The Enablement Framework is designed to assist your clinical reasoning when faced with complex situations within acute/general hospital based practice.

It is intended to support risk enablement and discharge planning.

The Enablement Framework might be something you use for self-reflection, in supervision, or as part of a wider discussion with the multi-disciplinary team. The most important thing to remember is that it can be used for any situation where the issue of risk arises; from ward based behaviours such as walking, to social tasks such as making a cup of tea, to decisions about community life and plans for discharge home.

The Enablement Framework includes prompts to help guide discussion/reflection and a snapshot of an example tool. More detail & additional examples can be found within the Department of Health document *Nothing Ventured, Nothing Gained: Risk Guidance for people with dementia* (2010).

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Step 1: Understanding the Person’s Needs
Find out what is important to the person.
Move on from identifying skills & needs to capturing the value of the behaviour/activity/task.

Can they tell you?
Communication:
- Has a “Getting to Know Me” or similar document already been completed?
- Consider referral to speech & language therapy.
Capacity & consent:
- Does the person have capacity?
- Are legal frameworks in place?
- Consider family/friend/carer involvement.

Prompts:
- Begin with the assumption that the person is going home.
- What is important to the person?
- What are their goals?
- What do they want to do?
- What is their “norm”? What is the “crisis”? Find their life story.
- Is the behaviour an expression of need eg walking due to pain?
- Clarify carer expectations.
- Are the right people engaged in the process?

Step 2: Identifying Key Risks & Impacts
Begin to examine potential risks while considering how much a particular activity may contribute to or take away from a person’s quality of life.
Ensure a balanced approach to risk is taken by using tools such as a HEAT map or personal risk portfolio.

Prompts:
- What is the likelihood of harm?
- What is the potential severity of the danger?
- What are the benefits of taking the risk?
- What are the risks of not facilitating the behaviour/task/activity?
- What are your own fears?
- What are others’ fears?
- Does the behaviour/task/activity promote well being or meet a psychological need?
- What are the carer’s needs?
- What are the “dealbreakers” for discharge eg mobility, continence?
- Are the right people engaged in the process?

Step 3: Risk Enablement, Management & Planning
Reach agreement between the person & all key people involved to create a plan which reflects the best “fit” between the behaviours/tasks/activities, the risks and any steps to be taken to minimise risks.

Prompts:
- How can we promote independence?
- How can we maintain skills?
- How can we prevent deterioration?
- Is this the least restrictive option?
- How can risks that naturally relate to the behaviour/activity/task be made acceptable?
- (How) are the risks related to environmental factors?
- How can we balance this person’s rights against that of other patients?
- Can we promote the person’s safety without interfering with their engagement in the behaviour/activity/task?
- Are there ways to change the way the person takes part in the behaviour/activity/task whilst still respecting their choices & promoting quality of life?
- Can agreement be reached?
- Is their multi-disciplinary team support for all plans?
- Are the right people engaged in the process?

Step 4: Review
Understand that risk can & will change over time & needs to be revisited regularly.