



## Risk Assessment and Increasing Safety in Dementia – RAISe-Dementia study

Juanita Hoe<sup>1</sup>, Gill Livingston<sup>2</sup>, Sergi Costafreda<sup>2</sup>, Nomi Weberloff<sup>2</sup>, Gianluca Biao<sup>2</sup>, Helen Souris<sup>3</sup>, Emily van de Pol<sup>3</sup>

<sup>1</sup>City University, <sup>2</sup>UCL, <sup>3</sup>Camden & Islington NHS Foundation Trust

[dx.doi.org/10.17504/protocols.io.2uzgex6](https://dx.doi.org/10.17504/protocols.io.2uzgex6)



### ABSTRACT

Around 850 000 people live with dementia in the UK and this is expected to almost triple by 2050, due to the welcome reduction in premature mortality. Approximately 70% of people with dementia live at home and are supported mainly by their families, but because of complex needs, including comorbid physical illness, they also use both health and social care service. A policy priority is to find the best ways to help people with dementia to live well at home.

Part of the initial assessment of all people with dementia is to evaluate and manage risk, to enable people with dementia to live safely and well at home. As cognition deteriorates, people with dementia become vulnerable through self-neglect, accidents and greater risk of abuse and exploitation. Society places a high ethical value on autonomy. Trying to avoid risk altogether can lead to excessive restrictions. Therefore, risk management must balance the rights of a person with dementia with those of society and families' usually beneficent wishes to reduce risks. Risk enablement aims to find the right balance by protecting autonomy as much as possible. However, there is no validated tool available to assess or manage and re-assess risk in dementia to enable this to happen consistently and to allow evaluation of risk enablement. The Islington Dementia Navigator Risk Assessment Tool is used to generate a plan for people with dementia and stratifies the level of risk to inform frequency and method of follow-up. We intend to evaluate its validity, the feasibility of the risk management plans derived from it, their acceptability and outline costs.

We will examine

1. Validity - How well the tool identifies risks (compared to gold standard semi-structured clinical assessments)
2. Feasibility - Whether the plan derived after using the tool is implemented over the subsequent 6 months.
3. Acceptability - What people with dementia, family carers and workers think of the process and how it can be improved?

We aim to provide a validated, valuable tool for use by professional and support staff working with people with dementia throughout the UK. If shown to be effective in practice, it would promote positive risk enablement, offering a tailored approach to the management of risk and support person-centred care in people with dementia living at home. This is consistent with best practice and is relatively inexpensive and translatable to wider clinical settings.

### THIS PROTOCOL ACCOMPANIES THE FOLLOWING PUBLICATION

Hoe J, Livingston G, Costafreda S, Weberloff N, Biao G, Arrojo F, Souris H, Van de Pol E, (2019) Risk Assessment and Increasing Safety in Dementia – RAISe-Dementia study protocol. Protocols.io. [dx.doi.org/10.17504/protocols.io.2uzgex6](https://dx.doi.org/10.17504/protocols.io.2uzgex6)



RAISe-Dementia study  
protocol  
v3\_25.08.18\_Final.pdf



This is an open access protocol distributed under the terms of the [Creative Commons Attribution License](https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited