peterbates.org.uk/wp-content/uploads/2020/06/How-to-make-a-homely-care-home-1.pdf>.

18:3: Talk to people about their previous, present and future life outside the service and promote social inclusion. Get trained in socially inclusive practice⁶ and de-escalation approaches.

18:4: Spend time assisting people to become more rooted in the community. This includes living in your own home, travelling independently (get travel passes etc), knowing local resources and moving into informal friendship⁷ and participation, making friends with people outside services.

18:5: Review commissioning so that there are enough support workers to assist people to participate in community life.

18:6: Help people understand their human rights.

18:7: Support the development of self-run. informal community groups.

18:8: Rotate staff so that people bring a fresh perspective to the task of managing risk and supporting opportunity.

Thermometer

18:9: Audit and where necessary increase the time spent by staff in direct service user contact, rather than at the desk or in staff meetings.

CAIRO Question 19

More like Winter?	...or like Summer
Training and the values of the whole organisation promote defensive and risk-averse practices.	Professional and in-service values and training emphasise positive risk taking.

Bring me sunshine

19:1: Blend formal and informal training, supervision and support arrangements. Training should include the damaging effects of risk averse and restrictive practice. Train the whole multidisciplinary team so people can think through the implications together.

⁶ See Bates P (2008) *Connecting with Communities*. Module 6 in Forrest S & Bradstreet S (2008) *Realising Recovery learning materials* Scottish Recovery Network and NHS Education for Scotland.

⁷ For example, see Bates P (2021) *Searching for friendship in befriending schemes*. Download from <https://peterbates.org.uk/wp-content/uploads/2021/05/Searching-for-friendship-in-Befriending-Schemes.pdf>

19:2: Provide fun and interactive training on how to support risk enablement. Grow skills in how to find safer alternatives whilst supporting people to get the life they want.

19:3: Recognise good practice and successes. The manager can pick out examples of good practice, obtain permission to share, and then let colleagues know about the work.

19:4: Find out what other services have to offer in your locality – you don't have to carry all this yourself! Compile a directory and assign lead relationships.

19:5: Train and support staff to use person-centred approaches such as interventions that support recovery. Train in other values and practices that support positive risk taking.

19:6: Where teams are made up of staff from two or more agencies, explore cultural and value differences between them and ways to establish and maintain cooperation.

19:7: Review and respond to training needs throughout the year, not just at the appraisal.

Thermometer

19:8: Check out how similar services are responding to similar risk management issues. Are you comparatively risk averse?

19:9: Make a list of all the current places where risk management discussions take place. Does this profile match the needs of the team? Then make the useful bits more frequent and audit this after six months.

CAIRO Question 20

More like Winter?	...or like Summer
Risk assessment documents are lengthy and time-consuming. The forms are designed and completed by staff or in the absence of the person.	People write some or all of their risk assessment documents, own a copy and suggest changes. People using the service have been involved in updating both the formats and entries on documents.

Bring me sunshine

20:1: Check that documents call for genuine participation from the person using the service. Write down the person's views using direct quotes or observations. Engage advocates.

20:2: Arrange for people to contribute to the development of the risk assessment paperwork, the evaluation of whether it works, and its revision. Be precise in your recording of facts and dates.

20:3: Make sure that staff are using the most recent version of risk management forms.

20:4: Consider ways for people to write their own risk assessment and risk management plan. Avoid jargon and use Easy Read language and images. Address reports and letters to the person using the service and copy them to other professionals – rather than the other way round.

20:5: Check if useful information that would help with assessing risk for this person is available to this team or tends to get stuck elsewhere. Uphold the person's right to privacy⁸ and improve information flows. Consider how technical information (e.g. advice on the interactions of medication and diet) informs the risk assessment and how the person can be involved in deciding what action to take.

20:6: Is there anyone who needs a formal risk management plan but doesn't have one?

20:7: Eliminate duplication in record keeping, assessments, and interventions. Are more suitable assessment formats available 'off the shelf'? Draw on previous work by colleagues.

Thermometer

20:8: Survey people using the service to find out what they think about their care plan and risk management plan. Repeat the survey to find out what has changed.

⁸ See Bates, P. and McLoughlin, B. (2019) Respecting privacy in care services *The Journal of Adult Protection*, Vol. 21 No. 6, pp. 276-284. <https://doi.org/10.1108/JAP-06-2019-0020>. Also Bates P (2019) *Challenging the hive mind*. Download from <https://peterbates.org.uk/wp-content/uploads/2019/12/Challenging-the-hive-mind.pdf>.

CAIRO Question 21

More like Winter?		...or like Summer
Procedures are mislaid or pristine rather than tatty from frequent use. No-one can think of an occasion when the use of the procedures really helped to produce a better decision.	1 2 3 4 5	The risk management procedures are easy to read and understand, they have a good balance of opportunity and safeguarding, they are practical and useful and they are supported by training which includes case studies.

Bring me sunshine

21:1: Check the documents utilise all the relevant, current legislation and guidance.

21:2: Check out whether the procedures are easy to understand and follow. Do they demand unnecessary information or inefficient processes? Explain why each step needs to be taken, rather than just how. Are the documents too vague and general to be useful?

21:3: Involve frontline staff in designing the procedures.

21:4: Allow the procedures to be adapted for use in individual teams, rather than insisting that the same forms apply in services where they simply don't work.

21:5: Find ways to link the risk management paperwork to outcomes and action, rather than simply satisfying bureaucratic demands from the employer.

21:6: Train staff in the new ways when introducing revised approaches, so that they can quickly learn the new system. Thoroughly test the system prior to release, so that early adopters find it rewarding to use rather than getting frustrated by multiple snags. Arrange refresher training.

21:7: Create regular slots for case study presentations that explore how following the process helped to deliver good outcomes for the person. Use real examples.

21:8: Tidy up the office so that staff can find things. Deal with phone calls once so you can concentrate properly on paperwork.

21:9: Jointly design forms with people using the service. involve the individual in completing the forms and ensure they have a copy.

CAIRO Question 22

More like Winter?	1 2 3 4 5	...or like Summer
The procedures read as if facts can be gathered and conclusions drawn without any uncertainty or worry. Once the procedure is complete, staff have discharged all their responsibilities and need trouble themselves no further, apart from watching for new evidence.		The procedures allow staff to acknowledge uncertainty, tacit emotional insights and personal reactions. Policies assume that people share curiosity about the person, new insights and research, along with a willingness to identify and test assumptions with evidence.

Bring me sunshine

22:1: Write an explanation of the risk management process in clear language that can be shared with people using the service. As well as informing and empowering people, this will test the logic of the process and staff understanding of it too.

22:2: Ask new staff to report all the jargon, acronyms and confusing parts of the policy documents and then eliminate these problems with a new version.

22:3: Share examples of creative and positive 'flexing' of the procedures to eliminate the myth that rigid compliance is the only acceptable option.

22:4: Check out with staff if the policies are perceived as intimidating or designed to catch people out rather than help. Create an environment where staff can question procedures and seek out more positive ways forward rather than just complaining.

CAIRO Question 23

More like Winter?	1 2 3 4 5	...or like Summer
Monitoring counts what staff do or processes (like referral or attendance), rather than whether they help.		Monitoring systems collect stories and numbers to find out whether people are getting the kind of life they want.

Bring me sunshine

23:1: Reduce the number of performance targets required of staff to give more room for person-centred working.

23:2: Sort out problems with computer systems so that information is efficiently and effectively used, rather than being locked away in separate files.

23:3: Reduce unhelpful bureaucracy and uniformity across the organisation. If you are required to use forms that make no sense in your service, just so that everyone uses the same thing, negotiate local arrangements to abandon them or adapt them so that they have some meaning and value to your team. Don't keep sending in nonsense data! Tell the relevant managers the team's opinion on the way the system is working.

23:4: Increasingly focus on outcomes rather than process measures and the things that are important to the person. Outcomes include the person's happiness.

23:5: Can one person do data input and standard letters, rather than everyone struggling with the system? On the other hand, if everyone is involved in data capture, then they all need to understand what is being done with the data and why. Involve frontline staff in design of the monitoring system.

23:6: Find out how the monitoring system is supposed to enhance the delivery of care and make sure everyone knows.

23:7: Consider whether efforts to capture information and share it with others is proportionate to the benefits.

23:8: Identify the staff who love or hate paperwork and help them keep a good balance of face-to-face work and background research, recording and so on.

CAIRO Question 24

More like Winter?	...or like Summer
Lots of staff here are inexperienced, and the team leader has a lot to learn 1 2 3 4 5 too.	There are people in the staff team with a long history of experience of working in this kind of situation. Ideas from new or idealistic colleagues are welcomed too.

Bring me sunshine

24:1: Develop a local induction manual so that new staff can learn quickly.

24:2: Create mentoring relationships so inexperienced staff can benefit from their experienced colleagues. Create an 'offers and needs' list where mentors and mentees can find each other and agree some ground-rules for the mentoring relationship.

24:3: Find ways to reduce inequality in the team, so that status issues do not block the flow of wisdom from experienced staff to their inexperienced colleagues. Rotate the role of chairing meetings and create a climate where asking naïve questions is OK.

24:4: Review the subgroups in the team to find out who misses out on communication and support and where the team needs to be more closely knitted together.

24:5: Ask inexperienced staff to take on a small area, become expert in it and share their learning with colleagues. This will accelerate the growth of confidence and coordinate rapid development of expertise across the team whilst also encouraging mutual respect.

24:6: Encourage staff to invest time and energy in learning about a particular issue or intervention so they develop confidence in their technical expertise. Use shadowing and similar approaches.

24:7: Do more of the things you love to do. This will reduce burnout and accelerate the growth of expertise and enthusiasm. Share your learning with the team. Have fun together sometimes.

24:8: Share your background with one another (perhaps in a systematic way), so everyone knows more about each other's knowledge and expertise. Strengthen the training programme and ensure that anyone who is trained feeds back to the team. Ensure first time managers are well supported.

Thermometer

24:9: Measure staff turnover and pay more attention to teams where turnover is high.

CAIRO Question 25

More like Winter?	...or like Summer
Staff tend to avoid solutions that are hard to set up, even if they are better in the long term.	The staff team has a store of stories about finding solutions that were complicated but effective.

Bring me sunshine

25:1: Individual workers acknowledge where they lack skills or are fearful of change and then look for ways to develop.

25:2: Increase team collaboration so that people can work together to achieve a common outcome, blending skill, expertise and experience. Break down hierarchies if they are blocking the positive contribution of all team members. Identify isolated individuals and teams and support them.

25:3: Encourage, support and instil enthusiasm for developing new ideas and solutions.

25:4: Listen to stories from people who have benefited from imaginative solutions. Use staff meetings, group supervision and Open Days to share these stories. Develop a really strong focus on long-term positive outcomes of your interventions.

25:5: Challenge the growth of blame culture and find ways to foster creativity.

25:6: Create space in meetings and other places such as newsletters where people can tell their stories. Gather them together as a reference source for ideas that others may use.

25:7: Convert novel solutions into care pathways so other people can follow.

25:8: Learn from what works in other parts of the country.

25:9: Hold yourself to account. Put your agreed tasks in a diary.

25:10: Start well by doing a casefile review, assessment and care plan so that you are focused and purposeful from day two (meeting the person is day one).

25:11: Eliminate duplication and waste so that there is time to create new solutions. Can you 'invest to save' – spend longer in the short term to release resources later?

25:12: Add a section to the case record where people can write down any effective solutions that they have discovered, to encourage and help colleagues and staff working

CAIRO Question 26

More like Winter?	1 2 3 4 5	...or like Summer
Staff suppress their anxieties by denying the existence of these feelings and shifting to a reckless or overly cautious approach.		Staff recognise and own their anxieties about risk whilst keeping things in proportion.

Bring me sunshine

26:1: Test out whether staff feel they can talk about their personal and emotional response to managing risk in the staff meeting or group supervision session, and if necessary, create a definite space for this. Focus supervision on support rather than on policing staff.

26:2: Support staff to find the strength to admit when they have failed or found themselves unable to deal with a situation. That way they learn for next time.

26:3: Senior, experienced people may need to go first in sharing their anxieties.

26:4: Ensure that everyone is clear about the limits of responsibility borne by the team, so that people do not become anxious about risks that are beyond their responsibility. Individual team members have a clear understanding of each other's roles and responsibilities while remaining flexible and responsive.

26:5: Make sure that everyone has access to supportive colleagues and friends both within and beyond the team.

26:6: Check and comply with procedures and be reassured that you have done so. This may include inter-agency procedures in relation to safeguarding, justice, health and safety and other policies.

26:7: Keep good records of your decisions, actions and the reasons for them. Invite a colleague or your line manager to check the records are fit for purpose.

26:8: Take responsibility for raising concerns with your own line manager, the person's care manager, doctor or other relevant decision-maker where appropriate. Giving staff more responsibility can help!

26:9: Keep it multidisciplinary when necessary.

Thermometer

26:10: Ask the least forthright person whether they feel it is acceptable to discuss these matters in the team.

CAIRO Question 27

More like Winter?	1 2 3 4 5	...or like Summer
The strong opinions of some staff are felt by others to be overly controlling and so they just give up on the discussion. The same people always get their way. Disagreements in the team are hidden or seen as unacceptable.		Team members talk to each other about their work and share their personal lives and feelings. Healthy enthusiasm is evident in the staff team, especially when supporting positive risk-taking. Others can disagree.

Bring me sunshine

27:1: Promote friendship opportunities as this will help people to speak up and stand their ground in discussions.

27:2: Remind everyone frequently about the purpose of each meeting, so that time spent in discussion is efficiently used and everyone knows why they are present.

27:3: Develop a culture in which it is acceptable to disagree within the context of cooperation. Create and use a mechanism for dealing with disagreements.

27:4: Managers need to address unacceptable conduct when it arises.

27:5: Managers to take staff concerns seriously so that people feel able to bring forward their views and 'tell us what is not working' in a spirit of positive criticism.

27:6: Identify any cliques that stifle open communication and help members to identify with the whole team. Bring in external evaluation from time to time to assess the team functioning and support positive change.

27:7: Senior managers attend staff meetings from time to time to hear how things are going. Don't keep arbitrarily cancelling meetings.

27:8: Arrange occasional social events for the team to spend non-work time together.

27:9: Challenge hierarchical attitudes whereby people disrespect others because they occupy specific disciplines or grades.

27:10: Wherever possible, create open plan or shared office space in place of segregated facilities to reduce the sense of a distant hierarchy. Despite hot desking, maximise opportunities for people to build relationships with nearby people.