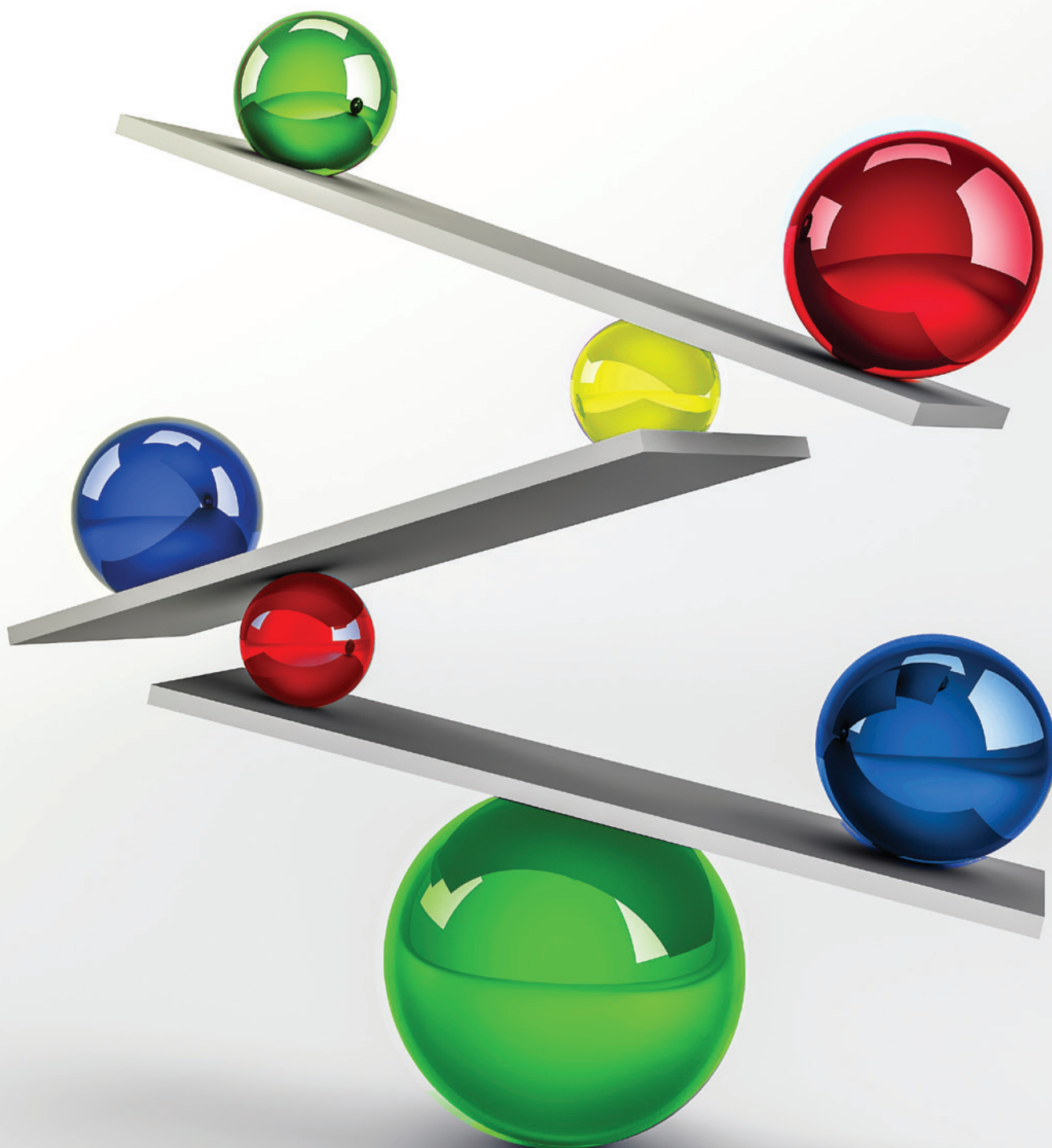


Embracing risk; enabling choice

Guidance for occupational therapists

Royal College of Occupational Therapists



Royal College of
Occupational
Therapists



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Therapists



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Therapists



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Contents

	Page
1 Introduction	
1.1 Why do you need to think about risk differently?	1
1.2 Occupational therapists need to embrace risk	2
1.3 Occupational therapists must embrace risk and enable choice	2
1.4 Terminology	3
1.5 Embrace risk as part of your professional duty	4
2 Engaging with risk	
2.1 The risk enablement process	5
2.2 Recording the assessment and enablement plan	6
2.3 Who is responsible for assessing?	7
2.4 When should I assess?	8
2.5 What should I assess?	8
2.6 Who should I assess?	9
2.7 When should I review?	9
3 Enabling choice	
3.1 Managing the risk can enable the positive benefits of taking appropriate risk	10
3.2 Risk and choice	11
3.3 Integrating risk enablement into everyday practice	12
4 What if the risk becomes a reality?	
4.1 Managing an incident or accident in the course of your work	13
4.2 Recording and reporting an incident or accident	13
4.3 Incident investigation	14
5 Risk enablement at an organisational or service level	
5.1 Regulatory and policy context	15
5.2 Assessing organisational or service risks	16
5.3 Managing organisational or service risks	17
5.4 Competence, training and awareness	18
5.5 Embedding risk enablement	19
6 Further information and resources	
6.1 Community and social care	20
6.2 Dementia	20
6.3 Employment and recruitment	20
6.4 Equipment/moving and handling	21
6.5 Lone working/personal safety	22

Contents

6.6	Mental health	23
6.7	Research	23
6.8	Workplace violence	24
	<i>References</i>	26

1 Introduction

1.1 Why do you need to think about risk differently?

Consider:

- The grandmother who wanted to go home, but was kept in hospital because her cluttered home was perceived as a risk.
- The young man with learning disabilities who wanted to walk in the park, but was prevented from going out alone as there was a possible risk that he may get lost.
- The gentleman in the care home who had been a keen gardener, but was kept inside because the uneven garden path was considered a falls risk for him.

All of these decisions may seem to have been taken in the best interests of the individual, but are the result of falling into the trap of not fully taking all the factors into account.

Now consider the outcomes for the individuals:

- The grandmother entered a cycle of hospital-acquired infections and never went home, although her cluttered home was not the cause of her original admission to hospital.
- The young man began to demonstrate his frustration in episodes of anger.
- The gentleman in the care home became depressed and introverted, refusing to join in with social activities in the home.

These are not the outcomes that any practitioner would want. In each of these circumstances the perceived risk became the overriding factor. The decisions that were taken did not prioritise the choices and wishes of the individuals, taking into account their mental capacity to make a choice, or the deprivation of their liberty.

Occupational therapy should enable individuals to achieve their full potential. If you want service users to reach their chosen goals and to participate fully in life, this requires you to embrace and engage with risk.

This guidance provides a broad understanding of the principles and process of risk management for all occupational therapy personnel. **It focuses on how this process enables people to take the risks that they choose and achieve their chosen goals, as safely as reasonably possible.** It also highlights some factors related to the management of risk at an organisational level.

Section 6 of this guidance also identifies a number of information resources currently available. Moving and handling and equipment provision are covered briefly within this document, and covered in further detail on the Royal College of Occupational Therapists' website.

1.2 Occupational therapists need to embrace risk

In occupational therapy, taking risks can be intrinsic to a service user's progress; e.g. learning a new skill, participating in a chosen activity, returning home after a stay in hospital. **As a practitioner, it is your role, as far as possible, to enable people to overcome the barriers that prevent them from doing the activities that matter to them; to take opportunities and not to see risk as another barrier.**

If we wish consumers to engage with the full potential of their lives, we need to consider whether the barriers we place in their way are to protect them or us.

(Gallagher 2013, p339)

When you perceive that an activity or a chosen action has an element of risk, this should not usually cause you to stop or prevent the activity/chosen action. Nor does it mean that you ignore the risk. Managing risk is a statutory and regulatory duty (Great Britain. Parliament 1974, 1999) and it is included in your regulatory and professional standards (HCPC 2013, 2016; COT 2015, 2017). By embracing and engaging with risk, the process of assessing and managing it, in partnership with the service user, can be an enabler rather than a barrier (Gallagher 2013).

Risk enablement is a series of steps by which you can engage with and manage a risky situation or activity. The elements that would do harm are removed where possible and appropriate, or reduced to an acceptable level, enabling any opportunity for positive gain to be taken as safely as possible. This is reviewed and revised regularly (see section 2.7).

The risk enablement process should be seen as a positive resource for you as a practitioner. It can guide planning and decision-making and provides a method to overcome difficulties and make achievements safely.

1.3 Occupational therapists must embrace risk and enable choice

You are expected to put service users at the centre of your practice, working in partnership with them, being led by their needs, choices and aspirations (COT 2017, section 2.1). You have a continuing duty to respect and uphold their autonomy, encouraging and enabling choice and partnership working in the occupational therapy process (COT 2015, section 3.3).

In most circumstances, throughout your involvement with the service user, you are working with them towards their chosen aims and objectives. Those choices may be considered unwise, but must still be accepted as the individual's choice (see section 3.2).

Even when an individual does not have the mental capacity to make certain choices, risk should not necessarily limit best interest decisions, especially when these take into account the service user's stated preferences and wishes. Such decisions can incorporate and be supported by the risk enablement process. As facilitators, occupational therapists can use the process of risk assessment and enablement to expand an individual's abilities in a safe way, to 'avoid a focus on what cannot be done in favour of what can be done with greater certainty, accountability and transparency' (Gallagher 2013, p337).

You uphold the service user's right to make choices over the care that they receive and the plans that they wish to make.

(COT 2017, section 2.5)

1.4 Terminology

For the purpose of this document the following definitions or understandings of words are used:

- **Positive risk** is when taking a risk achieves positive outcomes; taking a risk in order to benefit. The term 'positive' is not about the risk, but about the *outcome* of taking a risk (Adapted from Morgan and Williamson 2014, p5).
- A **risk factor** is anything that has the potential to cause harm or be harmful.
- **Risk** is the possibility or likelihood, at any level, that harm may occur, together with a measure of the effect.
- **Risk enablement** is enabling people to take the risks they choose as safely as reasonably possible.
- The **practitioner** is you as the active individual, wherever you work and whatever your role.
- **Service** usually refers to any kind of occupational therapy that you provide, rather than referring to an occupational therapy department or facility.
- **Service users** are those to whom you provide advice, education, support, intervention or a service. This encompasses all ages, groups and communities of people, and is applicable in all settings.
- **Carers** – although not always specified in the document, the service user's carers and/or family should be actively involved, with the agreement of the service user where appropriate.
- **Care** and/or **intervention** is the work that you do for and with service users.
- **Care records** are the records kept by occupational therapy practitioners in all settings.
- The **Royal College of Occupational Therapists** may be referred to as RCOT or the College.

You are advised to use this guidance in conjunction with the *Professional standards for occupational therapy practice* (COT 2017) and the *Code of ethics and professional conduct* (COT 2015).

1.5 Embrace risk as part of your professional duty

Your responsibility for assessing and managing the identified risks involved in providing care to your service users (COT 2015, section 2.5.2) gives you the chance **to enable positive risk-taking within a safe environment, giving service users the opportunity to gain optimal occupational performance and autonomy in their lives.**

You enable positive risks to be taken safely by service users, in cases where such risks are a necessary part of intervention.

(COT 2017, section 14.3)

Risk management-related legislation, policies and procedures give you a structure by which you can do this, ensuring that you work safely and effectively, meeting your professional requirements.

If you are an independent practitioner, you are advised to put in place your own policies which are compatible with legislation, your professional standards and standard practice. If you are working on a consultancy or agency basis you should be aware of the risk management policies in place within the organisations with which you work.

You must familiarise yourself with the risk management legislation that is relevant to your practice, and with your local risk management procedures.

(COT 2015, section 2.5.1)

If you are concerned that your local policy, or any local action or practice that you witness, is causing you to fall short of your legal and professional duties in managing risk; or that it puts the welfare of service users, yourself or your colleagues at risk; you must raise this with your employer or the organisation with whom you are working. Keep a record of your concerns. You are advised to contact your local union representative and the Royal College of Occupational Therapist's Professional Practice Enquiries Service in such situations, as each may be able to advise you.

2 Engaging with risk

2.1 The risk enablement process

In order for occupational therapists to fully embrace risk, there are a number of steps to the assessment and enablement of safe risk-taking. Figure 1 shows the cyclical nature of the process.

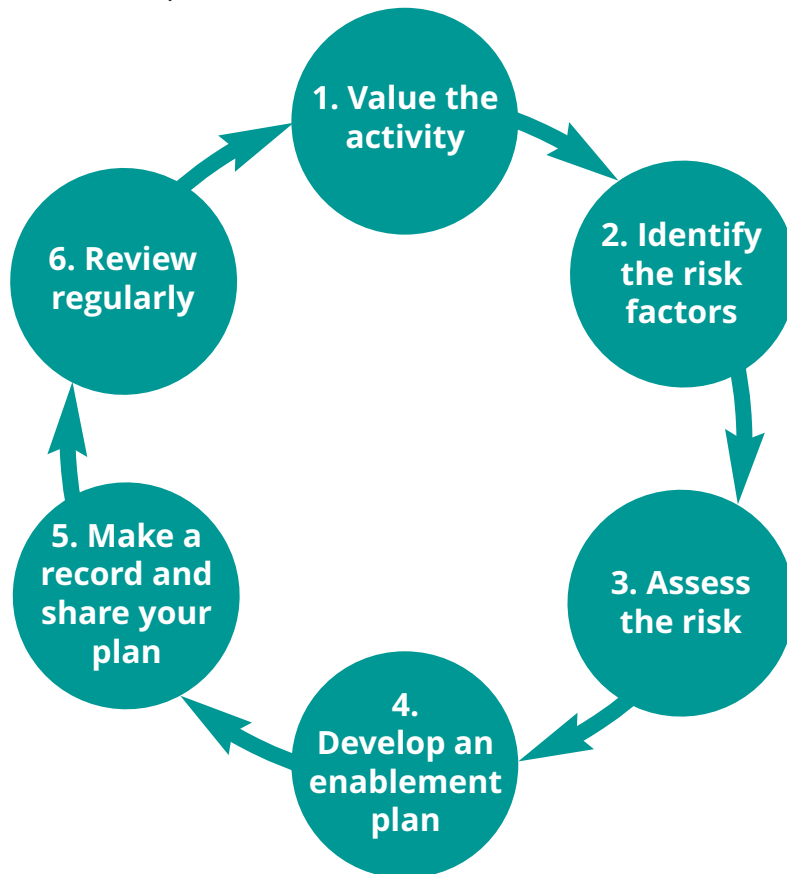


Figure 1 The cyclical nature of the risk enablement process

1. Value the activity

Look at the value and benefit of carrying out the activity or task, especially from the viewpoint of the service user. What will be gained occupationally, physically, psychologically and socially?

2. Identify the risk factors

Look at every aspect of the activity or task in which you are involved or for which you are responsible. Are there any factors which could possibly create risk? Look at the activity, the environment, any equipment involved, and the nature of the needs of the people involved.

3. Assess the risk

Assess the degree and nature of this risk. What is the likelihood of it occurring? Who is at risk and how? What would the possible harm be if an incident occurred? Look to see if there are any controls already in place. Is any data available from relevant past incidents?

4. Develop an enablement plan

Develop a plan for the activity or task which manages the risk to an acceptable level. Look at the risk factors and how these might be managed to reduce, avoid or eliminate the risk altogether so that the desired positive outcome is achieved without harm. Look at the strengths and skills of the service user and others involved. How might these counter-balance the risk? If others are involved in the activity, define who is responsible for what actions. Keep the service user at the centre of your plan, enabling and empowering them to take responsibility for managing risk when appropriate and possible. You also need to consider and plan for what should happen if the risk becomes a reality and an incident occurs.

Users should be seen as equal partners in the process and outcomes of risk assessment and management.

(Barry 2007)

5. Make a record and share your plan

It is essential that you fully record your risk assessment and your enablement plan, including the professional rationale for your decisions and actions. This supports your care of the service user and informs all those involved of any proposed action to take. It also demonstrates that you have fulfilled your duty of care. Share your enablement plan with all those involved.

6. Review regularly

Review the assessment and plan regularly. Is it still adequate? Have there been any changes? A plan related to a service user is likely to need amendments as their status changes.

2.2 Recording the assessment and enablement plan

It can be helpful to record risk assessments and enablement plans using a formal, purpose-designed form. There are numerous templates for risk assessments that are widely available, especially in areas such as falls prevention. There are a number of examples, templates and other resources available from the Health and Safety Executive website.

In whatever format, the records should show that a suitable and sufficient risk assessment was carried out and its outcomes recorded. The enablement plan should show how you have dealt with all the significant risk factors and that any remaining risk is low. The records can also provide a reminder to monitor certain activities or elements of your intervention if there is any remaining possible risk.

The risk assessment process is not about creating huge amounts of paperwork; it is about identifying and taking sensible and proportionate measures to control the risks.

(HSE 2014, p1)

Your records demonstrate that you have complied with health and safety requirements and fulfilled your duty of care.

It is important that the paperwork doesn't become so complex that it loses its usability and usefulness. An example of a very practical template is given in the *Living well through activity in care homes* toolkit (COT 2013). It suggests that risk assessment and enablement plans should list:

- The risks and benefits.
- The likelihood that risk might occur.
- The seriousness/severity of those risks.
- Actions to be taken to minimise the risks.
- Actions to be taken if the risks occur.

It then provides an example table that could be used to create a risk enablement plan, where 'myself' refers to the service user, central to the activity.

The value of the activity	The risks associated with this activity	Likelihood of risk High/Medium/Low		Severity of risk High/Medium/Low		How the risk will be managed
		Myself	Others	Myself	Others	

2.3 Who is responsible for assessing?

When working with service users within the context of an organisation, the responsibility for assessing and managing risk is generally devolved from the employer to you as the practitioner concerned. If you are working as an independent or sole practitioner, the responsibility is held directly by you. The person carrying out the risk assessment should be appropriately trained to do so. If you are unsure of your own abilities to carry out a risk assessment, seek advice or training. If you delegate the task of carrying out a risk assessment to another person, you should ensure that they are competent to carry it out (COT 2015, section 5.2).

Although the formal risk assessment may be officially devolved to one individual or role, everyone involved in a person's care carries a shared duty of care and responsibility for their safety and wellbeing.

2.4 When should I assess?

Risk assessment and enablement are part of your everyday occupational therapy practice and professional reasoning. In any context, you will be identifying possible risk factors as you observe, assess and work. Whether a specific risk assessment is carried out for a given activity depends upon the presence and potential impact of these risk factors. Assessment may show that a perceived risk is not actually significant or it may confirm that adequate measures are already in place to manage the situation. The process of assessing possible risk, and demonstrating how it can be managed, can help to establish how a service user can make safe progress.

Risk assessments should be made and an enablement plan put in place when any significant changes are proposed to systems or practices, when any new project or activity is planned, and before any particular actions or interventions are made that may engender risk.

2.5 What should I assess?

It is difficult to define how thorough or far-reaching risk assessments should be. With service users you will need to consider risk in each person's individual context. 'Risk is dynamic and may fluctuate – for example, a small task such as making a cup of tea may suddenly place an older person recovering from a broken hip at an increased risk of falling' (DH 2007b, section 1.5, p11). In this example, the perceived risk should not stop the older person from trying to make a cup of tea, but an assessment enables the risk to be managed and the person to achieve their goal.

If professionals and paid workers do not know the person well they might not be aware of the ways in which the individual already manages risk, or how their family or supporters have already built up systems of support. Here, it is important to have discussions with the individual and those closest to them and pay close attention to what they say. They may be managing some risks well and just need support to exercise this power.

(DH 2010, p45)

The service user needs to be central to your assessment of risk. You need to consider any factors that may generate risk/s as that individual carries out their chosen activities, for example:

- The physical and cognitive status of the individual.
- The environment.
- The chosen activity.

- The use or provision of rehabilitation/assistive equipment.
- The possible actions, purposeful or accidental, of other people.

2.6 Who should I assess?

Having identified any hazards and the potential risk, you must then consider who or what is at risk of potential harm. Under the *Management of Health and Safety at Work Regulations* (Great Britain. Parliament 1999), assessments should consider possible risk to all those affected by the work or activity. Any possible risk associated with your intervention can rarely be seen in relation to the service user only. There will almost always be other people who need to be considered. For example, if you are providing equipment to facilitate the service user's independence, does it create a risk to anyone else who might use it, move it, or trip over it? How can you enable the safe provision of equipment for everyone concerned?

2.7 When should I review?

Assessing and enabling risk should be an ongoing process. It is vital to ensure that enablement plans and strategies are still relevant and adequate. A review should be done at planned regular intervals and/or whenever a change occurs in the situation, any procedures, or with the people involved. A review should always take place if there has been an incident.

When a person's care or support plan is reviewed you should also consider how you may need to change any risk enablement plans. The frequency and depth of individual review should be proportionate to any changes in existing arrangements or the status of the service user.

3 Enabling choice

3.1 Managing the risk can enable the positive benefits of taking appropriate risk

Through assessment you can identify the nature of the risk. You can then consider what can reasonably and practicably be done, or put in place, to reduce or remove the probability and impact of the risk. What can be done to increase the potential for a positive outcome?

Fear of supporting people to take reasonable risks in their daily lives can prevent them from doing the things that most people take for granted.

(DH 2007b, p3)

Your assessment and your professional judgement should enable you to decide upon a course of action with the service user, depending upon the level of risk, the likelihood of occurrence, the ability to reasonably manage the risk and the service user's strengths and preferences. Your objective is to enable the individual to achieve their chosen goals.

The elimination, reduction or control of risk is often a problem-solving exercise where occupational therapy skills such as activity analysis prove particularly useful. Consider the following:

- Can you physically take action to remove the situation/activity/item that creates the risk?
- Can you physically take action to reduce the likelihood of the harm occurring?
- Can you involve other people to reduce the likelihood of the harm occurring?
- Can you change the environment to reduce the risk or create protection?
- Can you use techniques, approaches or behaviours to make a situation or activity safer?
- Can you introduce technology to make an environment, situation or activity safer?
- Can you change or learn behaviour/systems to reduce the risk or create protection?

Risk should rarely be an excuse for stopping an activity that is important to the progress of the service user. In the same way that you may look at a service user's overall objective and break it down into smaller goals, you can look at a situation, identify the risk factors involved and act to manage them.

Your plan needs to record any actions taken to enable the chosen risk to be taken in as safe a way as possible, in order to achieve the desired activity. It should detail what actions are to be taken, by whom and when. Keep the service user at the centre of your plan, defining what actions or responsibilities they may need to take. The plan should also consider what is to be done should an incident actually occur. The plan should be reviewed regularly and when any changes are proposed or made (see section 2.7). Share your plan with those involved in the activity and/or service user's care.

3.2 Risk and choice

When working with service users, their choices and priorities are always central to the care that you provide, including the risk enablement process. When planning your intervention with them, you need to use your professional knowledge, reasoning and judgement to decide on the most appropriate action that will produce the desired outcomes.

There may be times when the service user wants to pursue an activity that has the potential for a significant risk of harm and this ultimately cannot be managed to a reasonable level. You may consider discontinuing or not supporting the activity, but you might want to enable that activity to go forward as safely as possible, depending on its value to the service user and your professional judgement. For example a sportsperson may want to resume skiing following a leg amputation. This is inherently and significantly risky, but potentially achievable.

If you were to discontinue your involvement, a service user with mental capacity can choose to carry out the activity against your recommendations; they have the right to do so. They also have the right to refuse any intervention at any time in the occupational therapy process. It is recognised that this may not be the case for a person under the care of the *Mental Health Act 1983* (Great Britain. Parliament 1983).

Should you consider that a service user with mental capacity has made a choice that is not in their best interest, you need to be sure that they are aware of all the potential risks involved and that it is not in accordance with your professional recommendation. You should still do all you can to control the risk as far as is reasonably possible. Your care records must record all your actions, the information and recommendations given, any communication (verbal or written) and your rationale for your decisions and actions. You should accurately record the service user's choice and actions taken, along with any outcome. Where possible and with consent (unless over ridden by a concern for public safety), you should discuss the service user's decision with other relevant professionals involved.

You seek to act in the best interests of service users to ensure their optimum health, wellbeing and safety.

(COT 2017, section 2.3)

Mental capacity legislation (Great Britain. Parliament 2005, 2016; Scottish Executive 2000) states that although service users may make decisions that you may consider unwise or risky, it is not necessarily an indication that they lack mental capacity. If someone is able to make their own decisions, it is essential that they maintain control as much as possible.

The Department of Health document *Independence, choice and risk: a guide to best practice in supported decision making* (DH 2007b) provides a governing principle behind good approaches to independence, choice and risk that is applicable across the UK. This is that:

People have the right to live their lives to the full as long as that doesn't stop others from doing the same. To put this principle into practice, people supporting users of services have to:

- *help people to have choice and control over their lives;*
- *recognise that making a choice can involve some risk;*
- *respect people's rights and those of their family and carers;*
- *help people understand their responsibilities and the implications of their choices, including any risks;*
- *acknowledge that there will always be some risk, and that trying to remove it altogether can outweigh the quality of life benefits for the person; and*
- *continue existing arrangements for safeguarding people.*

(Adapted from DH 2007b, pp12–13)

3.3 Integrating risk enablement into your everyday practice

Risk enablement should be integrated into your individual everyday practice. Some of the following may help you to do this:

- Seek adequate training so that you are confident and competent in assessing and managing risk.
- Make sure that you understand your local policies, procedures and approaches.
- If you are unsure of your responsibilities in a particular situation, ask for advice and support from your supervisor or manager.
- Work with your colleagues to develop a culture of embracing risk to enable choice, using the risk enablement process to support service users in reaching their chosen aims.
- Develop circular systems of open communication to share information and instructions, with easy feedback of actions or results.
- Work in partnership with service users in assessments, decision-making and planning.

4 What if the risk becomes a reality?

It is not always possible to stop an incident from occurring, however well the potential risks have been managed or controlled. As stated, any risk management plan should also identify the action(s) required should an incident occur.

Incidents or accidents can be better handled if you are well prepared. For example, when out of the workplace, you should always carry some means of communication plus useful contact numbers.

4.1 Managing an incident or accident in the course of your work

If an incident or accident occurs, your priority is the safety of any people involved, whether the service user, their family, other staff or the public. First aid and other medical attention must be given and emergency services contacted if required. If there are any environmental hazards, evacuation procedures must be implemented. You must follow local policies and protocols.

If the incident involves an individual demonstrating dangerous or offensive behaviour, it may require the removal of that individual from the situation. Appropriately trained and authorised people will need to be involved. You must follow local policies and protocols.

Those involved in an incident or accident should be given the opportunity to review the event. Support should be provided where necessary and any learning required should be recognised and acted upon.

4.2 Recording and reporting an incident or accident

You must fully record and report any incidents that occur. Where service users are involved a full record of the incident should be included in the service user's care record, along with a record of any follow-up action taken. It may be necessary to inform others who are involved in the individual's care, for example their GP or carer. Consent should be sought from the service user to share information, although this is not strictly necessary for those considered to be directly involved in their care.

When reporting, use your organisation's reporting mechanism; for example, an accident/incident book. Some organisations also require the reporting of 'near misses', when an incident almost happens. This allows an organisation to evaluate the event, learn from it and change practice where required.

Check with your employer/organisation with regard to reporting serious events to the Health and Safety Executive, or other organisations, under the *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995* (RIDDOR) (Great Britain. Parliament 1995), or other nations' equivalents. Further advice is available on the Health and Safety Executive website.

4.3 Incident investigation

If an incident or accident occurs, there is likely to be an investigation or follow-up of some sort. This is to ensure that any weaknesses in policy and practice are identified, that learning takes place if necessary, and changes to systems and practice are made when required. In any investigation the service user's care records will be inspected.

As a practitioner you must be able to demonstrate that your intervention is based upon your professional reasoning, which is informed by the data you gather about your service user, recognised theories, frameworks and concepts, national guidance and any available evidence.

You are able to explain and record your professional reasoning for anything you do for/with or in relation to service users.

(COT 2017, section 1.3)

You have a duty of care to your service users. Your actions, or lack thereof, must not cause harm or loss to them. Your records are your evidence that your professional reasoning and actions have been appropriate and that you have carried out your duties in relation to the assessment and management of any risk. It is vital that your records are completed fully, accurately and in a timely manner. For further information on your duty of care, see section 3.1 of the College's *Code of ethics and professional conduct* (COT 2015, p14). For further information on keeping records see the College's guidance (RCOT 2017a).

Your records are your evidence that you have met your duty of care within your practice, but the keeping of records is also part of that duty. You may be considered in breach of your duty of care if your records fail to show that you have performed your professional responsibilities to the standard expected of a reasonably skilled occupational therapy practitioner.

(COT 2015, section 3.1.4)

5 Risk enablement at an organisational or service level

To fully embrace risk, organisations need to adopt a culture of personalisation, choice, and greater user and carer empowerment to enable positive risk management.

The principles and process for managing and enabling risk remain the same at all levels of working, whether with service users, organisations or the environment.

5.1 Regulatory and policy context

It is recognised that there may be regulatory differences across the countries of the United Kingdom. The overarching legislation that concentrates on risk assessment and management is the *Health and Safety at Work etc. Act 1974* (Great Britain. Parliament 1974) and the *Management of Health and Safety at Work Regulations 1999* (Great Britain. Parliament 1999). There are also orders and regulations pertinent to individual nations and particular settings which may affect your work.

You should be aware of and abide by the current legislation, guidance and standards that are relevant to your practice, remaining up to date with relevant training where necessary.

(COT 2015, section 5.1.2)

Under the *Health and Safety at Work etc. Act 1974* (Great Britain. Parliament 1974) you have a general duty to take reasonable care for your own health and safety and that of others who may be affected by what you do, or do not do (COT 2015, section 2.5.4).

The Act uses the term 'so far as is reasonably practicable' referring to the action required to mitigate risk. This means that the time, effort, cost and practicality of taking measures to avoid the risk should be balanced against the degree of risk in any specific situation.

If the risk is more significant, it is reasonable to go to more expense and trouble to reduce it. If the possible likelihood and impact of a risk are small, insistence on great expense would not be considered reasonable.

The Health and Safety Executive (HSE) is the national independent regulator for work-related health, safety and illness. It acts in the public interest to reduce work-related death and serious injury across workplaces in England, Wales and Scotland, alongside the Health and Safety Executive for Northern Ireland (HSENI). As health and social care are devolved matters, the HSE and HSENI work in partnership with different regulators across the UK. The powers, roles, remits and ways of working of each of these regulators are all different.

The HSE/HSENI websites provide information on the main legislation and regulations, highlighting possible changes in legislation as they are considered. The HSE website gives details of the various co-regulators and their roles across England, Scotland and Wales.

5.2 Assessing organisational or service risks

In all cases, where the safety of employees, those who use their services and the public is concerned, it is the overall responsibility of employers or the self-employed to carry out the risk assessment. When the potential risk is to service users, through the work of an employee, the responsibility for carrying out the assessment may be devolved to the employee concerned (see section 2.3).

Although not responsible for carrying out risk assessments, trade union health and safety representatives are trained and accredited to participate in workplace inspections. They can also provide advice and information.

At a broader organisational or service level, your assessment of risk is about ensuring and enabling safe everyday work and practice, for employees, service users and any others who may be affected by the work of the organisation/service. When considering an occupational therapy service, you may need to consider risks arising from risk factors related to:

- The policies, procedures and/or practices of the organisation, the department and/or its personnel, including all therapeutic activity.
- The physical working environment, including the storage, use or provision of rehabilitation/assistive equipment.
- The actions (purposeful, accidental or unpredicted) of people, including staff, service users, their carers and members of the public.

The concept of risk enablement is still relevant at a service level. For example, there are risk factors in an assessment kitchen which may vary according to the needs and capabilities of all those using it and the activities carried out in it; but the occupational and other benefits gained through the use of the kitchen are many. Identifying and managing the risk enables the use of the kitchen. In such a setting, the risk assessment process below may be useful. A detailed set of questions is suggested by McIlwain (2006) under the headings of 'identify', 'analyse' and 'control':

- 1 Identify** – What could go wrong? How could that happen? What would be the effect?
- 2 Analyse** – How often is this effect likely to occur? How severe would be the effect? What would be the cost of that effect?
- 3 Control** – How do you eliminate the risk/effect? How do you avoid the risk/effect? How do you make the risk/effect less likely?

(Adapted from McIlwain 2006, p196 with permission of Radcliffe Publishing)

You may be working at an organisational level without direct contact with service users, for example with responsibility for an equipment store. In such a case the risks that you need to consider may be about systems and processes. In almost all circumstances there is an end user for an organisation. The effective management of risk within the organisation will have the outcome of protecting the end user.

Potential risks can also be identified through data gathering and monitoring. Accident records, incident reports, sickness records and complaints can all highlight patterns of events or particular activities that are shown to be hazardous and potentially harmful at a service or organisational level. It is important that you routinely keep such information, as it will enable you or your organisation to identify possible risks at an early stage and to change your practice if necessary. Where you are making significant changes to existing systems or services, or developing new projects, you will need to gather as much information as possible to inform your decision-making. Consider whether your risk assessment could benefit from a literature/evidence search.

5.3 Managing organisational or service risks

An organisation or service will need a 'whole system' approach to managing risk, where everyone concerned understands and plays their part. This is an ongoing process that should enable you/your organisation to maintain a continuous reasonable level of safety, for yourself and those affected by your service.

First and foremost, you must follow the law. For example, hazardous chemicals must be stored securely according to the *Control of Substances Hazardous to Health Regulations 2002* (Great Britain. Parliament 2002). If local policies and procedures exist, such as fire precautions, then these must be followed. Some risks may be managed by reorganising work practices, work environments and/or providing training or protective equipment.

For less tangible risks, it is worth examining what causes the possible situation to arise. For example, violence and aggression, either verbal or physical, are a significant risk in some fields of work. Verbal aggression may be triggered for a number of reasons, including a perceived or real lack of information, or a feeling of being rushed or not being heard. Practitioners and other staff may reduce these possible precursors by adopting behaviours and communication styles that prevent anger or anxiety, or that can de-escalate situations should they occur. The introduction of communication skills training, alongside other strategies, could be the action taken to try to reduce the potential risk of violence and aggression in a work situation.

There are more general ongoing activities that can enable the management of risk. Many of these are part of maintaining good standards of practice, such as:

- Having clear and consistent policies and procedures, and approaches which are shared and understood by everyone.
- Following evidence-based guidance and protocols.

- Observing good infection control practices, whether in a community, hospital or other setting.
- Keeping comprehensive and timely care records.
- Maintaining good communication to reduce the risk of misunderstanding, but also empower individuals and enable choice.
- Providing continuing professional development to ensure personnel are up to date with knowledge and skills, and aware of best and developing practice.
- Providing support, supervision and performance review systems to allow ongoing monitoring and encouragement of good practice.
- Having information management systems in place to collect and use appropriate data to highlight potential or actual hazards/risk so that they may be positively managed.

5.4 Competence, training and awareness

Appropriate training can be a significant factor in reducing and managing risk, although attendance at a training event does not necessarily ensure future safe working practice. Regular supervision, peer support and advice can also help to embed the knowledge and give confidence.

The *Health and Safety at Work etc. Act 1974* states that employers must provide 'necessary information, instruction, training and supervision' (Great Britain. Parliament 1974, section 2, part 2). This encompasses training to prevent emergencies like fire, but also training that is relevant and necessary for any elements of a job that may entail risk, such as moving and handling.

Section 13 of the *Management of Health and Safety at Work Regulations 1999* (Great Britain. Parliament 1999) similarly states that employers should provide health and safety training for their employees when they are recruited. Further training should be provided at any time when there is a change in the employee's responsibilities, the equipment used, the technology used or a change in systems of work. The same regulations also note that employers should take account of the capabilities of their employees when considering health and safety.

Individual practitioners are personally responsible for ensuring that they remain up to date with their learning, with legislation and guidance (COT 2015, sections 5.1.2 and 5.3 and appendix 2.i). This includes being aware of national events and developments related to safety and safe working practices.

There are a variety of organisations that collate information about adverse incidents and safety across health and social care in the UK. Safety alerts are periodically issued which highlight particular risky or dangerous circumstances, equipment, medicines etc. which practitioners should be aware of. You should be aware of your nation's relevant organisations and systems so that you can remain responsive to any information and guidance.

The Medicines and Healthcare products Regulatory Agency (MHRA) still co-ordinates information across the adverse incident centres in England, Scotland, Wales and Northern Ireland for issues concerning medical device safety. Some pieces of rehabilitation or care equipment are considered to be medical devices, such as moving and handling equipment.

5.5 Embedding risk enablement

In order to embed a risk enablement approach into your service, you may need to secure support from leadership to encourage this way of working. **You will need to develop a culture of embracing risk to enable choice, using the risk enablement process to support service users to enhance their participation and achieve their chosen aims.**

6 Further information and resources

6.1 Community and social care

Social Care Online is a useful knowledge database hosted by the Social Care Institute for Excellence. It is a large resource of information related to community and social care, including risk. Registration is required for full access.

Available at: <http://www.scie-socialcareonline.org.uk/>

6.2 Dementia

Bailey C, Clarke CL, Gibb C, Haining S, Wilkinson H, Tiplady S (2013) Risky and resilient life with dementia: review of and reflections of the literature. *Health, Risk and Society*, 15(5), 390–401.

Morgan S, Williamson T (2014) *How can 'positive risk-taking' build dementia-friendly communities?* York: Joseph Rowntree Foundation.

Department of Health (2010) *Nothing ventured, nothing gained: risk guidance for people with dementia*. London: DH. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215960/dh_121493.pdf

Shared agreement about risk will not always be possible but it is important that everyone involved in reaching decisions about risk reaches a shared understanding of the viewpoints of all those who are affected by decisions involving risk.

(Department of Health 2010, p9)

It is important to recognise that ideas about risk are personal and are built up over a lifetime; practitioners should try to discuss risk openly and freely with people with dementia and their carers without imposing their own values and ideas.

(Department of Health 2010, p10)

6.3 Employment and recruitment

- **Staffing levels**

If there are concerns associated with low staffing levels, your priority is to ensure service user safety. Practitioners and service leads need to ensure that their employers/management are aware of any risk concerns and of the approach being taken to minimise them. A formal risk assessment should be carried out to support any discussion.

Consider how staff can be supported in this situation:

- Ensure adequate training, monitoring and support for staff to minimise the risk of things going wrong.
- Provide supervision to give support, maintain open communication and identify struggling performance.
- Maintain good lone working practice if relevant.
- Ensure accurate and comprehensive record keeping. A heavy workload is not acceptable as an excuse for inadequate records if litigation occurs (RCOT 2017a, section 2.1.25).

- **Protecting vulnerable groups**

Ensure you are aware of the requirements generated by safeguarding legislation when employing people to work with children, young people and other vulnerable individuals. All relevant checks must be made.

- **Employing a person with a disability**

As an employer you are responsible for the health and safety of all your employees. There is no requirement to carry out a specific, separate risk assessment for a disabled person. If you become aware of a practitioner with a disability, you may need to review your existing risk assessment to make sure it covers risks that might be present for them. Each individual is different and must be considered as such. A 'blanket' response is not appropriate (HSE 2015).

Consider any reasonable adjustments that will be required to enable the individual with a disability to perform the duties of the job and access any areas or facilities within the environment that are required (Great Britain. Parliament 2010). This includes the facilities and procedures required to make the workplace and all necessary activities safe.

6.4 Equipment/moving and handling

You may assess for, issue and also teach service users, carers or colleagues to use a wide range of equipment and adaptations. It is important to familiarise yourself with any national or local policies or guidance in the use and/or maintenance of equipment, especially in those areas where a detailed risk assessment and enablement plan may be required, for example use of bed rails (MHRA 2013) or bariatric equipment. You must consider the safety and wellbeing of the service user and any others involved in their care. Your risk assessment and enablement plans must consider the needs of all those involved. Further information is available from the College's briefing on equipment (RCOT 2017b).

When providing moving and handling or mobility equipment you will need to consider the aims and choices of the individual and the benefits they can gain from the use of any equipment, enabling them to manage any risks involved. It is vital that the correct equipment and methodology is used and full information and training are given to those involved. The HSE website gives details of risk assessment considerations when moving and handling, including dealing with falls, should they occur.

Your records stand as evidence that you have carried out your duty of care; that you have acted on the basis of your assessment and your professional judgement. You must be able to demonstrate that you have provided adequate information.

(RCOT 2017a)

The regulatory bodies for the safety of service users in situations such as the use of moving and handling equipment varies across the UK. Ensure you are aware of the requirements relevant to your field and location of practice. Further information on who regulates health and social care is available at: <http://www.hse.gov.uk/healthservices/arrangements.htm>

The Medicines and Healthcare products Regulatory Agency (MHRA) monitors and advises on the safety of equipment that is considered a 'medical device'. This includes rehabilitation and mobility equipment. The MRHA information is now available from the GOV.UK website.

For further information concerning moving and handling, please see the Health and Safety Executive and the Royal College of Occupational Therapists' websites.

6.5 Lone working/personal safety

Working alone does not automatically imply being more at risk, but it is worth considering any additional systems or processes required to ensure safe working, and the actions necessary to manage an incident should it occur. The responsibility for ensuring the safety of lone workers sits with the employer, although the worker has the responsibility to take reasonable care of themselves.

If you are working off-site or in non-clinical areas, you may be around other workers, but they may not work for the same organisation or to the same incident management procedures. When any service is set up in such circumstances, an agreed system must be put in place to guarantee an assured response to an alarm call.

The following are all guides on lone working written by various organisations:

- Health and Safety Executive (2013) *Working alone: health and safety guidance on the risks of lone working*. London: HSE. Available at: <http://www.hse.gov.uk/pubns/indg73.pdf>
- NHS Employers (2013) *Improving safety for lone workers: a guide for managers*. London: NHS Employers. Available at: http://www.nhsemployers.org/~media/Employers/Documents/Retain%20and%20improve/Managers%20guide_Le0882_3.pdf

- UNISON (2009) *Working alone: a health and safety guide on lone working for safety representatives*. London: UNISON. Available at: <https://www.unison.org.uk/content/uploads/2013/06/On-line-Catalogue178763.pdf>

6.6 Mental health

There are numerous resources concerning risk assessment and enablement in the mental health setting.

In 2014 the Centre for Mental Health published a paper called *Risk, safety and recovery* (Boardman and Roberts 2014). This argues that traditional clinical management methods of assessing risk have stood in the way of helping people recover their lives, and that mental health services can manage risk more effectively by involving service users in planning for safety.

The Social Care Institute for Excellence website (Social Care Online) has a number of papers and resources related to risk and mental health. Registration is required. Available at: <http://www.scie-socialcareonline.org.uk/>

Other publications that may be useful include:

- Royal College of Psychiatrists (2008) *Rethinking risk to others in mental health services: final report of a scoping group*. (College Report 150). London: Royal College of Psychiatrists. Available at: <https://www.rcpsych.ac.uk/pdf/CR150%20rethinking%20risk.pdf>
- Department of Health (2007a) *Best practice in managing risk: principles and evidence for best practice in the assessment and management of risk to self and others in mental health services*. London: DH. Available at: <https://www.gov.uk/government/publications/assessing-and-managing-risk-in-mental-health-services>
- Langan J, Lindow V (2004) *Living with risk: mental health service users and their involvement in risk assessment and management*. Bristol: The Policy Press. Available at: <https://www.jrf.org.uk/report/mental-health-service-users-and-their-involvement-risk-assessment-and-management>

6.7 Research

Research can involve an element of risk, both in terms of return on investment and sometimes for the safety and well-being of the research participants. Proper governance of research is essential to ensure the public can have confidence in, and benefit from, quality research in health and social care.

(DH 2005, section 1.1).

It is essential that, as a researcher, you conduct a risk assessment as part of the development of your research proposal. If there are potential risks, you must identify how those risks will be minimised. Any risks must be in proportion to the potential benefit of the research and explained clearly to the research participant, but the 'rights, safety and well-being of the research participant prevail over the

interests of science and society' (Health Research Authority 2015, section 7.1). Application forms for ethical approval will require you to provide details about assessed risks and their management.

The RCOT has a number of research resources on its website, including the RCOT *Project ethics policy* (RCOT 2017c). This gives advice about research governance and links to further relevant organisations and resources. Members are expected to adhere to this policy when working as a part of RCOT branches. Available at: <https://www.rcot.co.uk/practice-resources/research-resources>

Other publications that may be useful include:

- Health Research Authority (2017) *UK policy framework for health and social care research*. [London]: HRA. [Unpublished]. (Issued for comment. Version 3.2 October 2017). Available at: <https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/>
- UK Research Integrity Office (2009) *Code of practice for research: promoting good practice and preventing misconduct*. London: UKRIO. Available at: <http://ukrio.org/wp-content/uploads/UKRIO-Code-of-Practice-for-Research.pdf>
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Practitioners are advised to be aware of any national or local governance policies, frameworks or guidance in their place or field of work.

6.8 Workplace violence

The HSE defines work-related violence as: 'Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work' (HSE 2004, section 17). Health and safety law applies to risks from violence, just as it does to other risks from work.

Following a European social partner agreement, a number of UK organisations combined in 2009/10 to produce a guide about *Preventing workplace harassment and violence*. It provides bullet point steps to prevent, identify and manage problems of harassment and violence in the workplace:

- Advisory, Conciliation and Arbitration Service; Great Britain. Department for Business, Innovation and Skills; Confederation of British Industry; Health and Safety Executive, Partnership of Public Employers; Trades Union Congress (2010) *Preventing workplace harassment and violence: joint guidance implementing a European social partner agreement*. London: ACAS; BIS; CBI; HSE; PPE; TUC. Available at: http://www.workplaceharassment.org.uk/wp-content/uploads/2009/11/HRE_100_Guidance_report.pdf

Other publications that may be useful include:

- Health and Safety Executive (2006) *Violence at work: a guide for employers*. London: HSE. Available at: <http://www.hse.gov.uk/pubns/indg69.pdf>
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College of Occupational Therapists (2013) *Living well through activity in care homes: the toolkit*. London: COT. Available at: <https://www.rcot.co.uk/practice-resources/rcot-publications/downloads/living-well-care-homes>

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Embracing risk; enabling choice

Guidance for occupational therapists

Occupational therapy should enable individuals to reach their full potential. In order to help service users achieve their chosen goals and participate fully in life, occupational therapists must embrace and engage with risk.

This guidance is an essential reference point that provides occupational therapists with a broad understanding of the principles and process of risk management. It also highlights some factors related to the management of risk at an organisational level.

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