

**Guidance for using the
Dewing Wandering Risk Assessment Tool**
(Version 2 - September 2008)

This guidance and the risk assessment tool are not to be altered in any way. However, teams can add additional complementary guidance to what is offered here based on their own organisational policies. This guidance will be revised annually or as new evidence about best practice emerges.

To use this risk assessment tool, the team must first have:

1. An agreed evidence based definition of wandering and/or criteria for describing the attributes of wandering that they use and refer to. This definition can either be based on wandering as a complex human activity or as behaviour that challenges others. The risk assessment tool can work with either approach
2. Written and/or pictorial information to share with patients and families about wandering, what risk assessment involves, why it is being carried out and how it will contribute to care planning and therapeutic interventions
3. Consent from the older person, or permission from a named decision maker, to carry out the risk assessment
4. Shared agreement on what types of interventions will be needed for each risk score level

As far as possible the tool attempts to streamline risk assessment of wandering. This should mean that risk is assessed in a consistent way within the same context and also across different contexts, which would be useful from an organisation perspective. It is not possible to prescribe in detail what interventions must be used, as what can be achieved will depend on the context and the culture of care including practice development. Each team will need to take action to ensure staff are adequately prepared to undertake risk assessment and to monitor local consistency. The risk assessment tool must not be adapted or in altered in any way.

The older person should be informed that a risk assessment is being carried out and written and/or pictorial information used to support any verbal information. Consent must be obtained prior to the assessment being carried out. Where informed consent cannot be obtained and capacity is shown not to exist *for this particular situation*, then permission should be sought from a designated decision making substitute and/or if staff are skilled, the process consent method should be followed.

Two independent assessments need to be carried out within a 3 day time period by two different Nurses/therapists at different times. If in any doubt or there is an extreme variation in the score repeat the assessment again (i.e.

another two assessments) until an agreed score can be established. Further repeat assessments can be carried out at the desired time periods. The amount of time taken to carry out the risk assessment will vary according to the type of wandering activity/behaviour including its complexity. The more variable or complex, the more observation will be needed. It is possible, for some persons with dementia, their risk level and score may alter from one day to the next in which case daily assessment may be needed until the pattern is established. Carrying on an ABC or ACT observation and analysis can help establish more detail about the wandering activity/behaviour.

Recent history or reports of wandering from others

This includes accounts from family and/or carers and health and social care professionals. The information about wandering must apply to the last three months or more recently where the overall general or cognitive health of the older person has been shown through other assessment measures to have deteriorated significantly.

Recent observable evidence of wandering is based on documented evidence from others that wandering has taken place, however it may have relied on clinical judgement and may not have been systematically assessed using any specific wandering tools or scales.

An assessment of wandering and other types of moving about including walking must be carried out over a 24 hour period by the team. This must include:

- regular observation of the frequency, pattern and range of walking activity the person needs to do each day as part of their day to day life and for health
- regular observation of the frequency, pattern and range of wandering activity/behaviour the person is doing
- a summary of the person's perceptions about why they are doing what they do
- the aim or hope/desire and the intended destination
- the number of attempts to leave (successful and unsuccessful) should also be included
- the way finding and navigation abilities of the person
- the ease to which the person can be distracted from leaving

It should be noted that not all moving around and walking counts as wandering: all people with dementia need space and their need for space both indoors and out of doors will vary between people and within the same person over time and the dementia progresses.

It should be noted that a person may score differently in different environments or with different carers, reminding us of the influence culture of care and content has on the person with dementia. When this is found to be the case, exploring

the different factors can assist the higher scoring area to examine how a more therapeutic environment and approach to care can be provided.

Carers are known to have great difficulty in coping with transgressing wandering activity/behaviour: for people living at home, any family or neighbours acting as carers who re assessed as being in this category will mean the risk level is automatically accorded a significant and actual risk (even if the actual wandering activity/behaviour is of a low level). The decision to accord this level can be supported by carrying out another carer stress or burden assessment.

Risk Level 0 Nil- Minimal Risk

This will mean that there is no or minimal wandering activities/behaviour **and** they can be safely accommodated in the care setting or home. Minimal wandering may be present as a result of uncertainty about whether or not what the person is doing constitutes wandering. If this is the case then the assessors must refer to their locally agreed definition and/or criteria of wandering. Reassessment needs to take place at an agreed timescale or when the activity/behaviour changes, noting this might be triggered by environmental or carer changes.

Interventions will generally be focused around maintaining and supporting the usual walking and physical activity, both in doors and out of doors and putting in place strategies to help the person with way findings and navigation and knowing how to find or get back to a safe place.

Risk Level 1 Low Probable Risk (Green)

At this level the persons wandering activity/behaviour may be variable. The key to this level is that the person does not transgress set boundaries and/or is positively responsive to being contained within the same.

Interventions will generally be focused around maintaining and supporting the usual walking and physical activity, both in doors and out of doors, making environmental modifications to assist with orientation and providing meaningful activities where the person is no longer self initiating these. Strategies for helping the person with way finding and navigation and knowing how to find or get back to a safe place can be continued and in some cases, people may need to be accompanied whilst out walking especially in unfamiliar environments or ones where there is too little or too much sensory stimulation.

Risk Level 2 Moderate Actual Risk (Amber)

Here there will be a recent history or reports of wandering from others and one where the wandering is likely to have changed or got worse. The person wandering is not easily diverted **and/or** the person is responding negatively to being contained within boundaries set by others **and/or** there are infrequent and unsuccessful attempts to transgress boundaries set by others. What is meant by infrequent needs to be agreed by each team as it will vary according to context

and culture of care. For those living at home, the family and /or carers are able to cope with the activity/behaviour and the consequences.

Interventions will generally need to include those set out for Level 1 and will also need to focus on providing safer environments for the person to explore as freely as possible. In particular environmental modifications should reduce the appeal of favoured exits where possible and provide distraction points before the person reaches their favoured exits. Meaningful activities and therapeutic interventions need to be offered sensitively bearing in mind the person may not like being in a group or noisy environment. Finding ways to avoid conflict and confrontation about containment and boundaries set by others will be necessary. The person who needs to be out of doors should have this included in their care plan.

For those not yet living in a care facility, any planning around future placements should take account of the persons need to have accessible safe out door space. If there is infrequent and unsuccessful attempts to transgress boundaries set by others, the risks and consequences need to be discussed by the team and with family. A detailed description of the person with a recent photograph should be collected. Further assessment of the preferred route the person takes when they have successfully exceeded set or imposed boundaries should be established before Level 3 risk occurs.

Risk Level 3 Significant Actual Risk (Red 1)

At this level there will be recent history and/or reports of wandering and/or considerable observable evidence that wandering has been taking place. The main difference in this level is that the person regularly transgressing safe limits and boundaries and that others (eg carers) have set. The person may experience way finding problems, easily 'gets lost' and is often unable to retrace their steps or return the same way they went. Regularly needs to be defined locally. Also at this level, carers find coping with the transgressing wandering activity and/or the consequences to be difficult or impossible.

Interventions will generally need to include those set out for Level 1 and 2 and will also need to focus on accompanied walking and other physical activity, providing space for the person to wander about in ways they experience as meaningful. Detailed strategies need to be in place to how to prevent the person leaving. This will involve finding out what constitutes explanations that the person will accept. The team will also need to work with local policies on assumed and actual missing persons and have ready an immediate search strategy. Specialist psychiatric and psychological assessment and interventions will need to be considered.

Risk Level 4 Serious Actual Risk (Red 2)

Current observable evidence of wandering that is occurring at a high frequency where the person is

- a) generally not responsive to distraction or diversion from wandering.
- b) unable to participate in any therapeutic activity/behavioural management plan.

- c) the person makes repeated attempts to leave a safe place and is regularly close to or achieves this successfully.
- d) receiving regular or high dosage medication to contain their wandering activities.
- e) not prevented from leaving by the family/carer and/or the carer is unable to easily seek help to locate or return the person.
- f) is wandering almost constantly and eating and drinking minimally.

Interventions will generally need to include those set out for Level 3 and should also include a medicines review and detailed nutrition assessment. Specialist psychiatric and psychological assessment and interventions will be needed. The team will also need to focus on providing a suitable and as safe as possible care setting. The team need a clear supervision or 'specialing' policy according to which setting the person is in and will need to consider risk alerts and ensuring senior management are aware of the risks and consequences to date. Care planning must include the family or significant others.

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